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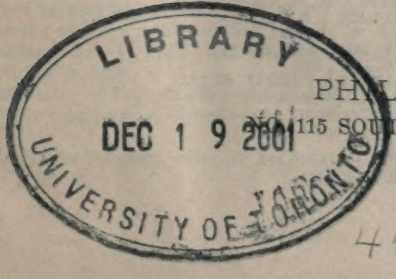

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

LOCAL AND NATIONAL PREVENTIVE MEASURES AGAINST CHOLERA.*

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The April speech of Mr. Gladstone in Parliament has several sentences in it quite as applicable to our relation to cholera as it was to the relation of England to Russia. Let me, with very slight abbreviation, quote a few lines of his language.

"Let us consider," he says, "what is the present position, and what is the mode of conduct adapted to that position. It is not a case of attack. The question before us at this moment is a simple and very narrow one. What we present to you is a case for *preparation*. Is there or is there not any case for preparation? Look at the facts before us. Try them by that test and by no other. Enter only into that part of the case which is prudential. Upon that aspect of the case and that alone—we say it is a case for preparation. The facts within your knowledge are enough to make it your bounden duty to prepare."

It is, I presume, because of such sentiments and convictions, that this Society has this evening invited papers and discussions about Asiatic cholera.

It goes without the saying, that the first measure for preventing the spread of cholera is to prevent its arrival in the country. The best way of doing this is to prevent its setting sail, or so guard against it during the voyage of vessels from infected ports to this country, as that any risk therefrom shall be greatly diminished. For this purpose, the employment of competent medical officers, versed in all the details of inquiry and inspection at each hazardous port of departure, is a measure which should meet with the approval of all authorities.

Next to it is the securement of that kind of roll-call or sick-list inspection on the passage (not common at sea), which shall know of and attend to any case of sickness, and so prevent a spread of disease.

An extended system of such guarding and strict discipline and application of detail of method, followed by a quarantine system like that of the port of New York, faithfully carried out, is equal to the prevention of any case of cholera in this country, except by the rarest accident. It is at least the radical, and so much the most efficient way for reducing the possibility of the occurrence of Asiatic cholera in this country, that its advocacy on the part of all medical men and its methodical carrying out by the National government cannot be too urgently pressed as indispensable. I purposely pass this part of the subject with a brevity out of all proportion to its importance, because it does not need argument, but only statement and such application as can only be given to it by national activity and precision.

As, however, governments, like individuals, as to what is expedient to be done, often have more forethought than foreact, and more of afterthought than either, it is wise to consider what ought to

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be done by *us* beforehand, in the prospect of a possible or probable invasion.

I shall not occupy your valuable time by expanding what is now an axiom, that there is such a thing as local and individual susceptibility to the disease, which largely determines the places most affected, and the persons most likely to suffer. The susceptibility of locality is to be overcome by putting it, and keeping it, in the best hygienic condition—a direction no longer diffuse in its meaning. But as time and financial ability may not be equal to all the details of the service, chief attention must be directed to the removal of all accumulated filth, the more prompt and complete removal of all organic matter capable of undergoing decomposition, and such correction of all defects in house-drains or soil-pipes of any kind as will insure their essential completeness. Such measures taken beforehand are far more important than most that can be done in this line after the disease is present in a place, since there is a limit to the disturbance of accumulated filth at certain seasons, or in the actual presence of a deadly disease.

Next to this is the attention to water-supply. For although the system does seem to establish a certain kind of toleration of an imperfect water-supply under its usual use, to those accustomed to it, water containing decayed or decayable organic matter has seemed to afford *special carriage* for those diseases to which the mucous membrane of the digestive apparatus is susceptible.

While it is true, as Dr. Simon has put it, that "a single case of cholera may, *if local circumstances coöperate*, exert a terrible infective power on considerable masses of population," it is equally true, and has been verified in multitudes of instances, that a single case, or cases in a single house, if local circumstances do not coöperate, is not likely to have extension, if all proper methods to prevent the spread of the disease are used. We have the definite statement that in the epidemics of India something else besides arrival determined both the quality and quantity of the disease. In four late epidemics, 1877–8–9–80, there were 154,986 villages attacked. In 58,972 of these there was only one death, and in 20,596 only two deaths, and yet in these years the total mortality was 1,380,226.—(Surgeon-General John Murray.)

As to the individual, to a more limited and yet practicable degree it is possible for him to have a clearing up and conform himself to those hygienic conditions which are also well understood, and which include correct habits, good food and water, well-sustained nutrition, and a contented mind. And if for any reason he has not or cannot have these, inasmuch as susceptible localities and susceptible individuals, when kept together, are far more apt to show results injurious to the locality and deadly to the individual than either alone, if the individual cannot or will not be improved, he should at least make arrangements for sojourn in another place, where the hygienic conditions of his surroundings will compensate for the defect in himself. It is sometimes easier to remove susceptible individuals, and all individuals in fact, than it is to correct surroundings.

In view of any deadly disease, which, getting virulence from the combination of foul localities and foul persons, may and does become a pestilence, reaching out to those less susceptible, it is well for us to consider how far it is wise to be prepared with *refuge stations* for those whom it may become a public policy quickly to separate from all their surroundings.

The only other thing, perhaps, that just here we need to notice as to be done in advance, is that we should have very definitely agreed upon the course to be pursued as to any first cases that may occur. While this could hardly be expected of the local boards of smaller towns, it is due to the chief cities, and to the country, that the boards of great cities like this should have prepared and published their syllabus, both as a guide for others and that they may profit by suggestions made. The admirable extent to which this was done in Great Britain, summer before last, in apprehension of a possible visitation last summer, is in every way worthy of imitation. For the prompt and effective dealing with the first case is far less likely to happen than with the hundredth case, and yet no case in the hundred begins to have the importance attaching to its management that the first one has. And if on the first day of June a case of cholera should occur in this city, the Board of Health ought now to be able to tell us that, with no loss of time more than if it were an alarm of fire, they would dispatch a physician and a nurse for the patient, a medical man to look after the rest of the household, and a sanitary inspector to be in charge of the building, and to do whatever the board had directed.

We now come to a consideration of the means to be used, when cholera has actually come to be in a city.

The mode of its management will very largely depend upon the views we have as to its method

of spreading. Until we determine with some definiteness whether it is, or in what sense it is, a contagious or transmissible disease, we are not prepared to adopt methods suited to its limitation. If we hold to the view that it is not a disease which one person can acquire by contact with another; that even the secretions can give it only when not quickly removed, or when they affect water or food; that it is never simply air-breathed; that there is no risk except from garments to which cling particles of anal or oral discharges, our action will be different from that needed if it is transmissible in a more general sense. We believe there are at least two reasons why, in practical attempts at prevention, we are not to stand upon nice opinions as to contagion or infection, but to speak of it and deal with it as communicable. While the view is entertained that the vomited or voided discharges are media of the contagion, we know of no high authority who says positively that they are the only media. The language of Simon and Buchanan is, "Probably, under ordinary circumstances, the patient has no power of infecting other persons, except by means of these discharges" (from the stomach and bowels). The language of Chaumont is, "A majority of those in this country hold that there is a disease-poison, but that it *chiefly* is to be found in the material ejected from the body of the sick, in the rice-water stools, and the vomit of the sick," etc.

We have looked in vain for any one who absolutely excludes air as a possible medium. Where the contagion is said to attach to fomites, and to relate to things rather than persons, we have to remember that, in a sense, the skin may be a thing as much as the light flannel which is the covering next to it, and so such a distinction may be without a difference, and the person be the real carrier.

While we believe it not to be communicable to the extent or degree, or in the sense, that some other diseases are, and that, with proper precautions, those who know what to do and how to do it will not contract the disease, we nevertheless believe that arrangements for dealing with it must assume its communicability. This being the case, *isolation* of the sick from the well should be at the basis of all skilled management. Because in any method of attempting to secure the isolation by the removal of the person from the place where the sickness occurs, there is involved exposure and congregation instead of separation, the rule should be to remove the well from the room, or—better still—from the house. *Leave the sick, remove the well*, is the rule which must make the first deep impression on the mind of the sanitary superintendent; but with the recognition that the rule is only a standard from which there must necessarily be many deviations. These will be recognized and arranged for where it is totally impracticable to apply the rule.

If to-day a person is taken sick with cholera in any house, and is at once provided with proper medical and nurse attendance; another medical attendant placed in charge of all others in the same house, to watch and meet any case of diarrhœa, and a skilled sanitary inspector is placed in charge of his department to furnish and apply whatever is needed in his line, as to inspection and disinfection, most of the first cases will have no following. If they do, then removal of all well persons from the building, and sometimes from adjacent ones, under direction and inspection, both in the act of removal and afterward, is the feasible plan. Where the case occurs at some public place, where removal is necessary, the galvanized-iron or other metal ambulance should be used under direction of the sanitary inspector. It should reach a case just as at present the hospital ambulance reaches a case in a city, the removal not being attempted in an unskilled way by others, and the place to which removal is made being duly chosen beforehand. Great Britain, without its quarantine, has often illustrated, as it did last summer in Liverpool, how persons from infected ships, after proper cleansing of vessel and attention to baggage, may come into a city under surveillance, so that a case of choleraic diarrhœa or cramps, as occurred in that instance, is speedily met, and no death or focus of contagion results. Over and over again, cities under well-governed sanitary police are now showing that not only cholera, but yellow fever, diphtheria, typhus, scarlet fever, etc., ought always to be met in just this prompt way. The attendance of a proper nurse and physician to such persons being secured, and a medical watcher for all the rest of the family, or those closely adjacent, the sanitary inspector and his aids cannot be too busy in putting that house, and the street, and the neighboring premises, in the very best condition. It must be fully understood beforehand just what disinfectants will be used, and how house-cleaning shall be done, and to what extent any accumulated foul material shall be either covered or removed. The skilled disinfecting corps of New York city so well understand this as to need no directions, and a full outline of their plan is easily secured.

In addition to this thorough attention to all surroundings, and this circumspection over individuals, it is known that I hold to the view that in all these diseases, introduced from without by a specific contagion, we can do much by quick prophylaxis for the individuals exposed or in the same house. Potassium chloride, tinc. ferri chloridi, quinine, and some other sterilizing substances, maintained as present in the blood, as they may be by frequent administration of small quantities, and topically on the throat and exposed mucous surfaces, have for me saved many a family from diphtheria and scarlet fever, and will modify the susceptibility of most of those exposed. As I have before sufficiently insisted upon this view, and as it is gaining strong support from others, I do not need to enlarge upon it here. It is probably as possible to put an individual in a temporary state of prophylaxis as it is for a time at least to change the susceptibility of a locality.

We have thus far supposed cases where cholera has occurred only to a circumscribed degree, which, with proper precautions, will be the chief actual way in which we will have to meet the disease if it come. But what shall be done if, as does occasionally occur, it all at once appears in a city, and, owing to unusual favoring conditions of atmosphere and circumstances, as at Niagara Falls (1854),* it shows great spreading tendency. Here, as before, we believe most depends upon a corresponding rapidity of a well-organized corps of physicians, nurses, and sanitary police, to reach each new case, and each case of prodromal diarrhœa, immediately.

This means prompt isolation of the *well*, house-to-house inspection, treatment, and disinfection. The removal, under observation, of all the unaffected people of a block or neighborhood might become the wisest measure. On the other hand, occasional, but exceptional, instances do occur, where it is better to remove the sick, and leave the well under the closest observation, and their homes under the most active sanitary administration. The experience of England in 1866, and of New York city, go very far toward showing that organization and discipline are the best combatants of the disease. In re-examining with care the testimonies in India, Great Britain, and in the United States and Canada, as also the Western experience of 1873, we find that the fact and the controllability of an initial stage is the one hopeful element, which must be matched by such readiness of administration, and such close inspection, *as will not let any case of diarrhœa occur without attention.*

*2 Vol., A. P. H. Assoc., S. B. Hunt, M. D.

We have the recent statement of Surgeon-General Murray, that "the practice in India is the general distribution of remedies to meet any tendency to flux. They are distributed through the police, with instructions for their use, and an earnest command for their early application. The success of these measures is reported by all the civil authorities as most satisfactory, whilst any want of success is equally attributed to delay in their use till the disease had advanced to the stage of collapse."

With such methods and precautions as we have noticed, with preventive cleanliness, thorough isolation and disinfection, attention to first symptoms and first localities and all that inhabit them and the quick disposal of all excreta and all soiled clothing, and the avoidance of eating and drinking in a house in which there is cholera, we believe we have reason to feel that we are fully equipped, as never before, to contend with this foreign foe.

Whatever else is obscure, we have settled that the foe has no spontaneous outbreak within the system, but that it goes in through the throat; that its critical act is the very rapid multiplication of infinitesimal life, the initial stage starting in the stomach, and the profoundest effect being upon the nervous centres, and in the rapid reduction of the watery element of the blood and tissues. Our work is rapid counteraction, viz.: such equivalent to spraying as will protect the nose, mouth, and throat, as really as we now protect a wounded surface; such anti-culture condition of the stomach as will do just the opposite for bacilli to what a culture-field does for them; such stimulation of the nervous system, and such introduction of fluids as will suspend the devitalization which is going on and the mechanical phenomena with which it is accompanied. Talk as we do about our empirical treatment of Asiatic cholera, no one can compare the treatment in Asia, or Europe, or America, without seeing how uniform is the agreement as to checking early the diarrhœa, and as to the use of such internal means as will insure quick response from the stomach and the nervous system. The Asiatic pill of opium, assafœtida, and black pepper, has its counterpart in almost every combination used elsewhere. The patient and the physician who begin at the very start, and contend against both exposure and symptoms, in this antagonistic line, will seldom be baffled. With a fair chance, the medical profession is ready and equipped to prevent epidemics, as never before, and to satisfy all, except that too great multitude which is willing

to neglect *slight* prevention and first symptoms, and then, when all the peril is upon them, wonder why the doctors cannot cure this or that disease.

In closing this outline, allow me to say that should cholera visit us, some obligations are placed upon the medical profession, such as they have never had occasion to meet before. Since 1866, the last time any such widespread epidemic visited the Northern States, a great advance has been made in modes of investigation. Besides the kind of organization I have spoken of, there is need of a system of *collective* investigation, as applied to cholera, such as has not yet been definitely applied to any widespread epidemic.

No fear but that there will be enough post-mortems and enough biological and laboratory investigations. But what I desire to emphasize is the need of accurate investigation, by practitioners, of all the phenomena of cholera, and accurate record thereof at the time. For it is being pressed upon us that as to number of cases and as to virulence there are other determining factors than arrival, and also others than even locality. Temperature and dew-point, suddenness of changes and other climatological phenomena, need more close observation and record. Whether a diarrhœal tendency is widespread some days before an outbreak is another matter, as to which there are so many testimonies that we cannot afford to be without the most precise record of diarrhœal cases this summer; as to the day and hour of start, and the special or general symptoms.

Can it be true that diarrhœa in some of its forms is an attenuated virus of cholera? Read the section in the recent "Life and Labors of Pasteur" on "The Return to Virulence," and on the circumstances under which the attenuated germs which *constantly abound*, "weakened to such a degree as to have lost all virulence," are restored to a deadly virulence and again become capable of living and multiplying in the body (p. 246). Consider another fact stated by Pasteur (p. 226), "that the virulence may be entirely gone while yet the microbe lives," and then test by it some of those experiments in the Johns Hopkins laboratory, which would claim fully to decide the value of a disinfectant by its power to kill a microbe *in the laboratory*.

I believe this precisely recorded clinical observation must be pushed up closer alongside of these other observations which, with profound respect for laboratories, I must think are getting to be too much disjointed from those greater laboratories or experiment stations that are also in the hands of the experts in daily practice.

The British Medical Association and the International Medical Congress, at their last sessions, brought international collective investigation into prominence. But what we want just now is such a predetermined plan of recorded observations as shall give us the *minutiæ* antecedent to the dangerous stage of cholera, and all other details of a great many closely observed cases. Trusting, believing, as we all do, gentlemen, that our very precautions will be the best preventive of any epidemic if it does come, we thus seek to be ready to save all we can from attack or from fatal sickness, and, by a matured plan for observation and record of all cases, to add much to our information as to the prevention of this and other conveyable diseases.

THE URATES—THEIR EXCESS AND HOW TO REMOVE THEM.

BY T. C. SMITH, M. D.,
Of Aurora, Indiana.

One of the manifestations of imperfect assimilation on the one hand, or of excessive tissue-waste on the other, is often noted by what in former years was denominated the "lateritious deposit" in the urine. Such an imperfect assimilation is very often met with in the daily rounds of practice. It may be the result of too free an indulgence, habitual or incidental, at the table, especially in a highly nitrogenous course of diet, or by insufficient exercise after the free use of such diet, or by what is commonly spoken of as "catching cold."

It may, with much consistency, be claimed that our normal diet is of a mixed character. It is partly vegetable and partly animal, and as long as the balance between these two forms of diet is kept fairly adjusted, and the processes of constructive and destructive metamorphosis are kept about equal, there is little expectation of seeing any considerable deposit of the urates in the urine. The conditions are not favorable to cause their presence. But an excess of rich food, composed largely of the nitrogenous varieties, throws upon the liver an increased amount of labor in order to prepare such food for assimilation by the tissues of the body, and thus prepare it to favor the constructive metamorphosis. If the immoderate use of the nitrogenous variety of foods is carried beyond the capacity of the liver to carry out fully its part in the process of digestion, and the complete metabolism of the albuminoids, it then throws a part of its work on the kidneys, or rather it manifests the fact of the overburdened

condition of the digestive organs by an attempt to eliminate from the blood, through the kidneys, the partially-prepared nitrogenous elements that are floating in excess in the blood, floating there because the liver is unable to fully prepare them for assimilation and appropriation by the tissues of the system.

The remedy for such a condition is readily seen, viz., a less nitrogenous diet, or the complete exclusion for a time of all animal food.

A similar condition may be produced in any one who habitually takes a free amount of exercise, especially in the open air, but who, upon occasion, consumes his usual quantity of animal and other food, and then, instead of taking the usual amount of free exercise or labor, spends the hours after such hearty meals in sedentary quiet. The destructive metamorphosis is not as rapid as usual, the demand for constructive material is not as great as usual, and so an over-supply is left for the stomach and liver to dispose of. Not being able to maintain the balance between the two processes of supply and demand, it, in this case as in the other, throws the excess into the blood-current, to be eliminated by the renal emunctories, and thus free the system of material not needed in maintaining the normal standard of health, and which, by its decomposition, would cause disease. In this instance, we find the urine loaded with the urates, the same as in the first one named.

An exactly similar condition is produced by "catching cold." In this instance there may be no excess of food taken, but there is interference with the elimination of waste material by way of the skin, and the process of retrograde metamorphosis is for a time more or less retarded, according to the degree of interference the "cold" has produced. If such "cold" is contracted at a time when the blood and liver are already surcharged with an excess of the nitrogenous elements of food, or, if at the beginning, or in the early stage of such "cold," the subject takes an immoderate quantity of animal food, he will stand well in for an attack of so-called biliousness and some considerable pyrexia. I believe such surcharged conditions of blood may render the subject much more liable to an attack of pneumonitis or bronchitis, rheumatism, etc., than he would be if the reverse condition of the system was present. However, from this basis, any one can see the utter folly of the old advice which is still so often sounded in our ears, that we should "feed a cold." The very opposite of this course will always hold good in treatment. Especially will this prove beneficial when we withdraw all articles of nitrogenous food.

A similar condition of the urine may now and then be met with when the quantity of food taken is not immoderate or is even too small in quantity to maintain perfect health, and where at the same time the supply of drinking fluid is insufficient. In such instances the urates are in proportionate excess for want of enough fluid in the system to make the quantity of urine normal, and so dilute it to a normal standard.

It will be seen that the interference in the assimilative process occurs in the advanced stages of digestion. The stomach has done its duty, the process has continued in the small bowels, the bile and pancreatic juices have done their work, the absorbents have taken the food and carried it into the circulation. It reaches the liver ready to be further reduced and prepared for assimilation by the tissues of the body. As long as a healthy balance maintains, there is no excess thrown into the blood-current, and none thrown into it not fully prepared to go on up to the higher stages of constructive metamorphosis. But if too much work of this kind is cast upon the liver, the fact is at once made known by the appearance of the urates in excess in the urine. This is quickly discovered by the lateritious deposit, or better by the usual chemical tests now known to nearly every tyro.

We often meet with such a condition in old people who indulge freely in foods rich in quality, and who take but little exercise. We often meet with it in the subjects of sedentary employment and habits. These cases are brought to this state of system by a more or less complete failure of the metabolism of the albuminoids of the food eaten. The great hepatic organ has the lion's share of this part of digestion to perform. They may be and are thoroughly emulsified in the stomach, and their reduction is further advanced by the bile, and action of the pancreatic and intestinal fluids, so that they are adapted to the absorbent glands, made ready to be taken up by them. But digestion is not yet complete, or at least not complete enough to make the proteids completely ready for building up the tissues of the body. This is accomplished by that largest gland of the body, the liver. All the albuminoids have their final reduction completed there. If too much albumen is ingested, it soon appears in the urine in the form of the urates. If the amount of albumen taken is very immoderate in quantity, albumen, little if at all changed, appears in the urine, and is readily detected by the usual chemical tests.

The line of treatment in most of these cases must be governed by the conditions present and the causes underlying the same. An immoderate quantity of the urates floating in the blood is often attended with very serious and dangerous symptoms, and nearly always by considerable feeling of depression, general malaise, aching, soreness, headache, foul breath, large, flat, indented tongue, covered with a thick white fur or yellow coating. This condition long maintained leads to a gouty state of the system, and to more or less free lateritious deposit in the urine. Often, however, the urine seems clear and normal, but its specific gravity is found to be high. A few drops of nitric acid added to a small quantity of it, and then set it in a cool place, will soon develop the presence of a large amount of these salts. These placed under the microscope will place them just where they belong chemically. In hot weather it is needful to set the receiver on ice after the nitric acid is added in order to fully develop these salts, even if present in considerable quantity. The microscope will detect them very often when the urine seems to the eye to be clear of them.

To attend to the diet of the patient is one of the points in treatment that cannot consistently or safely be overlooked. To give the subject the proper remedies and still allow him to go on using freely of nitrogenous food is almost useless. Every article of this class should be cut off until there is no excess of the urates found in the urine.

To expedite the elimination of this effete material from the blood and general system rapidly and easily, I know of nothing superior to sulphate of soda—Glauber salts. They are very harsh to take unless properly prepared. Then they are as easy to swallow as are the Epsom salts, so much in common use. The following formula is a fairly good one to use:

℞. Sodæ sulphas, ℥j.
Acid sulph. arom., ♏xxx.
Sacchar. alb., ℥iij. M.

Sig.—Put this in a teacup, pour on boiling water until the cup is two-thirds or more full; stir until cool enough to drink, then swallow all at one dose. It should always be taken on an empty stomach.

This will be readily taken, operates quickly, easily, and gives large, free, watery discharges. It is sometimes needful to repeat the dose in two to three hours. This remedy, as stated by Fothergill, has a special action for and on the liver, and stimulates it to prompt action. Besides this, it seems to eliminate the urates freely from the blood, and to prepare the way for future treatment. It occasionally produces nausea or vomiting, but not often, if well prepared.

I have noted that many authorities recommend the free use of alkalies in this state of the system, and apparently for rational reasons. These alkaline salts do clear the urine of the lateritious deposit, and the patient improves; but if we have a case in which we cannot afford to greatly increase the destructive metamorphosis, we can hardly be willing to produce a further reduction of strength by their very free or continued use.

If the urine is excessively acid, the soda or potassa salts will be well enough to use for a while, but generally such urine will not be excessive in acidity, and will, I believe, be found to have become alkaline in quite a short time after it has been drawn off. Very frequently it is alkaline to a marked degree when first evacuated; and an alkali, under such circumstances, could only add to the trouble already present. This class of remedies, however, indirectly stimulates the digestive organs, and in addition to a withdrawal of all nitrogenous articles of diet, will thus accomplish the end in a few days in many cases, while in a few who are already greatly reduced in strength they have not acted happily for me. This is especially true in old subjects.

Very small and frequently-repeated doses of colchicum will act finely in those cases that have a very marked gouty tendency. Its administration should be accompanied with a very free administration of water.

Indeed, in many of these cases, the best possible remedy we can administer is water. We often find these cases—as we do many others—where the amount of fluid ingested is not sufficient to supply the demands of the tissues. The volume of the circulating medium is diminished because there is not a sufficient supply of fluid contributed to the system to meet the common demands. The patient is costive; urine high-colored, throws down a thick sediment; skin is dry and harsh; there is headache, languor, and mental hebetude. A dose of physic will make the case feel better for a brief time. But to such a patient—they are generally very small drinkers of water—give a little harmless remedy to be taken every hour or two in a glassful of good, pure, soft water, and he will soon feel quite a favorable change. The bowels will open, the urine become free and clear, the mind regains its elastic buoyancy, and the man that before was stupid and half-sick, now has all his machinery running as merrily as a marriage-bell.

The blood and lymphatic channels in such a system are much in the condition of some of the sewers of our large cities when they have not sufficient water flushings to keep them clean. They become foul, fetid, and pestilential. So the effete and decaying material that floats in the blood-channels of the animal economy causes all manner of ill symptoms, and often diseases of a low and disorganizing type.

In this free use of water lies much of the power of the mineral springs of the world. People go there in a state of ill health, many of them in conditions similar to that above described. They drink and drink and drink of the mineral waters until every artery, vein, and lymphatic channel is flushed with the excess of fluid. Water rushes out through the kidneys, out at every pore of the integument and every excretory gland. In this manner the whole system becomes thoroughly washed out, every particle of tissue has the effete, waste material all soaked out of it and flooded away. Of course the patient feels better, and is better. He therefore praises the virtues of the mineral spring as a boon to suffering humanity and a great blessing divinely given. It really and indeed is so to those who have not wisdom enough to use the pure water of their own cisterns or pure springs to the full free extent that common-sense internal cleanliness naturally demands. Some of the most noted mineral springs in the world—so-called—are almost absolutely free from any trace of any and every mineral substance. Yet these same springs have a world-wide reputation for the cure of some forms of diseases.

In the class of cases in hand, and where the urine is loaded with the urates in heavy excess, it will be well to open out the blocked-up sluiceways by the production of pretty free catharsis. The sulphate of magnesia is excellent for this purpose, but the sulphate of soda is preferable if properly administered. Any good cathartic will answer. A mercurial is not indicated unless there be a marked specific taint present.

After free evacuations have been procured, the use of hydrochloric or nitric acid will serve a most excellent purpose. The latter is preferable, but its action on the mucous lining of the alimentary tract is too sharp unless very thoroughly diluted. This is not so to the same degree with the hydrochloric acid. But either of these should be given with an abundance of water, and with as much sugar as the patient may desire. If the patient will not drink as much water as needed, he should have diluents given in large abundance, as these will serve a similar purpose. Acetic acid will often answer the same purpose in many cases.

Case I. A young married lady came to me some time ago complaining of great debility, constipation, dysmenorrhœa, dysuria, and of great scantiness of urine, very high-colored. The appetite was poor, headaches frequent and severe. The sediment in the urine was abundant and of a pinkish tint. It was also strongly alkaline. The tests showed a large amount of the triple phosphates present. She was put upon the use of hydrochloric acid in two-drop doses to be taken in a glassful of water every three or four hours and ordered to drink very freely of water. Was given a common bitter tonic, and all nitrogenous articles of diet were ordered to be stopped. Her recovery was prompt and readily accomplished. I should have stated that before coming to me she had passed several small calculi, perhaps of the phosphatic variety. I did not see them. She had been for some weeks on the alkaline treatment before this without receiving any benefit or relief from her symptoms.

Case II. Was called to see a gentleman some months ago, who at first, I thought, might be suffering from enlargement of the prostate gland. A closer inspection proved it to be one where the system was being poisoned by the retention within the system of the salts of the urine that ought to be excreted. The quantity of urine voided was quite deficient, quite red, very alkaline, very scalding, and had seemed to cause a very marked cystitis. He was feverish, greatly depressed, quite weak; breath had a readily noticeable urinous odor; skin dry and husky. A cathartic was administered; hydrochloric acid in large quantities of fluid was given; afterward acetic acid was substituted. Cinchonidia was used in tonic doses. All nitrogenous foods were cut off. In this case a good and prompt recovery was had, where death from uræmic poisoning was threatened, and little was to be hoped for in the way of complete restoration.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER, M. D.

Reported by W. H. Seelye, A. M., M. D.

Mitral Regurgitation.

Patient is 27 years of age, and a baker by occupation. Was admitted January 24. He gives no family history of any pulmonary difficulties, ex-

cept that his grandfather was subject to attacks of asthma. His parents were both healthy. He has never had any venereal disease, and only uses alcohol sparingly. He has always enjoyed good health until two years ago, when he suddenly became short of breath and had a dry cough, and complained of sharp lancinating pains in the chest. At this time he was confined to bed for two weeks. Since then he has kept at his work, but the shortness of breath and the cough have continued. He has never expectorated any blood. He also has been much troubled with headaches and with cardiac palpitations. His bowels and micturition are normal. During the present winter he has had attacks of rheumatism in the shoulder. Has not been troubled with nausea or vomiting. Two days ago he became so embarrassed for breath that he had to give up work, and then he applied for admission at the hospital in Chambers street, and he was sent from there to this hospital. On admission his pulse was 92, respiration 26, and temperature 99.6°.

Gentlemen, inspection shows you here a plainly visible cardiac pulsation, which is not confined to the præcordial space, but is diffused over the left chest as low down as the seventh intercostal space, and in the epigastrium even to the right of the median line, and the pulsation is rapid and wavy in character. Furthermore, there is considerable diaphragmatic movement in the respiration, and the breathing is largely abdominal. You see here some marks upon the anterior portion of the chest and belly, which were made by the doctor in his examination to indicate the position of the apex beat and the lower margin of the liver. The apex is three inches below and one inch to the left of the nipple, and the margin of the liver is considerably below the ordinary line of hepatic dullness. All these things you note by the inspection.

Upon palpation I find the expansive movement as well as the elevation movement of the chest very limited, and the respiratory movement is chiefly diaphragmatic. I can also perceive very distinctly the apex beat at the point marked in the sixth intercostal space, and at least one inch outside the nipple line. Still further, I feel that the sense of resistance in the abdominal region is especially marked in the right hypochondrium, and this indicates either an enlargement or a displacement downwards of the liver.

Upon percussion of the chest in front I get the upper margin of præcordial dullness at about the place where it is ordinarily found, at the fourth rib, and it extends down in a vertical line to the sixth interspace, and the outer margin is one inch outside of the nipple line. The area of præcordial dullness is therefore considerably enlarged, and he consequently has a very great hypertrophy of the heart. There is nothing very marked about the percussion over the lungs on either side, but there is a slight diminution of dullness upon the right side as compared with the left. The upper margin of hepatic dullness is at the upper border of the sixth rib, and it extends downwards in the abdomen to a line one inch below the umbilicus. We have here, therefore, a very considerable enlargement of the liver. I find also a very considerable increase in the area of splenic dullness.

Posteriorly, upon inspection while in the sitting posture, I find that with the aid of considerable voluntary effort he expands the chest very well. There is a very decided difference in the percussion note of the two sides. The left side is more resonant from the supra-spinous fossa down to the base of the lung. But there is not sufficient dullness upon the right side to indicate any extensive condensation of the lung, or the presence of any fluid. Upon auscultation I find the breathing good, and I get the respiratory murmur all over the chest posteriorly, but not quite so loud or free upon the right as upon the left side. This slight difference in the two sides may be due to the presence of old pleuritic adhesions on the right side, or to some persistent variation in the amount of blood circulating in the two lungs.

I also find upon auscultation a loud blowing murmur, which is most distinct over the apex, and it is carried to the mitral orifice, and even to the base, and in fact it is to be heard with some intensity all over the præcordial region. And I can also hear it towards the axilla, as is common with these mitral regurgitant or indirect murmurs. I can also hear it behind, though not very distinctly, at the junction of the seventh and eighth ribs with the spinal column, as is not infrequently the case. The late Dr. Cammon, and following him Dr. Clark also, believed that the transmission of a murmur to this location on the back was an indication of some organic defect of the valves, in contradistinction from simple blood murmurs. But then we are not dependent here upon this sign to determine the question of diagnosis, for the other evidences of an organic valvular disease are sufficiently clear without this.

Now, for a few words in reference to the history. This man is twenty-seven years of age, and gives no family history of importance. He is a baker by occupation. There is no history of any of those acute diseases which are apt to be complicated by cardiac disease; but he first had his attention called to his chest two years ago by reason of shortness of breath, and difficulty of breathing on exertion; and at the same time he had some cough. But the palpitation and the dyspnœa were the symptoms that especially attracted his attention, and they have existed ever since. Now, this is not the history of the great majority of these cases, for you are able, ordinarily, to find a history of an acute cardiac affection, originating it may be from some infectious fever, or in the course of an attack of Bright's disease, endocarditis, or pericarditis. Or what is even more common, is a history of a former rheumatic fever complicated with an endocarditis. But here there is nothing to fix the date of the beginning of this trouble. Now, it is entirely possible for this disease to have developed itself gradually. The insufficiency of the valvular orifice may have been going on, increasing slowly, without attracting the attention of the patient or stopping him from pursuing his daily occupation. There are many cases of cardiac disease of this description, and this is especially true of adults and of persons well on in life. In many cases in adults there are slow changes going on in the cardiac valves, as the result of senile degeneration. But it is just possible that in early life this man may have had an acute illness, in the course of which there

occurred an acute endocarditis. And the fact that he does not give any such history is owing to the imperfections of the memory, or "to the anamnesis of the disease," as the Germans would say. It is, therefore, possible that he may have had in early childhood a disease of which this is the consequence; and two years ago was that time which finally comes in the history of all cases of heart disease, when the compensation is not equal to the demands of the circulation. Often the patient's attention is not drawn to the heart until the heart muscle can no longer overcome the obstruction of the circulation in the lungs. But whether the true history in this case is one of senile change, or of an early disease, is not, perhaps, a question of very great importance. What we have to deal with here is evidently an extreme hypertrophy of the heart with mitral insufficiency, and a condition where compensation is no longer taking place. The effect of this loss of compensation here has been to produce some difficulty in breathing, and an enlargement of the liver and spleen. There is no systemic dropsy, but simply a congestion of the lungs and abdominal viscera.

The clinical management of cases of this sort involves the consideration of two separate conditions. First, the condition in which you find this man, for the relief of which very active measures are required; and second, a less severe condition, such as exists after all the urgent symptoms have subsided. Both these conditions require the special attention of the doctor. I hove spoken to you many times about the clinical management of patients with great dyspnœa and congestion of the lungs and liver, and with systemic, ascitic, and pleuritic dropsy, and you know very well already the course of treatment in such cases. So I will rather speak now of the management of those cases in which everything is in the best possible condition already. I maintain these people are entitled to the most explicit directions and the most thoughtful consideration of the doctor. In the first place you should lay before the patient the necessity of having an occupation which will make no great strain upon the circulation. And this involves also the avoidance of all undue emotional excitement, and of everything which is disturbing to the equilibrium of the circulation. Then again you will find that it is of extreme importance that you should give the most strict injunctions about the food. This is often a thing of so much inattention and carelessness that I insist upon it as a matter of primary importance. A great deal of the distress in heart disease is the result of irregularities of diet. If these patients are allowed to become dyspeptic they will surely have to suffer for it. The general management of the diet therefore should be such as shall secure the patient against dyspeptic troubles, and especially against that variety known as acid dyspepsia. And you should select such food as will avoid this trouble. They should not take any considerable quantity of carbonaceous foods, or any food that they know does not ordinarily agree with them. Thus sweet and farinaceous foods, and all fatty foods, are often found to disagree. And there is still another reason why you should not give them, and that is because this class of food is calculated for the diet of those persons who have to exert a great deal of muscular energy in their business. But here you want to diminish the muscular energy, and to keep them from physical exertion. But they may engage in intellectual occupations, or do the lightest kind of work. The animal foods, with fruits and green vegetables and well-cooked bread as the only starchy elements of the food, make up the diet best fitted for them. Again, they are almost always made worse by alcoholic stimulants, and so they should not be allowed to take wine or beer, or any other fermented liquors. These are details of vastly greater importance than the administration of drugs.

The drugging of these patients is always to be rational, and for a special purpose. Here the lungs, and liver, and the chylopoietic viscera are much congested, and you can do something to relieve this by purgation, and occasional diuresis. It is often necessary to relieve general congestion as well as localized stasis; and this may be accomplished by allowing them to drink freely of fluids which shall encourage diuresis. Again, it is often necessary in these cases to stimulate the heart's action, and you can do this with heart tonics. And the one of greatest value in this form of disease is digitalis. But there are others which act in very much the same way as digitalis, and still others which act in a different way. I will not say any more about drugs, however, for I only want to impress upon you to-day what I said in regard to the hygienic management of cardiac disease.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, June 4, 1885, the president, B. F. Baer, M. D., in the chair.

Biniodide of Mercury as a Disinfectant in Obstetrics,

by Dr. E. R. Bernardy.

My attention was first attracted to the use of the biniodide of mercury as a germicide by Dr. Miguel, who published in *L'Annuaire Meteorologique de Mentsonn's* the results of some experiments made to determine the minimum amount of a disinfectant necessary to prevent fermentation in a litre of sterilized beef-broth. His experiments show that the mercurials are the best antiseptics, the biniodide being nearly three times as strong as the bichloride. In his table of disinfectants he places the bichloride the fourth on the list. To a litre of sterilized beef-broth, he found it required 0.025 grammes of biniodide of mercury to keep the broth pure; while 0.070 grammes of the bichloride of mercury was necessary to produce like effects. This shows that bacterial life is impossible in a solution of one forty-thousandth part of the biniodide, while of the bichloride it requires the $\frac{1}{14000}$ part. I was so fimly impressed with his experiments that I determined to give the biniodide of mercury a trial in obstetric cases where it would be necessary to use an antiseptic. The following are the cases in which it was used.

Case 1. On February 7, 1885, I was requested

to take charge of Mrs. D., who had been confined about six weeks previously. It had been her second confinement, the duration of labor had been short, and delivery natural, but an extensive laceration of the perineum had occurred. No attempt had been made to bring the parts together by suture. On the third evening she had been attacked with severe frontal headache and chills, followed by fever with great tenderness over the region of the uterus. There being no improvement in her condition, her medical attendant was discharged, another called in who gave such an unfavorable prognosis that he, also, was requested to cease his attendance. I was finally called in on the above date. The patient had well-marked symptoms of septic poisoning; pulse 130 to 140, small and thready, and disappearing under pressure of the finger; temperature 104° to 105°; slightly delirious; constant vomiting; abdomen swollen and excessively tender; uterus enlarged, extending fully three inches above the pubis. In the right side there seemed to be a growth extending up into the abdomen, tender on pressure. On making a vaginal examination, I found the os dilated so that my index finger could readily enter the uterus. Its withdrawal was followed by a gush of highly-offensive matter. The uterus was surrounded by organized lymph, and was immovable. The mass on the right side was easily detected, and was continuous with the lymph surrounding the uterus. The vagina was hot. The perineum was torn to the anus; the surface raw and secreting an acrid matter which scalded the surrounding parts. The urine was dark; on standing, a reddish material settled to the bottom; it looked like blood corpuscles. Dr. A. E. Roussel examined the specimen, and reported it to be slightly acid, no albumen nor sugar; under the microscope, occasional pus corpuscles, and swarming with bacteria. In conjunction with internal treatment, intra-uterine injections were made three to four times a day. I first used a solution of bichloride of mercury, 1 to 2000. This was continued for three days without any marked results. The discharge continued as offensive. On the fourth day the bichloride was substituted by a 1 to 4000 solution of biniodide of mercury. Within twenty-four hours an amelioration of all symptoms took place, the pulse fell to 100, temperature, 101°; urine became clear, and the discharge odorless. The injections were continued for ten days, their frequency being gradually reduced. The uterus returned to almost its normal size, and the lymph was gradually absorbed. The patient recovered.

Case 2. March 19, 1885, I was called to attend Mrs. W. in her first confinement. On my arrival, found she had been in labor several hours. Examination showed the os perfectly dilated; bag of waters protruding; vertex presentation, first position, ruptured the amnion. The vagina, near its outlet, was roughened with venereal warts; these spread, also, over the vulva. Labor progressed rapidly, and the second stage was happily ended. After wasting nearly an hour making compression on the uterus, I made slight traction on the cord, and while doing so, felt, with my hand upon the uterus, a cup-like depression of the fundus take place. This convinced me that I had an adherent placenta to deal with, and it would be folly to wait any longer. On introduction of the hand I found the placenta completely adherent; one could hardly say which was uterus, which placenta. After considerable trouble, I at last succeeded in detaching the placenta; it took fully three-quarters of an hour. On making a second examination to ascertain if all had been removed, my hand came in contact with long shreds hanging from all sides of the uterus; the more I scraped, the more there seemed to be. I gave the patient f. ʒij. of the extract of ergot. The patient did well for two days, when toward evening, she complained of a chill and severe frontal headache. I gave her quinia sulph., gr. x., with morph. sulph., gr. ¼, at one dose; washed out the uterus with 1 to 4000 solution of biniodide of mercury. The pulse was 115 and temperature 102°. The discharge was highly offensive. The injections were repeated every four hours. On the evening of the next day the pulse was 98, temperature 100°, discharge odorless, and the patient was perfectly well in ten days more.

Case 3. April 23, 1885, I was requested to call at once to see Mrs. K. who was reported in imminent danger of death. This was her ninth confinement. The history of the previous ones, with one exception, was not good. Her labors were natural, but were followed by terrible flooding and protracted convalescence. I found the patient in an attack of puerperal convulsions. I gave at once grs. xxx. of potass. bromide, and grs. xx. of chloral hydrate; this dose was repeated in half an hour; ten minutes later another convulsion occurred. I then bled the patient freely. The os uteri was somewhat enlarged, the cervix soft and dilatable; vertex presentation. Dr. Curtin, whom I had sent for, having confirmed my opinion, and considering that the patient's time was quite up, we decided to etherize, dilate the cervix, and deliver. The forceps were applied, and traction made at intervals. A living child was safely delivered. Continuous pressure was maintained over the uterus, but after the expulsion of the placenta the uterus did not contract until it had been washed out with hot water. The bromide and chloral was continued every two hours, and no more convulsions occurred. The patient did well up to the fourth day, when the discharges became very offensive, the pulse accelerated, and slight tenderness existed over the uterus; no chill or fever. The uterus was thoroughly washed out with a solution of one to four thousand biniodide of mercury. Within twenty-four hours the discharge became odorless, and the tenderness over the uterus had disappeared. The patient recovered after a tedious convalescence.

In these cases it will be seen that the biniodide was prompt in its action, markedly so in Case 1, where the bichloride and the biniodide were both employed, the result being decidedly in favor of the biniodide. Naturally it will be said, here are only three cases from which deductions are to be drawn, and it is only after it has been carefully used in a large number of cases that its efficacy can be proven. It is for this reason that I call the attention of the members of this society who are in a position to give it a fair and impartial trial, and at some future time give the results of their investigations. I have found the 1 to 4000 solu-

tion of the biniodide non-irritating. I have used it extensively in my gynecological practice, and in washing out pus cavities, with good results. In it we have a preparation where the smallest amount of drug is used, with results far exceeding those of any other antiseptic. On account of the small quantity of mercury there will be less chance of salivation.

The method I have pursued in making the solution is: Take three and a half grains of the salt well triturated in a mortar and rubbed, with one quart of boiling water slowly added, giving a solution of 1 to 4390.

Since writing the above, I have seen in the *Philadelphia Medical Times*, May 16, 1885, that Dr. Panas, Eye Surgeon of the Hotel Dieu, used the 1 to 25,000 solution of biniodide of mercury in eye cases. He makes the following statements: "After a number of experiments, I have convinced myself that a solution in water 1 to 10,000 of the bichloride, or a similar solution 1 to 25,000 of the biniodide of mercury is much superior to any other antiseptic solution employed in eye surgery." Here again we have a statement that the biniodide in a smaller quantity is as good an antiseptic as the bichloride.

Dr. Montgomery's experience has led him to the conclusion that the bichloride of mercury is far more effective as a disinfectant than carbolic acid. Its introduction into the Philadelphia Hospital was due to Dr. Parvin, who found it very satisfactory. In eighteen cases of puerperal fever that were treated with bichloride injections, only three deaths occurred. This success was attributed by the hospital staff to the use of the bichloride. Dr. Montgomery in private practice follows the plan of Dr. Garrigues, of New York, and avoiding intra-uterine injections after labor, but applies pledgets wet with a bichloride solution over the vulva, after carefully cleansing away clots and washing the external parts with a similar solution. This sponging is repeated twice every day. In his last term at the Philadelphia Hospital he had only two cases of puerperal fever, one of which commenced twelve days after delivery. The history of Dr. Bernardy's cures shows an equal if not better antiseptic in the biniodide of mercury.

Dr. J. V. Kelly some years ago had several fatal cases of puerperal fever, and almost twenty-five cases that got well. The trouble commenced in a case of abortion, in which he did not succeed in removing all of the placenta. He was at the same time attending a bad case of erysipelas; and at that time the relationship of puerperal fever and erysipelas was not known to him. He was on the point of giving up his practice and leaving the town, and consulted Dr. Goodell on that subject. Dr. Goodell discountenanced such action, but advised him when attending an obstetric case, to remove his coat and roll up his sleeves, and wash his hands and arms well with turpentine, using the nail-brush thoroughly. Since that time he washes his hands in turpentine every day and again before every case of labor. He also uses a wash of vinegar or carbolic solution before touching a puerperal patient. He has had no puerperal fever or other septicæmic symptoms since that time.

Dr. Parvin said as a reference has been made by Dr. Montgomery to my having used corrosive sublimate vaginal injections in the cases of puerperal septicæmia under my care in the Philadelphia Hospital in my term of service last year, I will refer to the antiseptic treatment in the cases occurring the present year. When I took charge of the obstetric ward on the first of January, I found five recent cases of septicæmia; two of these patients died; one of the two had apparently recovered, and then was attacked by pneumonia; quite possibly this pneumonia had a septic origin. Then there was at least seven other cases, but all these, as well as three of the original five, recovered. Injections of a solution of corrosive sublimate, 1 to 5000, were used in all cases immediately after labor; the external parts were washed, too, with a similar solution. This injection was repeated twice a day in all cases for the first week after labor, while it was used oftener in those having septicæmia; intra-uterine injections were used only when vaginal injections failed to correct the offensiveness of the discharge, but as is well known, there may be serious, even fatal, cases of septic disease, though the lochial flow is not at all offensive.

In private practice, after once washing out the vagina thoroughly with the antiseptic solution immediately after labor, this need not be repeated unless symptoms demand it, but the bathing of the vulva twice a day with the solution ought not to be omitted. Add, if you please, to this treatment, the use of antiseptic napkins, a practice pursued by Dr. Montgomery at the Philadelphia Hospital so successfully, and I think we have taken the most important means to guard against the entrance of septic germs after labor.

He has had no experience with the biniodide of mercury, and does not know that it will supersede the bichloride. The argument in its favor is as strong as three successful cases can make it; but these are entirely too few, as Dr. Bernardy justly says, to prove its value and its superiority. In one of the doctor's cases labor was induced, apparently, on account of eclampsia. Now, is this the best treatment? Obstetricians are by no means agreed, some of the best condemning such treatment. But the subject is not properly before us now, and therefore no further remarks will be made upon it.

Dr. Montgomery uses the bichloride solution as an external wash only, not as an injection. He thinks that the records of the hospitals in which injections are used will not show as good results as those in which they are omitted, if septicæmia be not present.

Dr. Willard had a warning to sound with regard to the use of bichloride solutions of stronger grades. He had been using washes and antiseptic dressings made with a 1 to 1000 solution of bichloride, but in consequence of what was written about the advantages of stronger solutions, he increased the strength of his dressings to 1 to 500, and within twenty-four hours the stools contained bloody mucous, and were small and griping; there was vesication about the wound and around the limb under the dressings. Entirely dry dressings had been used, but they had been moistened by pus and serum from the wound. He does not see the advantage of strong solutions in serum as 1 to 100 or 75. The serum is a decomposable sub-

stance, and an uncertain portion of the antiseptic agent is destroyed by it; weak solutions in boiled water seem more reasonable, and answer every purpose.

Dr. Longaker has been much interested in the third stage of labor, and would like to hear how Dr. Bernardy removed the placenta in the adherent case narrated by him. He has been using Crede's method with great satisfaction. He thinks the hand should be kept out of the parturient canal as much as possible. He does not need vaginal injections after labor, but depends upon outside washes. He finds that the temperature rarely rises during the puerperal period, even after instrumental delivery. He thinks care during the third stage will avoid the necessity for antiseptics.

Dr. Parish agrees with Dr. Parvin's views. He has found a solution of 1 to 1000 of bichloride irritating, and he now uses 1 to 2000 or 5000. Strong solutions cause an appearance resembling erysipelas or inflammation of the derm. Injections are not necessary in every case where the surroundings are cleanly, and the patient a multipara, he does not use them; but in primipara, with contusions or lacerations, and when version or instruments have been employed, he is in the habit of injecting a weak solution of bichloride immediately after delivery, but he does not repeat it, but simply washes out the vagina. Cleanliness of hands, instruments, and nurse is the most important point. He has never had any trouble in private practice.

Dr. Bernardy, in closing the discussion, remarked that he thought he had a far better antiseptic in biniodide than the bichloride. He had used the former in surgical cases also, washing out pus cavities, and always with good results. He does not use intra-uterine washes in every case of labor. He has attended since the first of the year about seventy cases of labor, and he has employed the intra-uterine injections in only the three cases detailed. In every case of labor he uses carbolic acid soap to cleanse his hands and arms, and the external genitalia of the patient. The eclamptic patient had reached or passed her full term, and there was no reason why the child should not be removed. In the case of adherent placenta, it was pulled off forcibly, and a shreddy lining was left in the uterus, as no line of separation had formed. He believed the dangers consequent on passing the hand and arm into the uterus and vagina are much exaggerated, and he does not hesitate to do so when the exigencies of the case demand it.

(*To be continued.*)

—Dr. Fleischl, of Vienna, declares that morphinism, alcoholism, and similar habits, can now be cured rapidly and painlessly by means of cocaine chloride. The method is very simple—a withdrawal, either gradual or abrupt and complete, of the habitual intoxicant, and treatment of the nervous and other symptoms which arise therefrom by means of hypodermic injections of the cocaine. He claims that in ten days a cure may be effected in any case. The dose of cocaine chloride hypodermically is from $\frac{1}{12}$ to $\frac{1}{4}$ grain, dissolved in water, repeated as necessary.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, February 27, 1885. The president, Edward E. Montgomery, M. D., in the chair. Dr. Montgomery reported several cases of

Abdominal Surgery.

No. of Patient.	Age, Years.	Disease.	Operation.	Hospital or Private Practice.	Date.	Result.	Remarks.
1.	28	Ovarian tumor. Left ovary.	Ovariotomy.	Hospital.	May 17, 1879.	Recovery.	Right ovary contained *two* small cysts. Since been pregnant.
2.	35	Cancer of uterus and rectum.	Colotomy.	Hospital.	April 28, 1880.	Recovery.	Survived one year. Was able to attend to herself, and had no discomfort.
3. Col'd.	53	Multiple fibroid.	Hysterectomy.	Hospital.	May 5, 1880.	Death.	Fifty-three hours. Peritonitis and exhaustion. Tumor weighed 12 pounds, partly calcified. Aorta atheromatous.
4. Col'd.	46	Fibroid.	Hysterectomy.	Hospital.	March 17, 1882.	Death.	Shock 27½ hours. Ureters dilated. Kidneys sacculated. Tumor weighed 16 pounds.
5.	46	Epithelioma of larynx and œsophagus.	Gastrostomy.	Private practice.	December 17, 1882.	Death.	On fourth day beginning peritonitis. Had been supported three weeks on injections.
6.	17	Menstrual epilepsy.	Oöphorectomy.	Hospital.	September 13, 1881.	Recovery.	Convulsions less severe. An interval of three months between epileptic attacks.
7.	30	Cyst of broad ligament.	Laparotomy.	Private practice.	October 9, 1884.	Recovery.	Cyst was enucleated and the right ovary removed.

Cases 1, 3, and 4 were done under antiseptic precautions; 6 and 7 without. He objected to the spray, saying it increases the peril of the patient, by the prolonged chilling of the peritoneum, by absorption of a deleterious agent, and by the increased organic matter washed into the wound from the impure air of the room.

Dr. L. Brewer Hall presented the following case: "Mrs. S. applied to the Philadelphia Dispensary February 17, 1885, seeking relief for a rapidly-increasing loss of vision. She has always had excellent health, has given birth to five children, and is now pregnant for the sixth time, and thinks she is now in the eighth month. At present she feels perfectly well, except her eyesight, which has failed rapidly during the past few weeks; has no aches nor pains anywhere, and has a good appetite.

"Her vision upon entering the Dispensary was R. $\frac{1}{60}$, L. $\frac{2}{60}$; read Jæger with difficulty. The exterior of the eye appeared perfectly healthy. The ophthalmoscope, however, revealed the existence of *retinitis*, and that peculiar form characteristic of kidney disease, *retinitis albuminurica*. The urine, upon examination, on the 18th inst., showed a moderate amount of albumen ($\frac{1}{5}$ to $\frac{1}{3}$ bulk), with a few large granular tube-casts, mingled with much squamous epithelium, confirming the diagnosis made upon the appearances in the eye."

Dr. Montgomery questioned the importance of the induction of premature labor.

Dr. Hall, in reply, said: "That would depend on the amount of inflammation and the stage of pregnancy. This deposit of fat in the retina is generally absorbed rapidly. *Exudation* of lymph into the retina near the disc, is not so rapidly taken up. If the disc is being choked rapidly, the induction of premature labor should be considered. In this case the patches are diminishing, the inflammation seems to be subsiding, so there is no indicatfon to induce premature labor."

(March 1, the patient was delivered of a still-born fœtus, and there was a marked improvement in her eyesight immediately.

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Editorial Department.

Periscope.

Manganese as an Emmenagogue.

Dr. Frank H. Martin thus writes in the *Chicago Med. Jour. and Examiner*, February, 1885:

"From my observation I have been led to consider manganese in any form a direct stimulant to the uterus and its appendages. It may exert this influence by acting as a direct vaso-motor nerve stimulant to the vascular system of the parts, and in consequence of the improved circulation directly increase the tone and nutrition of the organ, as it may exert its whole force through stimulation of the sexual nerve ganglia, or even possibly the sexual nerve-centres, thereby bringing the organs to their normal state of action." At any rate its action is prompt, and direct in bringing the uterus and appendages to a normal state of menstrual tonicity, when the lack of tone is dependent upon some previous depression of innervation.

It will be seen by the following typical cases, that even when the cause of the depressed innervation is still acting, this remedy will exert its stimulating power over the menstrual mechanism. A young woman, eighteen years of age, in consequence of phthisis, had not menstruated in four months. Experimentally I gave her manganese. Menstruation occurred within a week. "Another young woman, twenty-four years of age, with an aggravating digestive trouble of some years' standing, had become very irregular, flowing profusely for a week or two, then scantily for an equally irregular time, again followed, perhaps without warning, by a profuse flow, or as likely complete cessation. This state of affairs had been going on for more than a year. There was no dysmenorrhœa. She was very weak and anæmic from the effects of indigestion and loss of blood. This patient was given two grains of the permanganate or potash dissolved in one-half glass of hot water every night on retiring. It was kindly received in this way by the irritable digestive organs. In a very short time there was a decided improvement in the menstrual trouble, and the patient has since menstruated three times normally."

"In young girls who are irregular in the early months of menstrual life, where it is simply caused by the natural weakness of the partially-developed organs of generation, or where, from an overworked nervous system, the organs are robbed of their natural nerve force, this remedy seems to possess the stimulating properties requisite to bring them into healthy action. A remarkable case of this kind was that of a young girl who had menstruated once. Eight months had passed and the menstrual flow had failed to appear again. The mother of the girl being alarmed sought advice. The permanganate was given in two grain doses twice a day. Within a week the girl menstruated the second time in her life. In two other cases of 'missing' in young girls, without any apparent cause or any other symptoms, the remedy given in the same doses a few days before the next regular period was expected, stimulated the organs to a normal flow. The action of the manganese was so prompt in these cases that I am convinced it was no coincidence." Since the above report was made I have been able to add many similar cases to my list, and the results have been invariably as gratifying.

"It is well known that from exposure to cold the weakest organs of the body are the ones most liable to suffer. A woman who, when exposed to cold, immediately suffers suppression, cessation, or excess of the menstrual flow, will invariably

be found to possess susceptible and weak menstrual organs. In cases of this kind, viz.: suppression, cessation, or excess of menstrual flow, caused by catching cold, with no other apparent cause, the most gratifying and prompt results are obtained from manganese. The above variety of cases are of so frequent occurrence that in them I have had numerous opportunities to test the new remedy, and I have yet to see it fail in either amenorrhœa or menorrhagia, when due to irritation of cold alone. In several cases where the flow was a week or ten days overdue from catching cold, the permanganate was given in large doses, and its almost magical effect demonstrated by the flow appearing within twelve hours."

My principal object in making *this report* is to emphasize the fact that manganese is a general stimulant of the menstrual organ, and in consequence of its stimulating power is an efficient remedy in certain forms of *menorrhagia* and *metrorrhagia*. In my report one year ago, I mentioned this point, but at that time my opportunities for testing the drug in that direction had been somewhat limited. I said at that time:

"Although I have had greater opportunities for testing the value of manganese in *amenorrhœa* than in *menorrhagia* or *metrorrhagia*, I have received unmistakable evidence of its power in the latter forms of menstrual trouble."

"Menorrhagia and amenorrhœa in their outer manifestations are exactly opposite in nature, but they are very often dependent upon the same causes. When the cause is anæmia, or any depressing constitutional disease, producing a perversion of the functional activity of the menstrual organs, and their *perverted* action consists of an *irregular* or *excessive* flow, this condition will as readily succumb to the stimulating effects of manganese as when the opposite condition exists. The following cases are of interest: A woman, aged twenty-six, sought advice for excessive and irregular flowing. She had been married two years, and had one child, twelve months old. The child was large and strong, the mother physically slight. The mother nursed the child, and for ten months stood the strain very well, when she commenced to fail, suddenly grew weak and anæmic, and began to flow excessively. This continued with but a few short irregular remissions, until I saw her at the dispensary. She was given two-grain doses of the permanganate of potash four times a day. At the same time all other treatment was withheld. In three days the patient returned, saying that the flow had stopped the next day after receiving her medicine. I then discontinued the manganese, prescribed iron and nourishing food, and she continued to improve. By digital examination nothing abnormal was revealed in the above case. Another case was that of a large, stout woman, thirty-five years of age, who came to the dispensary suffering from menorrhagia. Her menstrual periods were regular as to *time*, but the quantity of blood was alarmingly excessive, and would last for two weeks. She was married, had three children, the youngest three years of age. This abnormal condition of menstruation had been coming on by degrees for a year. The uterus was a little enlarged, and soft to the touch; otherwise, by physical examination, nothing abnormal. Four days before the expected flow, she commenced taking the permanganate in two-grain doses, three times a day. Menstruation came on at the expected time, and after a normally free flow for four days, passed off naturally. Before the next period the same treatment was repeated, with the same marvellous result." The above histories were written a year ago. Since then I have seen a great many cases of menorrhagia and metrorrhagia succumb to the effects of manganese. I have complete histories of a number of these cases which might be of interest, but will be content to mention a few typical cases taken from the case-book of Dr. S. F. Bradley, of this city, a gentleman who has taken considerable pains to test the value of manganese in menstrual troubles.

1. "Mrs. D——, aged thirty-three. Treated during winter and spring of 1883 for chronic endocervicitis and endo-metritis; and enjoyed good health until August 10, when she was taken with menorrhagia, which lasted six days before medical advice was sought. Gave in succession ergot, gallic acid, hot injections, injected tincture of iodine into uterine cavity, and finally plugged cervical canal with sponge tent which remained twenty hours. Hemorrhage still continued. Then ordered capsules, each containing two and one-half grains of permanganate of potash, one to be taken every three hours. Flow ceased shortly after taking the second capsule.

2. "Mrs. F——, aged thirty. Made first visit January 19, 1884. Three weeks before had a miscarriage at three months, and was attended by a midwife. January 19, began flowing excessively, and suffered much pain in uterine region. Detected by digital examination a piece of placental tissue about size of hen's egg in uterine cavity. Removed with fingers, and flow ceased. From this time until February 24, she improved rapidly from her anæmic condition, but at the above date menorrhagia began and was excessive. Ergot (℥ j. fl. extract every two hours) was given during the night with no cessation of flow. The following day ordered two-grain capsules of permanganate of potash. Hemorrhage ceased in two hours after taking first capsule.

Case 3. "Mrs. McF——, age thirty. Two children, youngest one and a half year old. Began flowing in the middle of September, 1883. She sought no medical advice until October 15. The hemorrhage had rendered her exceedingly weak and anæmic. Gave ergot and elixir ferri quin. et strych. She continued this prescription for ten days with no benefit. Ergot and gallic acid were then used with no amelioration. Careful examination revealed no enlargement of uterus—no tenderness—very slight laceration of cervix. On the 28th of October ordered two-grain capsules of permanganate of potash, one every four hours. One hour after first capsule had been taken the flow ceased suddenly. The capsules were continued until three or four had been taken. Saw her a few weeks ago, and her health had been excellent.

Case 4. "Mrs. B——, age thirty-five. Five children, youngest two years. Laceration of cervix (bilateral). Uterus four inches in depth. Chronic endo cervicitis and endometritis—slight prolapsus. Treated her for uterine trouble a couple of months previously, and had advised operation.

During the middle of October was taken unwell; flow never so profuse; had continued several days before seeking medical advice. Ergot, mineral and vegetable astringents had no effect. Gave the permanganate in two-grain doses. Shortly after first capsule was administered the flow began to diminish, and ceased entirely after the third had been given."

As has been demonstrated in the foregoing cases, the action of the drug is very prompt where indicated, and if discriminately given I am sure similar gratifying results will be obtained by others.

A Short Note on Two Cases of Stricture of the Rectum.

Dr. Oscar J. Coskery thus writes in the *Maryland Med. Jour.*:

In August, 1884, I was requested to see Mr. J. B., aged 43. The history of his case was, that during the last war in this country, while serving in the army, he became afflicted with hemorrhoids. Later, in 1877, an abscess made its appearance in the buttock, which, bursting at different points, left several sinuses; as these closed, it seems, with very little treatment, symptoms of difficulty in defecation came on, together with occasional discharges of blood *per anum*. These symptoms steadily increased until, when I first saw him, his condition was as follows: A tall, spare, dark-complexioned man, with dark hair and eyes, and an expression of countenance suggestive of habitual suffering. He had been complaining for a few days of what he called diarrhœa, but what, upon investigation, proved an almost incessant call to stool, though very little passed at each time, with great pain and some blood. By digital examination several distinct nodules were discovered, partially occluding the lower part of the rectum, and, at about two inches above the anus, a hard ring, which prevented the finger from penetrating further, even although considerable force was used. On this account, the extent of the constricting band could not be made out. Great pain was elicited by the examination, but very little bleeding followed. From the smooth feel of the stricturing band, though the patient was above suspicion, it was decided to put him upon specific treatment. This was faithfully carried out, but, in despite of occasional remissions, the patient steadily emaciated, the rectal symptoms increased, and upon making a second digital examination the obstruction was found to be greater. Believing that I had a case of malignant disease of the bowel to deal with, I advised colotomy. The patient only consented when his trouble had so increased as to make life unbearable. On November 7, 1884, I operated. The operation was exceedingly long and tedious, occupying fully an hour, because of the descending colon being, as I had not found it in former colotomies, contracted to the size of the little finger. It was not until, when from its anatomical position and relation to the kidney, I felt it could be no other portion of the intestinal canal, that I brought it out and stitched it to the skin. When the gut was opened, no fæcal matter escaped. The wound was dressed in the usual way, and next morning a small quantity of fully-formed fæces was found to have escaped. During the night of the second day a very large quantity came away. The wound at first did well; the patient, however, never did; a low form of peritonitis made its appearance, and on November 14, exactly one week from the date of operation, the patient died.

On January 22, 1885, I was called to see Nellie B., aged 14, the youngest of three children of the above. The history of the case was as follows: Ever since she could remember she had had pain and difficulty in defecation; that about four years ago the nurse had first noticed a decrease in the size of the stool. These symptoms had lately become much worse, and now she spends an hour and upwards in the closet before she can feel that she has relieved herself. She, also, now suffers from occasional attacks of "cramps," irrespective of the efforts at stool. Her stools consist of bands of solid matter, generally with a small quantity of blood, sometimes only streaked, at other times there passed as much as a tablespoonful of free blood. The quantity varies with the difficulty in defecation, and is referred, by her, to the straining. The ribbons of fæcal matter are about one-quarter of an inch broad by one-eighth thick. The child was sallow, undersized for her age, had never menstruated, and was thin. Her general condition was what might be considered moderately good, but she was old-fashioned and "Paul Dombeyish" in her ways. Upon attempting a digital examination, great pain was elicited, with spasm of the sphincters, and about one inch and a half above the anus a strong circular band was found, which would not admit my finger, perfectly smooth to the touch, and pressure upon which with the tip of the finger caused the child to scream (I should mention that she was very hysterical and very nervous under the examination). No blood or fæcal matter was found upon the finger when withdrawn, but a small quantity of blood was passed by the patient very soon after. To allay the great irritability, a very small suppository of opium and belladonna was ordered. After continuing this alone for some weeks, with no improvement, the child was put upon cod-liver oil. On March the 5th I found her wonderfully improved in general appearance. She is much stouter, has a good color, the rectal trouble has improved. Both she and her nurse state that the size of the *ribbon* has increased, and that she has passed no blood since taking the oil.

—At a meeting of the St. Louis Medical Society (*Weekly Medical Review*), Dr. Williams presented the history of the following interesting case: A young man in Carondelet had been deaf for several years, and during all this time he had dizziness to such a degree that sometimes he would fall. Besides this he had convulsions which were regarded as epileptic. On examination of his ears, they were both found to be plugged up with wax; and when this was removed, not only did the deafness disappear, but the dizziness and epileptic symptoms also went away. It is well known that affections of the drum may be the cause of the decided dizziness.

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DON'T SEND ME TO THE HOSPITAL!

Every one who comes in contact with the sick poor must be struck with their reluctance to enter a hospital. No matter how miserable the room, how bad the nursing, how indifferent the medical attendance, they decline, or, at all events, accept with great reluctance, the best skill and care the profession can provide, aided by abundant means, in hospital wards.

This behavior we often hear ascribed to ingratitude, to prejudice, to stupidity, or to pride. There is another consideration, however, which in recent years exerts still greater influence upon the poor patients with whom we have come in contact ourselves, and that is, a dread of becoming subjects for experimentation rather than patients for cure. They very naturally are not eager to enter an institution that is chiefly used, as they suppose, as a school for training students and demonstrating operations. The men of science in these institutions are, moreover, believed by them to make but little distinction between a helpless pauper and an animal for vivisection. They think, in their ignorance, that those who are in the daily habit of performing agonizing experiments upon living creatures, deliberately intended not to heal but to mutilate, may carry their habits with them to the hospital wards. Many of these poor people, too, read the newspapers, and are struck by learning that in other lands the Sisters are driven out of the hospitals, the religious symbols are torn down, and the wards are named Salle Gambetta, or Magendie, instead of Saint Mary or Saint Francis, as they were formerly called—for the great charitable institutions with which the world abounds were founded and had means left for their support by men who were more full of human pity and charity than of love of science, and thought more of the relief of suffering than of the acquisition of medical facts.

There have been published, too, in journals and works of undeniable authority, reports of experiments which, to say the least, are quite intimidating. In the *Lancet*, for example, for 1875, are indisputable cases of horrible experiments with

the virus of the foulest of diseases, recorded in Henry Lee's *Hunterian Lectures on Syphilis*. In Ringer's *Hand-book of Therapeutics*, the results of painful and even dangerous experiments with poisonous drugs, administered with no other motive than that of a purely scientific curiosity, on men, women, and children, are freely cited. In a medical journal of this city,* some few years ago, were published some experiments on the functions of the lobes of the brain, in which needles were passed at various points into the dura mater and into the brain of a poor woman, admitted into the ward of a hospital called *The Good Samaritan*. In observation 3, we read: "When communication was made with the needles, her countenance exhibited great distress, and she began to cry. Very soon the left hand was extended as if in the act of taking hold of some object in front of her; the arm presently was agitated with clonic spasms; her eyes became fixed, with pupils widely dilated; lips were blue, and she frothed at the mouth; her breathing became stertorous; she lost consciousness, and was violently convulsed on the left side. The convulsion lasted five minutes, and was succeeded by coma. She returned to consciousness in twenty minutes from the beginning of the attack, and complained of some weakness and vertigo."

Observation 4 was the same as the preceding, except that the strength of the current was not sufficient to produce the epileptiform attack.

In observation 5, the proposed experiment was abandoned; Mary was in too desperate a condition. "The next day Mary was decidedly worse. She remained in bed, was stupid and incoherent. In the evening she had a convulsive seizure, lasting about five minutes, confined to the right side. After this attack she lapsed into profound unconsciousness, and was found to be completely paralyzed on the right side," etc., etc.

At the autopsy the track of the needles in the brain could be distinctly traced on both sides: on the left, the needle had penetrated a depth of one inch, on the right, one and a half inches; the track being marked by a line of diffluent cerebral matter.

The reporter in this case says it seems to him most desirable to present the facts as he observed them, without comment, and we have no wish ourselves to make any, except to say that there are comparatively few in the lower classes of society who would care to be exposed to such practices.

Sylvius, in his preface to the *School of Salernum*, says: *Si dare vitam proprium munus Dei est, certè datam tueri, et jam oppressam pene restaurare, aut fugientem retinere, quod medicorum est, Deo proximum fateamur oportet.*

A modern man of science, like the *insipiens* of ancient days, is generally believed "to say in his heart, there is no God,"* so that whether or no He be nigh to Him may not cost him a thought; but those who do believe in Him, must be excused for an unwillingness to entrust themselves to any one who regards mind as a mere outbreak of matter, and man a mere animal developed from irrational stock.

We believe that we have given here the principal reason why so many show dislike to entrusting themselves in institutions founded and maintained in pure benevolence and kindness towards the sick and suffering, and where they certainly can and, moreover, generally do, receive the most skillful and careful attention.

THE DIFFICULTIES THAT BESET SANITARIANS.

One of the most remarkable illustrations of the survival of the superstitions of the "dark ages," and one that seems almost incredible in the light of the nineteenth century, comes to us from Spain. We read that in the cholera-ravaged districts of that fair country, the sanitary officials, while endeavoring to perform their duties of disinfection, etc., were set upon by infuriated mobs and driven from their labor, the ignorant populace preferring to rely *solely* upon prayers for the staying of the epidemic. This action has two

* See the American Journal of the Medical Sciences for April, 1874.

* There are other resemblances between such men and the *insipiens* (or *agnostic*) of olden time, for we read, "*corrupti sunt, et abominabiles facti sunt in studiis suis.*

strong parallels; that of the masses in Naples last year who interfered, absolutely interfered (think of it), with the physicians in their ministrations to those sick of cholera, and that of some ignorant colored persons in Washington, who recently interfered forcibly with the performance of a necessary surgical operation upon one of their race, for the alleged (and no doubt honestly conceived) opinion that the design of the doctors was to kill the patient, and, we might add, to make cod-liver oil of the corpse, since this is a favorite superstition among the Washington darkies.

We do not mean to belittle the efficacy of prayer—far from it; but we do unhesitatingly assert that intelligent clergymen of all denominations freely admit and teach that prayers and sanitation should go hand-in-hand; neither should be relied upon to the exclusion of the other.

Again, in addition to this superstition, we have the ignorance, or duplicity, or carelessness of presumably intelligent men to contend with. This fact is well illustrated in the following extract from the Cairo correspondent of the *Brit. Med. Jour.*, who says:

"The following story illustrates the impossibility of any general sanitary reform as long as the capitulations practically exempt Europeans from the regulations which apply to natives. A short time ago Surgeon-Major Green was informed by a lady that she had reason to believe there existed a case of small-pox at the laundry where her clothes were washed. The sanitary sub-director immediately proceeded to the house in question, in company with the lady, and found, as she said, a young man with small-pox, exhibiting a well-marked pustular symptom of several days' duration. In the very room where he lay was some of the linen taken in to wash. The patient had been attended by two medical men, the one an Austrian, the other a German subject. They had given the friends of the patient a written statement that he was suffering from 'wind' pox (*sic*), and accordingly led them to believe that there was no need for precautions to be taken. This paper was shown to Surgeon-Major Green. The latter obtained a confirmatory opinion as to the case being one of true variola, and then wrote to the attending medical men, requesting them to come to him at the Sanitary Directorate, and explain their conduct. They went. The Austrian subject simply excused himself on the ground that the case was modified small-pox. The German subject, who is a medical man of considerable practice and established position in Cairo, disputed the right of the Sanitary Directorate to interfere with him, and took the matter to his consul. Surgeon-Major Green blamed them for misleading the patient as to his true condition, and not advising the friends to take proper precautions. The German Consul wrote to Nubar Pasha, accusing Surgeon-Major Green of "furtively" entering the house of the German's patient, and interfering with him in the treatment of the case. He disputed his right to interfere with a German subject in any manner whatever, and asked that reparation may be made for the insult endured by his *protégé*. Surgeon-Major Green has replied, pointing out the great danger that would ensue to the public health if medical men were allowed to act in such an unprincipled way, and asking that the case may be referred to the German Medical Faculty for arbitration. There the matter rests for the present."

It required the terrible lesson taught by the Plymouth epidemic to give us a State Board of Health, and it will require a frightful visitation of cholera to cause our masses to realize the importance and necessity of sanitary science.

Enough of a decisive nature has been already accomplished by the apostles of hygiene to entitle this science to a high place in the estimation of the people, but, notwithstanding all this, the great obstacle of non-coöperation of the people still stands in the way of sanitarians.

Notes and Comments.

Case of a Hermaphrodite Aged Nine Years, with the External Appearance of a Female, in Whom Both Testicles were Removed from the Labia Majora.

Dr. George Buchanan thus writes in the *London Med. Times*, February 14, 1885:

Before giving you the particulars of this extraordinary case, I may recall to your mind the classification of hermaphrodites, and although it may be open to some criticism, I shall adopt that contained in Sir James Simpson's paper in the "Cyclopædia of Anatomy and Physiology," viz.: into spurious and true.

The spurious comprehend those in which mal-

formations of organs of one sex make them have somewhat the appearance of those of the opposite sex; the true, those in which there exist in the same individual some of the organs of the two opposite sexes. Without entering into any detail, I shall simply give the following list founded on cases actually recorded, viz:

Spurious hermaphrodites. Females have been mistaken for men in consequence of excessive development of the clitoris; also long continued prolapsus uteri. Males have been mistaken for females in consequence of extraversion of the bladder; of adhesion of the penis to the scrotum; of hypospadias.

True hermaphrodites have been divided into *lateral*, with an ovary on one side and a testicle on the other; *transverse*, *i. e.*, with the external organs male and the internal female, or *vice versa*, the external organs female and the internal male; and *vertical* with male and female organs on the same side in the same plane.

The case I have to bring before you is one of the transverse kind. I shall shortly relate the circumstances as they occurred.

Christina ——, aged nine years, was admitted into my ward in the Western Infirmary, complaining of uneasiness in the region of the pudendum, but without any history of injury.

On examination, I found the right labium somewhat swollen, and evidently containing a small movable body the size of a Spanish nut. It was connected to the inguinal region by a small process, and ont racing that up I could feel that it emerged from the external abdominal ring. Precisely the same state of affairs existed on the left side, but the little body was further down, and there was a distinct external abdominal ring, so large as to admit the point of the little finger.

I had at first great doubts as to the nature of the case, conceiving it possible that it might be one of double hernial sac, each containing an ovary. But that seemed so improbable that the other alternative suggested itself, that it might be a hermaphrodite, externally a female, with testicles in the labia.

The child had the hair cropped short; it was of a sandy red color; the whole aspect gave one the idea more of a boy than a girl, and a stranger approaching the bed would naturally suppose it was a boy.

But the external organs were female; the vagina, nymphæ, clitoris, meatus, and hymen were normal—just the appearance they would have in a girl of nine years.

I was in great doubt, so I got Professors Leishman and Cleland to examine the parts along with me. Their impression was that the little bodies were ovaries, but how they had got into the labia it was difficult to understand.

After further observation, I became certain they were testicles; for on touching the skin on the front of the thigh they were immediately drawn up close to the inguinal ring, thus proving the existence of a cremaster muscle.

I therefore determined to excise one of the bodies, being satisfied that in either case it was justifiable and necessary. If it proved to be an ovary, the operation would remove it from a situation where at the period of menstruation nothing but discomfort and trouble could be looked for. If a testicle, it was even more necessary; for the approach of puberty in a male, with all the external organs of a female, would have been attended with most complicated results. Morally as well as physically it was prudent to unsex the person, so far as that can be done by removing the most characteristic sexual organs.

On the 24th of November, 1884, the patient was put under the influence of chloroform, and I cut down into the left labium in exactly the same way as is done for the radical cure of hernia. The testicle was found in an unclosed tunica vaginalis, and was removed. The pillars of the ring being apart, two silver wire sutures were introduced, and the aperture closed.

The testicle proved to be perfectly normal. Professor Cleland was present, and examined it along with me. It was healthy and well developed, and rather larger than one of that age.

The wound rapidly healed.

Being quite convinced of the propriety of removing the other, this was done in the same way a few weeks after, and the parts are now quite healed.

During the time the patient was under the influence of chloroform, a complete examination of the external organs was made. Now we could see more definitely the perfectly normal condition of the clitoris, nymphæ, and meatus. The vagina extended the usual depth, but when the finger reached the extremity, instead of the os uteri there was a vertical septum, on each side of which was a little *cul de sac*, like a very small thimble. The only other condition dissimilar to the normal female organs was the existence of a narrow slit at each side of the meatus, large enough to admit the point of a probe.

The little *culs de sac* are probably the analogues of the cornua uteri; the little slits probably the orifices of the ejaculatory ducts.

The patient was brought in, and the members had the opportunity of observing the external organs. The testicles, which had been dissected by Professor Cleland, and preserved in spirit, were also shown.

The Treatment of Biliary Colic.

The *Dublin Journal of Medical Science* tells us that among the other purposes for which Kussmaul's procedure of washing out the stomach has been suggested, is biliary colic, due to impacted gall-stones. At a recent meeting of the Berlin Medical Society, Rosenthal reported two cases treated in this manner. One was that of a woman of thirty-three, who had been six months under his care with successive attacks of biliary colic, for which all the usual measures had been resorted to, morphine alone giving her relief. He then washed out the stomach, with a view to obtaining the sedative effect to which attention had already been called by Senator. As an apparent consequence, the vomiting, which had been troublesome, ceased. She returned almost daily to have the operation repeated, and on the fourteenth day she brought with her two gall-stones, each about as large as a hazel-nut. Since then she has had no recurrence of the symptoms. The second case was also that of a woman who suffered from very severe attacks of hepatic colic with obstinate vomiting, and after washing out her stomach for a few days, not only did the vomiting cease, but the stones were also passed. Rosenthal did not undertake to explain the *rationale* of this treatment.

Lemons in Bright's Disease.

Before the Medical Society of Otsego County, April 21, 1885, this subject was discussed. It was shown that patients who have the symptoms of the disease strongly marked not only in many instances live for a long time, but make an apparent recovery.

Dr. H. W. Boorn (A. M. C., '66,) cited the case of a man who had, as he thought, all symptoms of the disease last autumn, his urine under heat showing that it consisted almost wholly of albumen. This patient having a desire to eat lemons, began eating them to an extravagant extent, eating as many as six or eight a day. "At the present time he is about his business as a small peddler, and his urine examined this day shows no albumen whatever."

Tannate of Cannabine.

In the *Therapeutic Gazette*, Dr. H. C. Wood says that he has to thank Mr. Merck, of Darmstadt, for some grammes of the tannate of cannabine, whose alleged hypnotic virtues he has thus been able to test. It is evident from the dose which is habitually given of this drug that it does not represent the activity of the cannabis indica as has been claimed for it. An active preparation of the cannabis is efficient in doses of a fraction of a grain. He has given of the tannate to a number of patients twenty grains a day, and has not been able to perceive any distinct effect other than in some cases slight drowsiness, and in one or two cases of chorea an apparent lessening of the movements. The powder is readily taken in doses of ten grains; and, possibly, given in very large amount might have some feeble soporific influence. No disturbance of the stomach or bowels or other symptoms were produced by it.

Special Report.

OPHTHALMOLOGY.—NO. XIX.

BY CHAS. S. TURNBULL, M. D.,

Of Philadelphia.

On Cocaine and its Use in Ophthalmic and General Surgery.

By H. KNAPP, M. D., Arch. Ophthal., Vol. xii., No. 384.

"No modern remedy has been received by the profession with such general enthusiasm, none has become so rapidly popular, and scarcely any one has shown so extensive a field of useful application as cocaine, the local anæsthetic recently introduced by Dr. C. Koller, of Vienna. I am convinced that it will not only continue to prove as valuable as it has hitherto been found, but that its properties will be the subject of numerous scientific researhes and clinical observations all over the globe for many years to come." * * * "I have cauterized the cornea with the nitrate of silver stick until it became milky-white. During all this the animals did not move. The last experiment convinced me that the anæsthetic involved the whole thickness of the cornea, and did not affect the surface only. But if I incised the cornea, the animals manifested intense pain when the aqueous humor escaped and the iris prolapsed." * * * * * * * * "The pupil is never *ad maximum* dilated, responds promptly to light and convergence during the whole time, and for that reason the sensation of dazzling, connected with atropine mydriasis, is either totally absent or only slightly pronounced.

"From the beginning I have thought that therapeutically cocaine might be used in two directions: First, as a *narcotic in painful affections of the*

eye, and secondly, as an *anæsthetic in operations on the eye*. In regard to the first category, I have expected a good deal of benefit from its action in *diseases* of the *cornea* and *conjunctiva*, accompanied by *pain* and *photophobia*. I have used cocaine in a great number of patients suffering from lymphatic (phlyctenular) conjunctivitis, with eruptions and ulcers of the cornea, and a two per cent. solution in one patient affected with frenulum vasculare (from successive phlyctenulæ). All patients thus treated have said that a few minutes after the instillations they have *felt* materially better, pain and photophobia having considerably diminished. With the same unanimity, however, they have complained that two or three hours after the instillation pain and photophobia have returned. In regard to the second category, cocaine does excellent service in the *removal of foreign bodies from and out of the cornea*. With the same good result cocaine has been used in a case of pterygium, cauterization of corneal ulcers, staphyloma operation, extraction of cataract, iridectomies, enucleation, etc., etc."

Höltzke. *Experimental Investigations on the Pressure in the Anterior Chamber*. Arch. f. Ophth., vol. xxix., 2.

According to Höltzke, eserine can produce a marked increase of pressure in the anterior chamber, but the myosis caused by it not only neutralizes this increase, but even diminishes the pressure below the physiological mean.

Atropine does not directly increase the pressure, but indirectly, by dilating the pupil.

Letranc. *Contribution à l' étude de la lumiere et de la chaleur considérée comme causes de maladies des yeux chez les verriers principalement*. These de Paris, 1883.

He concludes from his investigations in glass manufactories that intense light and heat are not injurious to healthy eyes ; only to previously diseased ones. Adaptation and the kind of flames (in melting glass, yellow) play an important part.

Moura. *Brazil, La tension intraoculaire dans les races blanche-métisse, noire, et de indigiéne*. Ann. d'Ocul., March and April, 1883.

He finds that under physiological conditions the intraocular pressure is much higher in negroes than in whites. They are therefore three to four times more predisposed to glaucoma. The field of color perception is greater in natives than in whites.

Gillet de Grandmont. *De l' action des courants électriques continue appliqués au voisinage du cerveau et des résultats qu' ils produissent en particulier dans l'œil*. Gaz. d'Ophth., April and May, 1883.

He has investigated the action of the descending constant current on the vascular system, the subject of experiment being the frog's tongue spread under the microscope. During the action of the current the arteries enlarged and the blood flowed perceptibly faster.

Voltolini. *The Electro-magnet in Ophthalmology*. Deutsche Med. Wochenschr., 1883, No. 20.

Voltolini first makes the chip of iron magnetic by applying a very powerful electro-magnet to the eye, and extracts it with a smaller one. If the strong magnet can move the foreign body in the eye, an incision only is made, and the chip drawn to the surface with the maguet.

Zahl. *The Usefulness of the Magnet in Removing Chips of Iron from the Interior of the Globe, and Report of a Case*. Inaug. Diss., Greifswald, 1883.

In thirty cases the electro-magnet was used to the greatest advantage ; in three, blindness ensued. In ten cases the globe had to be enucleated ; either the operation had failed, or because the eyeball became inflamed or had shrunken after the removal of the chip of steel.

Stricker. *The Light-perceiving Apparatus of the Retina*. Sitzug. der K. K. Ges. d. Ærzte in Wien, March 30, 1883. Wiener Med. Presse, No. 14.

Stricker found a very peculiar condition of things in a tiger and leopard. The layer of rods and cones was entirely wanting, its place being taken by a broad granular layer. The animals had seen well during life.

Emery Jones. *The Effect of the Electric Light on the Eye*. Ophth. Rev., vol. ii., April 18.

Observed inflammation of the eye due to electric light.

Moyne. On the examination of *The Acuteness of Vision and Color-sense in Railway Employees and Sailors*. Annal d. Ottal., vol. xiii., Part 1.

Did not discover a single case of congenital Daltonism amongst 150 railroad employees, while in the same men he discovered ten cases of acquired Daltonism after the abuse of alcohol and tobacco.

Techerning's results—Studies on *The Etiology of Myopia*. Graefe's Arch., Band. xxix., 1, page 201—are based upon the examination of 9,567 persons, 7,523 belonging to the military recruiting contingent, and 2,044 being observed at Hansen's clinique in Copenhagen. In his opinion there are three varieties of myopia, the first of which, the weakest degree, is either congenital or acquired up to the age of twenty-five. For this form there does not appear to be any special cause, neither close work of the eyes, nor diseases within the eye, although there may an hereditary dispos-

tion. Vision is generally good, and the fundus of the eye is either entirely normal or exhibits a very small crescent. The second form is the re-result of close work, and is especially frequent amongst the educated classes. It very rarely reaches 9 D. (4½″), and averages about 4 D. (9½″) The third form, which fortunately for the human race is rare, must be looked upon as a genuine disease. In this class are included those excessive degrees of myopia, higher than 9 D., (4½″), which are scattered with great uniformity amongst all classes of people, without any especial regard to their occupation. These form at the highest about one per cent. of the population This type depends evidently and always upon elongation of the ocular axis; those extremely large myopic eyes occasionally observed during autopsies, belong to this category. In this class heredity plays a rôle, although perhaps less than in other forms of myopia. As a rule, it appears at a very early age, and advances so rapidly that by the time the patient has reached his twenty-fifth year 9 D. (4½″) has been passed. It is a disease *sui generis*. Myopia caused by reading is benignant, and appears to be nothing but an accommodation of the eye to its work. It is extremely doubtful whether any dangerous myopia can develop itself from this latter class.

Reich, M. Alterations in *the refraction of eighty-five scholars observed during a period of six years*. V. Graefe's Archiv, Band xxix., 2, page 73.

Reisch had examined 145 high-school scholars some six years previously, and now had an opportunity of re-examining eighty-eight of them. While, in 1876, the emmetropes composed thirty-five per cent., the myopes twenty-five per cent., and hypermetropes thirty-six per cent. of the whole, he now discovered forty-three per cent. of emmetropes, fifty per cent. of myopes, and three and four-tenths per cent. of hypermetropes. The remainder suffered from amblyopia. The most notable points were that out of thirty-two cases of hypermetropia twelve had become myopic; of thirty-two emmetropes fourteen had become myopic, while of twenty-two myopics, eighteen had become more strongly myopic. The ophthalmoscopic examination had shown twenty-four per cent. of crescent six years ago, while at the re-examination the percentage had increased to sixty.

Mittasch. *The Syphilitic Diseases of the Eyelids*. Inaug. Dissert., Würzburg, 1883.

Mittasch describes the syphilitic affections of the eyelids. He first mentions the syphilitic initial sclerosis. Indurated chancre of the lids is of very rare occurrence. Its favorite locality is at the inner canthus. The infecting ulcer either arises from the outer skin of the eyelids, and subsequently attacks the lachrymal caruncle and plica semilunaris, or vice versa. Amongst the secondary syphilitic affections of the skin of the lids, the slighter forms of the exanthema generally form a partial symptom of the general eruption upon the skin.

Bock. *The Transplantation of the Skin and Mucous Membranes in Ophthalmic Surgery*, Vienna, 1884.

Bock publishes the results which have been obtained in Stellwag's clinique in cases of transplantation of skin flaps without a pedicle. This operation was performed in every case in which the aim of the surgeon was to compensate for losses of substance in the adnexa of the eye or to cure deformities, when the simple shifting of flaps did not suffice. In doing this, both external skin-flaps and flaps of mucous membrane were transplanted. The transplantation was performed after the extirpation of neoplasms on the lids in cases of malformation of the lids, but chiefly in cicatricial ectropium, as well as in cases of symblepharon and cicatrices of the conjunctiva. In almost every case the skin was taken from the left arm of the patient, but as little as possible of the subcutaneous tissue left with it. The flaps were divided into small pieces, and several were used to cover the defect, because they could be much better adapted to the new surfaces, and accommodated themselves better to the form of the loss of substance. Defects in the mucous membrane were compensated for by bits of mucous membrane from the vagina. The latter were, however, invariably transplanted in toto, since small pieces were easily and rapidly thrown off from the conjunctival sac, or, at least, completely disarranged by the nipping together of the eyelids.

Bock. *A Case of Sarcoma of the Lachrymal Gland*. Wiener Med. Presse, 1883, No. 33.

Bock observed on the left upper eyelid of a healthy man a tumor which extended from the middle orbital margin to the external canthus. The tumor was not connected with the globe, and could be moved about independent of the lids. On everting the lid, the growth protruded from the upper conjunctival fold in the shape of a bright red mass as large as a bean. It was extirpated, and under the microscope was discovered to be a small-cell, round-cell sarcoma, together with remnants of infiltrated tissue of the lachrymal gland.

Harlan. *Sarcoma of the Lachrymal Gland*. Transactions Amer. Oph. Soc., 1882.

Harlan has also seen a tumor of the lachrymal gland as large as a hen's egg. This, also, proved to be a spindle-cell sarcoma.

Alterations of the semi-lunar fold of the conjunctiva and of the adjacent lachrymal caruncle have hitherto been rarely mentioned.

Eversbusch. *On Some Alterations in the Plica Semilunaris.* Munich, 1883.

Eversbusch describes a cartilaginous formation and an angioma of the plica semilunaris, as well as hypertrophy of the same, which depended upon syphilitic infection.

Hoadley, Garb. *Hemorrhage from the Nose and Lachrymal Canal.* British Med. Journal, April 14, 1883.

Saw a case of epistaxis demanding an anterior tampon, after violent coughing, by a man who had heart disease. Two hours later the blood escaped from the right canaliculus.

Hock. *Traumatic Cyst in the Lachrymal Region—Extirpation—Cure.* Report of his private clinique, Vienna, 1883, p. 15.

Removed from the region of the right lachrymal gland a cyst as large as a walnut, which evidently originated from a blow from a horse's hoof, which disfigured the entire neighborhood, and produced persistent lachrymation.

Paralysie Simultanée des deux Moteurs Oculaires Communs par Nicotisme. Rec. de' Ophth., tom. iii., 6, p. 309.

A man who had smoked excessively for a long time, and of late had drank a large amount of alcohol, consulted Fontan, who discovered that suddenly one morning, just after arising, the patient had perceived a paralysis of the rectus internus of the right eye, and in the left eye a paralysis of the levator palpebræ, rectus superior, internus inferior, and obliquus inferior. The nerves of the sphincter iridis did not appear to be paralyzed on either side, but they were partially irritated, for the pupils were remarkably contracted when the patient looked at the light, while if a shadow was thrown over them they did not enlarge to any great extent. A diminution in the amount of tobacco smoked was followed by a decided improvement. Fontan expresses the opinion that the chief cause of the paralysis was the abuse of tobacco, while to the alcohol he attributes an inferior influence.

"Is contraction of the pupil, which has been repeatedly noticed without any explanation (Claude Bernard, Carle) in paralysis of the third pair, a satisfactory symptom in the diagnosis of nicotine poisoning? I believe that we should pay considerable attention to this point, and that new facts will satisfactorily solve this interesting question."

Westphal's Investigations, (*On Total Paralysis of the Ocular Muscles in the Demented*, Fahreszeitung des Vereins der Irrenærzte, Berlin, 1883,) demonstrate in the insane, and especially in paralytics, a progressive form of paralysis which attacks all of the ocular muscles, and finally leads to total fixation of the globe. The ophthalmoscope generally shows atropic degeneration of the optic papilla. Disturbances are also noticed in other motor nerves.

Gutmann, (*Diabetic Abducens—Paralysis.* C. F. A., 1883, p. 209), publishes a case of paralysis of the abducens in a diabetic patient. The symptom disappeared entirely after visiting the Carlsbad Springs.

(*To be continued.*)

CORRESPONDENCE.

An Almost Painless Mode of Introducing a Catheter where there is a Hyperæsthetic Condition of the Urethra.

EDS. MED. AND SURG. REPORTER:—

This consists in introducing the nozzle of an ordinary male urethral syringe (previously filled with water as warm as the patient can bear) into a soft catheter, and injecting the water slowly as the catheter is gently passed along the urethral canal.

If the bladder is not entered by the time the first syringeful is exhausted, refill the syringe and proceed as before.

You will find that the water will regurgitate between the catheter and urethral wall till the catheter has reached the prostatic portion, thus lessening the danger of injecting too much water into the bladder.

My experience with this method is very limited, yet it has proved very successful in the few cases I have had, and as I have never seen an account of it in any medical works or journals, I submit it to the profession for a trial and report of its success. The following is a case showing its value:

J., æt. 20, male, of nervous temperament, suffering from cystitis (the result of a gonorrhœa of several months' standing), which was attended with all the suffering characteristic of this trouble, and with an abundance of pus, mucus, blood, and heavy deposit of the phosphates in his urine.

He had to micturate every twenty or thirty minutes, both day and night, and had been so for two months, so I concluded to wash out his bladder; but on attempting to introduce the catheter, (which was a soft rubber one), I found the pain so intense as to cause spasm of the sphincter vesicæ, thus rendering all efforts at entering the bladder fruitless. The thought then occurred to me, that by injecting warm water and putting the urethra slightly on the stretch, I could pass the catheter; so I procured the syringe and again started the catheter, keeping a steady flow of water

playing on the urethra, and very much to his comfort and my satisfaction, I succeeded in entering his bladder without causing, as he stated, the least pain. JNO. A. STAMPS, M. D.,
Wallaceburg, Ark.

A Twin in Bad Company.

EDS. MED. AND SURG. REPORTER:—

In March, 1883, I was called to attend in confinement Mrs. Y. I was at the bedside probably two or three hours. The presentation was good (first) and the labor apparently normal. When I asked the lady if she had felt *motion* since her labor began, she replied that she had, and that very *distinctly*. I generally ask this question (I presume the doctors all do), so that in case I get a dead baby I may, if possible, have some evidence that the child was dead before I was called to the case. I was very particular on this occasion about this matter, because it was their first child, and they had a morbid dread lest it should be still-born. When the child arrived, I found it limp, motionless, and silent as is Julius Cæsar to-day. On taking it from under the bed-clothes, and to the light, I found it rather smaller than it should be, very dark in color, and somewhat putrid, the skin being readily detached by slight pressure with the fingers. The mother wanted me to explain how she could have been so terribly deceived when she thought she felt motion. I promptly "gave it up." On attempting to remove the placenta I found *another child* in utero, which was born a few minutes later, and was alive and healthy.

This little individual, then, had completed the latter part of the journey of fœtal life with a human carcass for a bosom friend and traveling companion. When I thought how tenaciously he had clung to life's fitful spark, I admired his pluck, and wished that *always* hereafter if the child was dead-born, I might still find a *reserve* child in utero. WALTER H. PARCELS, M. D.
Lewistown, Pa.

NEWS AND MISCELLANY.

International Sanitary Conference.

We note the following special report from the *Brit. Med. Jour.*, June 13, 1885:

The report of the sub-committee appointed to consider the best methods of disinfection in cholera, and consisting of Drs. Koch, Sternberg, Thorne Thorne, Proust, Eck, Semmola, and Von Hofmann, was laid before the Technical Committee at the sitting of June 2. It is thus worded:

The sub-committee recommends as methods of disinfection:

1. Steam at 100° C.
2. Carbolic acid and chloride of lime.
3. Ventilation.

Of the carbolic acid and chloride of lime, two solutions are to be used: *a*. the weak, containing two per cent. of carbolic acid and one per cent. of chloride of lime; *b*. the strong, containing five per cent. of carbolic acid and four per cent. of chloride of lime. They are to be applied as follows:

1. For personal disinfection, by washing and bathing with the weak solutions.

2. For disinfection of linen, clothes, bedding, etc., if not destroyed—(*a*) by passing steam through them for an hour, (*b*) by boiling them for thirty minutes, (*c*) by immersion for twenty-four hours in one of the weak solutions, (*d*) by ventilation for three or four weeks, but only in cases in which none of the other methods are applicable. Leather articles—such as portmanteaux, handbags, etc.,—if not destroyed, are to be washed several times with one of the weak solutions.

3. For vomited matters and fæcal evacuations, the strong solutions are to be used. Recently-soiled articles of linen, clothing, and bedding, if not at once subjected to steam at 100° C., are to be immersed for four hours in one of the strong solutions.

4. There must be no washing of corpses. Bodies are to be wrapped up in sheets saturated with one of the strong solutions, and at once put in coffins.

5. Disinfection of goods, letters, and postal packages is superfluous.

6. For the disinfection of ships during the passage: The deck and class where the case or suspected case occurred, and the walls of the cabin or bunk, are to be washed, at least twice, with one of the weak solutions, and then thoroughly ventilated; while the water-closets are to be washed, at least twice daily, with one of the strong solutions.

7. If the drinking-water be suspected, it must be boiled before being used; and if it has stood twenty-four hours after the first boiling, it must be reboiled.

8. In hospitals on land, the walls are to be washed with one of the weak solutions, then the wards ventilated, and finally whitewashed, and the wards used for the reception of cholera cases are to be as far off as practicable from the ordinary ones. The closets in such hospitals are to be cleansed twice daily with a quantity of one of the stronger solutions equal in amount to that of the evacuations passing through them.

9. The clothes of the attendants are not to be taken out of the hospital, and must be regularly disinfected; and the attendants are to use one of the weak solutions for personal ablution.

It was also decided to add to those recommendations another, to the effect that all packet-boats from infected ports should have a steam-disinfecting apparatus on board.

In the discussion which followed the reading of the sub-committee's report, a number of the members took objection to the omission of various powerful disinfectants from the list recommended. The Dutch delegate, Dr. Ruysch, warmly insisted on the efficacy of corrosive sublimate, and one of the French delegates on that of sulphate of copper and sulphurous acid; whilst others maintained that no particular disinfectant was of any great utility, and that the Technical Committee should not, in the present state of knowledge, commit themselves to any definite recommendations. It having been pointed out by Dr. Koch and Dr. Sternberg that the report did not definitely exclude any one disinfectant, but was simply based on the necessity for naming simple, cheap, and readily transportable chemicals, not

too complicated nor too dangerously poisonous, Sir Joseph Fayrer moved the adoption of the report, and this was carried.

The sitting on June 3, which was occupied with the recommendations of the sub-committee on the measures to be taken on the arrival of suspected or infected vessels at their destination, and also on the measures to be taken when the disease was imported into the Mediterranean, unfortunately proved completely abortive, all the regulations of the sub-committee being rejected, and the matter referred for reconsideration to the members of that sub-committee, with the substitution of Drs. Koch and Baccelli for Sir Guyer Hunter and Dr. Sternberg, who had resigned.

The regulations proposed by the sub-committee on pilgrimages to Mecca came before the Technical Committee on June 4, and were discussed at great length, in spite of an attempt by Sir Joseph Fayrer and Dr. Ruysch, in the beginning of the sitting, to have them approved as a whole.

After some general recommendations as to the necessity of no passenger being permitted to embark for a pilgrimage to Mecca, who was unprovided with the necessary means; as to the presence on board of one or more surgeons appointed by the government of the country whence the pilgrimage proceeds; and as to all ships being held to be pilgrim ships which carried thirty or more pilgrims; power is given, in the report, to the surgeon to see to the disinfection of his ship before it leaves an infected port, and that quite apart from the inspection of the port health officer; to prevent any persons coming on board who are ill, or who he suspects are ill with cholera; to rigorously reject all clothing and bedding which have been used for cholera patients; and to attend to the disinfection of such articles if proceeding from a cholera-infected district. The ship's surgeon and the port health officer are to have powers to prevent overcrowding. On steamboats the 'tween-decks must have at least nine feet of surface, or fifty-four cubic feet, and on sailing vessels, twelve feet of surface, or seventy-two cubic feet of space, for each pilgrim. During the passage from an infected port, the surgeon must enforce the same sanitary measures in pilgrim ships as already determined on for ordinary passenger boats, and, in general, all the measures adopted by the Indian Government relative to the embarkation and transport of pilgrims from Indian ports to the Red Sea are recommended for application by other countries whence pilgrimages set out. It is also proposed, after a rigorous sanitary inspection of such a pilgrim ship at a sanitary station before its entry into the Red Sea, and after the surgeon has certified that all the hygienic rules prescribed have been rigidly observed, and that no death, nor case, nor even suspected case, of cholera has occurred on board, and after this has been confirmed by the visit twice within twenty-four hours of the health officer at the sanitary stations, that the ship shall be permitted to proceed at once to Jeddah. Should cases, or even merely suspected cases, of cholera have occurred on board, the same measures would be taken for the pilgrim ships as were passed for infected passenger vessels carrying surgeons and entering the Red Sea; and although a longer than five days' observation of the isolated and segregated groups of passengers and crew was strenuously advocated, the period of five days was accepted as sufficient by the majority. At Jeddah another inspection will be made, and free *pratique* granted after twenty-four hours' observation, if the vessel have remained clean; but if cholera has broken out on board after the ship has entered the Red Sea, it is at once to be sent back to the sanitary station at the entrance, to be dealt with there according to the rules previously laid down. Exactly similar regulations are to apply to pilgrim ships, both from Egypt and the Mediterranean, and on the return voyage, as now passed for the Indian pilgrimages; but the exact spots for establishing the sanitary stations are left to the plenary conference.

The Committee then dealt with the measures to be adopted against suspected and infected vessels at the ports of arrival. For suspected vessels—that is, those from infected ports—after a careful sanitary inspection, during the daytime, by the health officer of the port, free *pratique* will be at once granted, should all the sanitary regulations prescribed have been observed both at the port of departure and during the passage, and provided the ship's surgeon show a clean bill of health, and the passage has lasted ten days; but twenty-four hours' observation will be enforced if the voyage have been shorter than ten days, to permit the disinfection on board of the dirty linen and clothes of passengers and crew. For infected vessels, the more radical measures recommended are landing and isolation of the sick; separation of the passengers and crew into as many small groups as possible; washing and disinfection of all articles of linen, clothing, and bedding; keeping under observation of each group for five days' time from the removal from amongst the members of the group of any case; and, in addition, the bathing of each person in one of the weak disinfecting solutions, and the providing him with freshly-washed linen just before he is permitted to depart.

For suspected vessels proceeding from an infected port in the Mediterranean, a somewhat modified set of rules was adopted; the passengers and crew being disembarked, at the ports of arrival, in a locality so constructed as to afford absolute security for their isolation and disinfection; and being subjected there to an observation of three or six days, according to whether the vessel did or did not carry a surgeon. The more irreconcilable members naturally opposed these resolutions, which were only adopted by feeble majorities. For infected ships from Mediterranean ports, it was resolved to recommend the same measures as for such vessels coming from infected ports elsewhere.

The final sitting at which any work was done by the Technical Committee was held on Saturday, June 6th, when the general proposals of the sub-committee on the measures to prevent cholera spreading by land were considered. Previously to their being so, however, the British and Indian delegates, by special request, showed how trustworthy and practical was the system which Great Britain relied on to protect her from epidemic invasion, instead of the quarantine, which she had abandoned.

Dr. Thorne Thorne, after alluding to the general

idea prevailing abroad, that Great Britain had given up the quarantine system simply from the selfish motive that her enormous commerce was too much hampered by it, pointed out that, since the date of the Vienna Conference, England alone had spent twenty-seven millions of pounds on the improvement of local sanitation, and that this enormous expenditure had been repaid her, not only in her having escaped from epidemic invasion by cholera, but in the great diminution of loss of life from such endemic diseases as depended on local unsanitary conditions, such as typhoid fever; and he maintained that this would not have been the case had she continued, like other nations, to trust to quarantine. It would be a bad day for England, should she ever come to think that a period of five days' observation could be of the same value to her as that improvement in local hygiene on which she now confidently relied to prevent a cholera epidemic from taking root on her soil.

Sir Joseph Fayrer urged that the same measures for the improvement of local sanitation, which had been so successful in Great Britain, when applied in the three great Indian presidencies, had much diminished the general mortality, as well as the special cholera death-rate, throughout our large dependency; and that there was no other cause to which the greater healthiness of India could be ascribed, as the seasonal conditions were unchanged.

Sir W. Guyer Hunter referred to similar information already placed before the members of the committee by him at previous meetings, and contrasted the efficacy of the system of local sanitation, which had done so much to check the disease in India, with the proved total uselessness of quarantine and sanitary *cordons*, as lately tried in Egypt.

The committee then passed most of the regulations submitted to it by the sub-committee to prevent the spread of the disease by land, some of which are certainly too general to be of the slightest value. Thus it is recommended:

1. That local sanitation be everywhere attended to, and the first cases isolated and disinfected, the means for doing so being prepared beforehand by the sanitary authorities.

2. That immediate notification be made to the proper authorities of every case, or suspected case, of cholera, and the nature of the disease be confirmed by competent medical men, and, in case of death, by necropsy.

3. That a regularly organized medical sanitary service be instituted in every country.

4. That the health officers of every country should have powers to communicate directly, without intermediaries, so as to agree upon, and at once adopt, the measures they deem urgent.

5. Particular attention is always to be given to the great through routes by which cholera is imported.

6. International express trains must be changed in passing from an infected into a non-infected country, and a surgeon must accompany every such train, to take the necessary steps in the event of any one falling ill with the disease. Every large station is required to have an isolated room for the reception of such cases.

Dr. T. Lewis showed that this article was unnecessary, as the construction of the great trunk railways in India had not changed the lines on which cholera traveled in that country, nor increased the rapidity of its movements.

7. Passenger-boats on large rivers are to be rigorously inspected, overcrowding is to be prevented, and a medical inspection is to be made of those disembarking at the principal points of call, where isolated quarters are to be kept ready for the provisional reception of cases of illness.

Some other regulations, of less importance, for preventing the spread of the disease by land were also sanctioned, and the committee agreed, at the same time, that the measures for the Caspian Sea and the Russian Asiatic frontier should be identical with those already passed for protection against importation by sea and land elsewhere.

On the motion of Dr. Sternberg, it was also determined to apply to yellow fever the measures thought requisite against cholera, and the committee wound up its labors by passing some common-place rules, which are not worth citing, for notifying the leading features of disease in each country by special sanitary bulletins, and communicating to the separate governments, by telegraph and otherwise, the particulars of the appearance and extension of any contagious malady —a work performed for the public, in Great Britain and America at any rate, by their enterprising newspapers. Sir Joseph Fayrer having moved that Dr. Moleschott, as president, should report the results arrived at by the Technical Committee to Plenary Conference, and the usual votes of thanks having been agreed to, the members separated, to enjoy a few days' well-earned rest, to be spent, at the invitation of the government, in visiting Naples and its neighborhood.

Collective Investigation in Russia.

A meeting of delegates from the different medical societies has been held in the Red Cross Hall, in St. Petersburg, for the purpose of organizing collective investigation in Russia. The question arose as to whether it would be better to establish an independent central committee in Russia, or to send the individual reports direct to the International Committee in London. The meeting unanimously decided in favor of the former alternative, on account of the difficulty of entering into an extensive correspondence in a foreign language. The meeting consequently resolved itself into the Collective Investigation Committee for Russia, and arranged to keep up communication with the English Committee. Professor Lesshaft and Dr. Monastyrski were chosen as secretaries. Dr. Rauchfuss presented a report upon the results already obtained, and which had been published in the form of two little books, one dealing with phthisis, the other with acute pneumonia. It was decided that the next subjects for collective investigation should be those proposed by the International Committee, and with the same tables of questions, namely, rachitis, calculus, typhus exanthematicus, acute rheumatism, and diseases of the age of school attendance.

Massachusetts State Medical Society.

At the one hundred and fourth meeting of this

society held June 9 and 10, the following papers were read: "The Pathogenesis of Certain Skin Affections," by Dr. George N. Tilden, of Boston. "Consanguineous Marrrages: Their Effect upon Offspring," by Dr. Charles F. Withington, of Roxbury. "Labor Complicated with Fibroids," by Dr. J. R. Chadwick. "The Climatic Treatment of Phthisis," by Dr. Harold Williams, of Boston. "How a Lesion of the Brain Results in that Disturbance of Consciousness known as Aphasia," by Dr. Morton H. Prince, of Boston. "The Relation of Insanity to Certain Nervous Affections," by Dr. Henry R. Stedman, of Roslindale. "Cremation in its Sanitary Aspects," by Dr. John O. Marble, of Worcester. "Diagnosis and Treatment of Occipito-posterior Positions," by Dr. William L. Richardson, of Boston. "The Influence of Ovariotomy on Surgery," by Dr. John Homans, of Boston. "Antiseptic Surgery," by Dr. Franklin K. Paddock, of Pittsfield.

A Terrible Epidemic of Cholera in India.

The *Indian Daily News*, under date of May, tells us that the intense heat has caused a terrible outbreak of cholera at Pegu.

Near Rangoon the natives employed on the railway works are dying by hundreds, and they cannot bury the corpses fast enough.

Three at a Birth.

The *Bangalore Post* says: "A correspondent informs us that a woman named Mooniamah, of the shepherd caste, living in Cubbon Patta, near Yelavanka Gate, Bangalore, gave birth to three children on Tuesday, the 29th of April, at 7 a. m., one of whom is a male and the two others females. They are all alive up to date (May 1)."

Items.

—Dr. Edward Cowles, Superintendent of the McLean Insane Asylum, at Somerville, Mass., is to give a course of lectures on Mental Diseases at Dartmouth Medical College next autumn.

—Three Parisian manufacturers, in order to make tomatoes appear redder than nature has made them, varnished them with a chemical compound, and called them "the best quality tomatoes." They have been condemned to pay a fine.

—At its last meeting the Paris Faculty of Medicine decided that the prize founded by M. Lacaze, of the value of 11,400 francs, and which is given every two years, will next be awarded in 1886, to the author of the best work on Phthisis and Typhoid Fever.

—Whenever a case of scrofulous disease was presented at his clinic, in the person of a child *whose father had been in the army*, the late Professor Gross, asking no further questions, would turn to the class with the single, but significant remark, "*Specific*, gentlemen!"—*Col. Med. Jour.*

—The report of the Society of Hygiene of Milan draws attention to the influence of old shoes as a means of propagating cholera. When a person treads a soil more or less damp in a locality infected, there is every chance of his conveying the germs in the manner described.

—News comes from Marseilles of a sad occurrence in the Saint Pierre Lunatic Asylum. A keeper put two patients each in a separate bath, left them, and went to breakfast. One of the lunatics got out of his bath, during the absence of the keeper, and turned on the tap of hot water into the bath of the other. When the keeper returned, he found that the unhappy creature had been scalded to death.

—A mixed commission of twenty-four persons, made up of physicians and pharmacists, has been constitued at Berlin with the object of taking steps to prevent the further extension of the patent medicine trade in that city. At the first meeting a resolution was moved to petition the chief board of police in Berlin (Konigliches Polizei Præsiduum) to follow the example set by corresponding boards in Frankfort-on-the-Main and Carlsruhe, in publishing from time to time in the daily papers popular instructive articles on the subject of patent medicines.

OBITUARY NOTICES.

EDWARD HARTSHORNE, M. D.

Dr. Edward Hartshorne died in this city, June 22, in the 68th year of his age. The cause of his death was Bright's disease. Dr. Hartshorne was born in this city May 14, 1818, was a son of Dr. Joseph Hartshorne, and was a leading practitioner of Philadelphia for nearly fifty years. He was a graduate of Princeton, and received his degree of M. D. from the University of Pennsylvania. He was connected with the Pennsylvania Hospital for the Insane as first assistant physician when that institution first opened. Dr. Hartshorne has been prominently identified with the management of the Episcopal Hospital. He was a large contributor to the various medical journals, and was the author of several of the annual reports of the Episcopal Hospital, and editor and annotator of various English medical text-books, among them "Taylor's Medical Jurisprudence." During the war he was actively engaged as acting assistant surgeon in the army, serving to some extent in the field, but most of the time as consulting surgeon in army hospitals in this city. He was a member of the American Philosophical Society, Academy of Natural Sciences, the Historical Society of Pennsylvania, and other kindred associations. He was a most active and useful member of the College of Physicians. He was also for a long period medical adviser and examiner to one of our leading insurance companies, and for some time was one of the Vice-Presidents of the Princeton Alumni Association of Philadelphia. The profession, in his death, sustains the loss of a good, true, and honorable man.

QUERIES AND REPLIES.

MESSRS. EDITORS:—

Dr. I. G. Cunningham, of Kittanning, Pa., can find t formula in MEDICAL AND SURGICAL REPORTER, vol. XXXV p. 82 (January 27, 1877); beyond that I cannot help him.

W. PENNINGTON, M. D.

Baskingridge, New Jersey, June 8, 1885.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1480.] PHILADELPHIA, JULY 11, 1885. [Vol. LIII.—No. 2.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

FOREIGN BODIES IN THE VAGINA.*

BY THEOPHILUS PARVIN, M. D.,
Of Philadelphia.

The vagina has been more frequently the receptacle of foreign bodies, than has any other cavity of the human organism, and the variety of these bodies has been greater.

Among those which have been voluntarily or accidentally introduced by the female herself, may be mentioned † hair-pins, toilet-pins, needle-cases, crochet-needles, pebbles, spools, a pepper-box, a cotton veil, sponges, the bobbin of a spinning-wheel, the reel of a sewing-machine, lead-pencils, jelly-moulds, pewter cups, the neck and shoulders of a corked vial, the cup of a drinking flask, the socket of a brass candlestick, and the head and bust of a china doll. In regard to the last foreign body referred to, the history ‡ of the case was briefly as follows: A mulatto girl, thirteen years of age, in June introduced a doll's head and bust in the vagina, and in the succeeding November first complained of the suffering its presence caused; she assured her mother that she had swallowed the doll—her name was probably Sapphira—and it was only when partially anæsthetized she confessed that she put it in her vagina; both the truth and the baby came out under the influence of chloroform.

The motives which have led women or girls to voluntarily place foreign bodies in the vagina have been many, though not as numerous as the cases. A purse of money has been put in the vagina for concealment; a sponge has been placed at the mouth of the womb just before coition, in order to prevent conception, and forgotten until many months after, when deterioration of health, offensive discharge and hemorrhages from the vagina, and pain, led to the suspicion, if not the diagnosis, of cancer. In some cases the foreign body has been pushed, in thoughtless play, into the mouth of the vagina—sent on a sort of exploring tour, just as children drop pebbles into a well, or throw them in a cave; while in others, a morbid desire for sympathy, or to attract attention, may have been the motive for its introduction. In some cases the foreign body has been put in the vagina to stop the monthly flow; in two instances, girls menstruating for the first time—ignorant, surprised, and fearful at the discharge of blood—sought to arrest it by putting a spool in the vagina. In some cases the voluntary introduction of these bodies can only be attributed to an insane freak, or an arbitrary and unreasoning exercise of will, just as we have given in one of Juvenal's Satires, an example of a mistress who has her slave causelessly whipped, declaring, if my Latin be not at fault, *Voluntas sit pro ratione.*

In many instances, the foreign body has been introduced purposely, but has been accidentally retained. Thus a girl* has used a needle to

*Read before the Philadelphia County Medical Society.

† Some in the list are taken from Briesky, "Die Krankheiten der Vagina," Billroth's "Handbuch der Frauenkrankheiten," while the authorities from which many of the others have been derived, will be mentioned in the course of the paper.

‡ Dr. Smith, New Orleans Medical and Surgical Journal, February, 1884.

*Schmidt's Jahrbücher, 1870, p. 308.

make her menstruation freer, or a woman a hairpin to procure abortion, and the instrument escaped from her grasp.

In some cases, the foreign body has been used for therapeutic purposes, and broken or become detached in the vagina. Thus a woman,* while taking a vaginal injection, loses the nozzle of her syringe; a troublesome leucorrhœa leads her after two months to consult a physician, and the lost body is found in the vagina. There are several cases reported where glass vaginal syringes have broken while in use, and the fragments remained in the vagina. In one of my patients, a married lady who had suffered from vaginismus, spontaneous fracture of one of Sims' glass dilators occurred when it was in the vagina, greatly to her surprise and alarm.

The foreign body may have been forced into the vagina by sitting down on it, or by a fall. A school-girl, on taking her seat, does not observe that a pencil is erect on it—the head below, the point above—and the pencil is thrust into the vagina, its point penetrating the bladder.

Jansen, of Ostend,† has reported the case of a woman who had an ale-glass, two inches and a half in diameter and three in height, in her vagina, which she asserted had entered from her sitting on it.

Trapenard ‡ narrates the case of a woman sitting down on a faggot, being one of a pile; the faggot slipping, she falls some distance to the ground, and a triangular piece of glass and three spines of the acacia are forced into the vagina.

Salzer ‖ has narrated the case of a girl, thirteen years old, who, in a barn, slid down a pile of hay several feet high, and thrust into the vagina the iron part of a "heurupfer," which was lying concealed in the hay near the floor; the part of the instrument entering the vagina was nearly four inches long, and included the pointed end, and the projecting hook two inches in length.

But, according to Breisky,§ the most frequent accidental introduction of foreign bodies into the vagina has occurred in self-abuse—the body used escaping from the hand, and the party being unable to reach or to remove it.

The foreign body may be formed in the vagina. It is not uncommon to find in a patient who has suffered for some time from a large vesico-vaginal fistula, calculous concretions on the vaginal wall in the vicinity of the abnormal opening.

The foreign body may have come from an adjacent cavity. In case of recto-vaginal fistula, or where there is complete rupture of the perineum, fæces may be in the vagina. So, too, this accident has occurred even when the rupture of the perineum is only partial, as in the case of a young physician's wife, detailed by Breisky.*

Intestinal parasites may pass directly through a recto-vaginal fistula, or over the perineum, into the vagina. Thus there have been found in the latter oxyures, and the ascaris lumbricoides; but these are estrays, not true parasites of the female sexual organs.

Hausmann, in his work upon "Parasites of the Female Sexual Organs," states that in two instances he has found not only the ascaris lumbricoides in the vagina, but also the eggs; moreover, he has found in the vagina the eggs of the tænia solium. He mentions, too, a very curious fact, finding the itch insect in the vagina of a woman who had no external evidence of the presence of this parasite, the skin entirely free from disease, and he regards it as not at all improbable that under such circumstances the acarus was introduced in coition, for, according to Kuchenmeister, the acarus is in many cases abundantly reproduced upon the penis.

It may happen that a uterine fibroid undergoes calcareous degeneration, and some of the calcareous fragments, or the entire tumor, enter the vagina. Dr. Goodell † has given an illustration of the former, while Gaubius ‡ has furnished one of the latter occurrence. The patient of Gaubius was a virgin who had a uterine calculus so large that after it entered the vagina he could not remove it until he incised the vaginal mouth.

The greatest number of vaginal foreign bodies are tents, tampons, and pessaries—introduced for therapeutic purposes and left, through carelessness, or by accident, after these therapeutic purposes have been accomplished.

Uterine tents expelled from the uterus have remained injuriously in the vagina. Elliot ‖ has reported the case of a woman who, thirteen months after labor, suffered severe pain in the pelvis, and had such an offensive vaginal discharge that she thought she had "mortification of the womb." Upon examination, a tampon

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*Le Med. Practicien, January, 1882.

†Lancet, vol. ii., 1850.

‡Archives de Tocologie, 1881.

‖Berliner Klinische Wochenschrift, 1875.

§Op. cit.

*Op. cit.

†American Journal of Obstetrics, May, 1883.

‡Journal de Medicine, par Vandermonde, 1759.

‖Boston Medical Journal, 1887.

was found in the vagina, which had been placed there just after her labor to stop hemorrhage.

The number of cases in which pessaries have remained an injurious time in the vagina is very great, and hardly a practitioner of five years' experience, who has not removed these foreign bodies. The late Dr. Atlee was accustomed to say in medical meetings, when the subject of pessaries was under discussion, that he had removed more pessaries than he had ever introduced; plainly it was impossible for him to accept Dr. Hodge's views of uterine pathology and therapeutics, as it was, for a time at least, for Dr. Hodge to accept Dr. Atlee's opinions and practice in the treatment of ovarian tumors. But apart from exclusive views, very many pessaries, unsuitable in form or size, or unnecessarily applied, or worn for too long a time, need to be removed. In reading some of the histories of removal of such foreign bodies, one is often struck with the great length of time which they have been worn before their injurious effects compelled seeking professional advice.

Sutton* removed a glass ball pessary that had been in the vagina fifteen years; Desormeaux and Dubois† mention a case where a silver-gilt pessary had remained for twenty-five years; Goodell removed a glass disk after thirty years' imprisonment; and Sabatier‡ had a patient who had worn her pessary forty years.

It does seem extraordinary that the vagina ever tolerates these foreign bodies so long a time, and yet a case reported by Pearse‖ is almost as remarkable; his patient had had a cotton veil in the vagina for twenty years. So, too, the case reported by Hanff is very remarkable. A nullip.,§ twenty years of age, had introduced into her vagina a coffee-cup, eighteen centimetres in circumference, and three and a half centimetres in diameter; it was removed entire after having been worn two years and a half.

So far, reference has been made to foreign bodies that have been introduced into the vagina by the patient herself, or by accident, or by the physician for therapeutic purposes. Foreign bodies have been put in the vagina, by men, from thoughtless or designed cruelty. A country girl had worn for years, before coming under the care of Dupuytren¶, a pomade-pot in the vagina; some brutal soldiers, after making her the unwilling victim of their lust, had thrust in this foreign body.

Among other of these abominable cruelties may be mentioned the introduction of the cone of a fir tree,** a turnip,†† a large crystal of sulphate of copper,‡‡ a wine-glass, etc. Günsberg‖‖ gives the case of an idiotic woman whose husband forced into her vagina a wine-glass, the stem of which was broken off; twenty-four hours after the cruelty was inflicted the wine-glass was removed, not without some laceration of the vagina, a forceps and Sims' speculum being used in the removal.

Instead of one foreign body there may be two or more. Schroeder§§ mentions a case under his care in which there were a cockchafer and a pomade-pot in the vagina; in Trapenard's case, previously stated, there were four foreign bodies; other illustrations are furnished by the fragments of a broken syringe, by some cases of vaginal calculi formed in consequence of a vesico-vaginal fistula, and by oxyures. But the largest number of foreign bodies is given in those instances where a needle-case has been introduced closed, and when in the vagina is opened, the needles then escaping; Grenier¶¶ has given two cases in which this occurred.

An interesting case has been given by Dr. Graham,*** where there was not only a foreign body in the vagina, but there was also one in the bladder—a spool in the former and a hair-pin in the latter; the spool had been in the vagina three years, and it was supposed that the hair-pin, which was bent in the form of a crook, had accidentally entered the urethra when the patient was attempting to remove the spool.

In considering the consequences of foreign bodies in the vagina, the least frequent will be referred to first.

There may be a serious wound of the vagina immediately resulting from the foreign body. In several of the cases where glass syringes have broken in the vagina, the latter has been wounded. Dr. Oldham††† has narrated a case in which death followed such wound; the death occurred the twelfth day, from internal hemorrhage.

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* Supplement to the American Journal of Obstetrics, January, 1882.

† Dictionnaire de Medecine.

‡ Medecine Operatoire, Paris, 1882.

‖ British Medical Journal, vol. i., 1878.

§ Centralblatt für Gynæcologie, 1879.

¶ Bibliothèque du Médicin-Practicien.

* Breisky, op. cit.

† Breisky, op. cit.

‡ Medical Times and Gazette, 1863.

‖ Centralblatt für Chirurgie.

§ Diseases of Women.

¶ Theses de Paris, 1834.

** Nashville Journal, 1858.

†† Lancet, vol. i, 1870.

The foreign body may enter adjacent organs, or penetrate into neighboring tissues, partially or completely passing out of the vaginal canal. In a patient under the care of Dupuytren,* an ivory pessary, which she had worn for many years, had partly entered the bladder, and partly the rectum, so that it occupied not only the vagina, but the other cavities mentioned. The same condition was present in the case of Desormeaux and Dubois.†

In the case of the girl 15 years old, who had the vagina entered by a lead-pencil, the point penetrating the bladder, there was a calcareous deposit upon the part within the bladder. The removal, which was done six months after the injury was received, could not be accomplished until after an incision of the vesico vaginal wall was made.

Those cases in which the foreign body passes into the uterus, partially or completely, are most remarkable. The late Dr. Crowe, of Louisville, Ky., reported a case in which a Babcock's pessary had in part entered the womb; in the *New Orleans Medical and Surgical Journal*, 1883, a case is given in which the socket of a brass candlestick, three inches and one-fifth in length, four-fifths of an inch in diameter, and having a rim an inch and a half in diameter, was found in the uterus; this foreign body had first been introduced into the vagina.

Dr. Lever ‡ reported the following case: A woman while applying some ointment by means of a bone netting-needle, to allay irritation of the vagina, is disturbed by some one unexpectedly entering the room, and sits down suddenly; the instrument is forced into the vagina, and through the vaginal wall; in her efforts to remove it, it passes entirely out of the vagina and lies in an oblique direction to the right side of the latter. Nearly seven months after its introduction, this foreign body, which was six inches long, was removed, the removal being preceded by dividing it.

The foreign body remaining in the vagina may be encrusted by a mineral deposit. This deposit is composed of the triple phosphate and calcium salts. One of the most interesting specimens of such incrustation was presented, a few years ago, to the Philadelphia Pathological Society, by Dr. Getchell.‖ This calculus had been removed from the vagina of a girl nineteen years of age: it was three inches long, one inch and a quarter wide, three-eighths of an inch in thickness, and had been formed about a hair-pin as a nucleus. In the discussion following the presentation of the report and the specimen, the view taken by those Fellows who discussed the origin of such formations, was that they were usually derived from urinary salts. Such origin may be admitted as probable, though by no means proved, if there be a genito-urinary fistula; but if there be no such abnormal communication, how can urine enter the vagina, especially its upper part, where the foreign body is most frequently found? Breisky, in describing the effects of these foreign bodies in producing irritation, etc., of the vagina, states that the deposit comes from the stagnant secretions in the vagina, and he compares the foreign body thus incrusted to a foreign body in the bladder which serves as the nucleus for a vesical calculus.

A remarkable case of vaginal, uterine, and vesical calculus under the care of Prescott Hewett* occurred some years ago at St. George's Hospital. The patient had introduced into her vagina, eleven years before, the neck and shoulders of a large corked vial. The portion of the vial was covered with calcareous matter, and was in the vagina; the os uteri was blocked up with a mass which proved to be the cork similarly incrusted, and there was a calculus in the bladder; this patient had a small urinary fistula at the fundus of the bladder.

In some of the cases where perforation of the vesico-vaginal wall has occurred, the tissues gradually worn away by the foreign body, it has not been mentioned that any urine escaped from the vagina, and yet the portion of the foreign body remaining in the latter was covered with abundant incrustations; in one of these cases where the rectum and the bladder had each been entered by a part of the foreign body, so perfectly were the openings plugged by the body, it is expressly stated there was neither a urinary nor stercoral fistula.

Another consequence of the presence of a vaginal foreign body observed in some cases, is the production of abundant granulations from that part of the vaginal wall with which the body is in contact, so that after a time the latter is more or less completely imbedded, hidden from sight and touch, it may be. There may be associated with this a very marked stenosis of the vagina, the lower portion being of full size, while a small aperture leads to the upper part which contains the foreign body.

* Bibliothèque du Médecin-Practicien.

† Op cit.

‡ Medico-Chirurgical Transactions, volume xxxi.

‖ Philadelphia Medical Times, 1873.

* Medical Times and Gazette, 1854.

In the case where a large piece of sulphate of copper was passed into the vagina, sloughing of the entire vaginal mucous membrane resulted. The victim was a girl seventeen years old, and the perpetrator of the crime, a young man, who introduced the foreign body after having had intercourse with the girl. A few hours after its introduction it was removed, and then weighed six drachms and a half.

In general the effects produced by these foreign bodies depend upon their form, size, material, the greater or less violence done in their introduction, and the length of time they remain.

They usually produce more or less irritation of the vaginal mucous membrane, with increased secretion. In many cases an obstinate leucorrhœa, compelling the patient to seek professional advice, leads to the discovery of the foreign body. The increased vaginal discharge is at first mucous, then muco-purulent, or purulent, or it may be serous, but after a time becomes more or less offensive in odor—in some cases so offensive as to suggest malignant disease, a suspicion which may be confirmed by the occasional or frequent occurrence of hemorrhages. The foreign body may interfere with the functions of neighboring organs, especially those of the bladder and rectum; hence vesical irritability or dysuria, or rectal tenesmus, in some cases dysentery.

The vaginal surface may be abraded, or ulceration of the walls occur from pressure of the foreign body; adding to these the offensive character of the retained vaginal secretions, we have the conditions which may lead to septic infection. Kottman* has reported a death from this cause in a woman twenty-five years old, who introduced a spool into the vagina, and who had suffered from leucorrhœa several years. The spool was found behind the cervix in the vaginal vault, and removed; symptoms of peritonitis were well marked, and the patient died; the post-mortem showed purulent exudation in the pelvic peritoneum, especially in the recto-uterine cul-de-sac at a point corresponding with that which the spool had occupied in the vagina.

Runnals† has reported a case of death from pyæmic pneumonia and peritonitis, occurring in a girl of twenty-four years, caused by the retention of a piece of sponge in the vagina; the measurements of the sponge, removed after death, were three and a half by two inches.

A girl,‡ eighteen years of age, was admitted into Hotel Dieu, Orleans, apparently in the last stages of marasmus, and complaining of hypogastric pain, and diarrhœa. The next day she died, and upon post-mortem examination, there was found in the vagina a pewter cup, which had been introduced fourteen months before: it is stated that the cup could not be removed before dividing the pubic joint.

Dr. Kelly,* of Philadelphia, was consulted by a woman seventy-five years old, who had worn a pessary fourteen years without inconvenience, until recently difficulty in defecation and urination, together with an offensive vaginal discharge, led her to seek professional help. The doctor, not without considerable difficulty, removed the pessary, but the woman soon manifested a typhoid condition, and died three weeks after the removal.

The presence of a foreign body having been determined by vaginal examination, by touch, mediate or immediate, by sight, where possible, and the vaginal examination assisted, if necessary, by examination through the bladder and the rectum, the plain indication is to remove the foreign body.

Here one cannot refrain from stating the very great advantages the practitioners of to-day have given them by Sims' speculum and anæsthetics in such removal.

An anæsthetic is not necessary in all cases, but is especially in children, and when the foreign body is large.

So far as methods of removal are concerned, these vary with the size and form of the body, and its material, and as to its being free or fixed in the vagina. In many instances the conditions require a new method to be devised.

In some instances the foreign body can be best removed by acting on it through the rectum. Thus Meissner removed a pebble from the vagina of a girl 2½ years old; of course very much less violence was done by the finger in the rectum, than if it had been introduced into the vagina. Small round bodies can be best removed by throwing into the vagina a stream of water, while the perineum is retracted by Sims' speculum. The removal of fragments of glass, especially of a syringe, is often difficult; if forceps be used, there is danger of breaking the glass, or of wounding the vagina; in the only two cases I have had to remove the pieces of a broken glass syringe, this was done by the fingers, and, in general, flat bodies are thus best removed.

One of the most ingenious devices for the removal of fragments of glass was used many years

*Schmidt's Jahrbücher, 1875.

†British Medical Journal, July, 1882.

‡Lancet, vol. i, 1848.

*Medical News, Philadelphia, 1884.

ago by Dr. Levis. A woman had a broken glass pessary in the vagina, and the efforts that had been made to remove the pieces had only resulted in reducing them to smaller pieces, comminuting them in fact; a severe vaginitis—due chiefly to the fragments of glass, but in part, probably, to the attempts at extraction—was present when the patient came under the care of Dr. Levis. He threw into the vagina by means of a syringe a mixture of plaster of Paris, and after two or three days removed the mass, the solidified mixture having fixed in it the various pieces of glass. This unifying process, so ingeniously resorted to by Dr. Levis, seems like a material illustration of Plato's axiom that the end of philosophy is the intuition of unity.

In some cases it has been necessary to reduce the size of the foreign body before extracting it. Thus Dupuytren broke the pomade-pot, and, by means of strong forceps devised for the purpose, divided the ivory pessary in the vagina and in the rectum, removing one part through the latter, the other through the former. In other cases the vaginal orifice has been enlarged by incision, as was done by Gaubius for the removal of the calcified uterine fibroid, and by Sutton for the removal of a globe pessary. If granulations have fixed the foreign body, these must be detached by the finger, or divided by scissors.

If the foreign body have its size greatly increased by mineral incrustations, it is advised to remove these first. Another reason for their removal lies in the fact that in some cases the rough, jagged surface may injure the vagina when extraction is done. Sabatier speaks of his fingers being wounded by the "asperities of saline incrustations," which had made the tumor "as rough as a rasp."

In some cases the ordinary polypus forceps is an excellent instrument for removal of a foreign body, but this removal should then be made by sight rather than touch—a Simon or a Sims speculum being used to expose the vaginal cavity.

In others the foreign body has been so large that the obstetric forceps has proved necessary for its removal. Roux, probably, was the first to use the instrument for this purpose, though some since his day have suggested its utility, imagining they were proposing something new; this is like many other novelties in the medical world which are exhumed from the grave of years, or even of centuries.

Whatever means, manual or instrumental, are used for the removal of foreign bodies from the vagina, it is well to be guided by the words which Blundell said could be usefully inscribed on one of the blades of the obstetric forceps: *Arte, non vi.*

In all cases where there is an offensive vaginal discharge, or any erosion or ulceration of the vaginal walls, antiseptic injections should precede, and for some time follow, the removal of the foreign body.

THE ROLE OF BACTERIA IN PARTURITION.*

BY HENRY O. MARCY, A. M., M. D.,
Of Boston.

Under this title Dr. Marcy read a carefully-prepared paper upon the processes of parturition and the dangers incident to septic exposure.

He premised by a review of the processes of reproduction, embodying the results of his own investigations, undertaken to verify the teachings of the great Italian master, Ercoloni. The uterine glands elaborate the so-called catamenial decidua. Of the same glandular product is the decidua of pregnancy—*D. Vera.* This glandular secretion serves for the nutrition of the fœtus during the early period of pregnancy; later the nutritive fluid is elaborated by the complex glandular organ known to us as placenta. The Serotinal or secretory cells of this organ are themselves elaborated from the sub-mucous layer of uterine connective tissue, and when these are separated, as a more or less perfectly formed placenta, there takes place an extensive traumatic lesion of the uterus, laying bare the uterine tissue of the entire placental site.

Uterine contraction rapidly reduces the extent of this traumatic lesion pari passu with the size of the organ, and this process also hastens the proliferation and expulsion of the broken-down, used-up material.

This must be *physiologically* an aseptic process.

The *pathological* factor must lie in abnormal and extraneous conditions.

The most common and important is the hitherto *x* factor in the problem, now, at least in part, recognized as bacterial ferment. Whence its origin? Certainly from without. If excluded from foreign contact or atmospheric exposure, the uterus in its injuries, even in the cervical portion, may be likened to a subcutaneous wound. Then the lochial secretion remains a non-irritant, innocuous fluid, although a highly albuminous fluid swimming with broken-down cellular debris.

Micro-organisms are usually found in the vagina in health. Would this furnish the seed

* Read before the American Medical Association, April, 1885.—Abstract.

for septic infection? Were this true, why does not every woman have after labor a septicæmia? The belief that herein lies danger is widespread, as evinced by the earnest advocacy of a large number of our most experienced and thoughtful practitioners of the vaginal douche in normal labor.

This belief is greatly strengthened by the common observation, that the napkin used for the absorption of the lochia has a decided unpleasant odor; and if the secretion be examined microscopically it will be found teeming with bacteria-termo, the omnipresent scavenger of nature for taking to pieces and perhaps refitting for higher uses our waste albuminous compounds. It is possible by this very process that this material is diverted from falling into the hands of and feeding an army of most dangerous enemies. This, in the mind of the writer, was the explanation why, amid filthy surroundings, the unwashed, unchanged, uncared-for women so very generally make a good recovery.

Dr. Marcy emphasized cleanliness as important for the same general reasons imperative in wound treatment; but because of the physiological conditions and relations, as above sketched, he discards as unnecessary the vaginal douche in normal labor. He quoted from an exhaustive paper by Dr. Z. B. Adams, of Framingham, Mass., many facts showing that the douche thus used, even in competent hands, might be a source of danger, even death. Prof. Schroeder, of Berlin, has recently had two fatal cases where the mercuric bichl. sol. 1 to 1000 was used.

In all operative cases, however, where septic infection might supervene therefrom, Dr. Marcy would insist upon the most rigorous exercise of antiseptic precautions as the fundamental factor of preventing infection. This had been advocated in the Boston Gynecological Society by the writer six years ago—a surgically-clean operator, clean instruments, etc.

The same general conditions pertain to the problem as belong to operative wounds. It is, however, emphasized and rendered much more important than in ordinary wounds, when the general conditions are thoughtfully considered. In both cases there must exist not only the *seed* as the danger material, but also the *soil*. The planting ground is rarely the vagina, but the uterine cavity. It is difficult to conceive of an incubating chamber presenting more favorable conditions, the albuminous fluid furnishing abundance of food, the heat-point steadily maintained: open sinuses, lacerated vessels, denuded walls, through which ramify an abundant net-work of lymphatic vessels, all furnish conditions for generation and absorption rarely equaled. Micro-organisms thus rapidly generated are distributed with astonishing facility, and a general infection rapidly supervenes.

Dr. Marcy followed with a series of interesting experiments to show that the danger resulted, as a rule, from micrococcal and not bacillary poisoning. This was deemed the more important, since here the odor was not marked, only slightly sour, and therefore that which has usually been considered an important characteristic is wanting. Viewed from this standpoint, the subject of puerperal fever assumes a new and more intense interest. No subject in preventative medicine is of greater importance, and there can be no doubt that lives in large numbers have been saved by the adoption of wise precautionary measures, based upon the knowledge already attained of the role of micro-organisms in puerperal lesions.

Dr. Marcy closed by insisting that the subject, instead of being exhausted, was opening up new fields for better study and richer fruitage. Hecatombs of lives, of women in the ripe maturity of their usefulness, should no longer be annually sacrificed through the ignorant violation of laws now demonstrated.

Hospital Reports.

CLINICAL LECTURE ON CARDIAC DISEASE IN ADOLESCENCE—ACUTE AND CHRONIC PERICARDITIS—HYDRO-PERICARDIUM.

BY JOHN M. KEATING, M. D.,

Visiting Obstetrician to the Philadelphia Hospital and Lecturer on Diseases of Women and Children.

Reported by WILLIAM A. EDWARDS, M. D.,

Assistant Demonstrator of Clinical Medicine, University of Pennsylvania; Medical Registrar Philadelphia Hospital.

Before proceeding directly to the cases before us, it is perhaps as well to brighten up our knowledge of the pericardium and its topographical anatomy.

The heart, the origin of the large vessels, and the serous pericardium, are contained within and enclosed by the fibrous sac of the pericardium. The pericardium is situated in the median line of the thorax between the two lungs and the pleuræ; posteriorly it is in relation with the posterior mediastinum, separated from the spine by the connective tissue inclosing the trachea, descending aorta, great vena azygos, intercostal arteries and veins, thoracic duct, œsophagus, two pneumogastrics, and both sympathetic nerves and lymphatic glands.

Anteriorly, the pericardium is separated from the sternum by connective tissue and the anterior border of the pleuræ.

The sac of the pericardium is shaped like a triangle; the apex of this pericardial sac is fixed to the skeleton by three important ligaments. It is fixed to the vertebral column by the suspensory ligament of the pericardium, sometimes unfortunately called Beraud's* ligament, as by giving men's names to anatomical structures we simply complicate matters. It is inserted into the middle and left lateral portions of the third cervical vertebra.

The second ligament of fixation is the cervico-pericardial pseudo-aponeurosis of Richet; this coalesces with the middle aponeurosis of the neck, and is inserted into the hyoid bone.

The third support has been described under two heads, as the sterno-pericardial and the costo-pericardial ligament.

It is also upon these ligaments that the great vessels going to and arising from the heart are supported. The base of the pericardium is fixed to the centre of the diaphragm. Those of you who desire more extended data on the anatomical points I would refer to the work of Constantin Paul.

The pericardium has two layers, parietal and visceral; the latter is thin and separated from heart-muscle by connective tissue; it is here that you often see excessive quantities of fat deposited. The serous cavity contains a variable amount of fluid, which is alkaline, and made up of water, albumen, fibrin, salts, solid parts, and extractives.

Let us now now examine our case. Willie O., æt. 14, first complained of a sharp, severe præcordial pain below the nipple, and radiating towards the ensiform cartilage; this was its maximum intensity. It was quite painful throughout the entire præcordial region, and even in the epigastric and left hypochondriac regions. He tells us that coughing made it worse, as did also the respiratory act; he describes the pain as lancinating or tearing, and almost unbearable. The causes of this *acute pericarditis* are many. It is seen with endocarditis and rheumatism; after scarlatina, as an extension from the pleura; it may arise as a sequel of acute Bright's disease. A septic form of endocarditis, and also, possibly, of pericarditis, may have its origin in the new-born babe from an umbilical sore. Occasionally it is seen in typhoid fever, variola, and erysipelas.

Steiner makes the observation that the usual rule in practice is to consider all cases of heart disease that occur before the age of four years to be congenital; but Goodhart † takes exception to this statement, as sixteen of his cases occurred under four years of age, and Cox records a case of pericarditis in an infant eleven days old.‡

Acute pericarditis is seen more frequently in children than in adults, in association with infective osteo-myelitis and abscess in the heart.

The *symptoms* of pericarditis may be very obscure; in some cases but few symptoms are presented, the child loses flesh, becomes breathless, palpitation is noted, and a short dry cough would complete the symptoms of one of these obscure cases. When the pericarditis is accompanied by a serous effusion in one of these young emaciated subjects, the enlargement of the pericardium can sometimes be easily detected simply by inspection. Graves has noted in infants the pushing out of position of the left lung, its apex extending into supra-clavicular fossa.

There are certain general diagnostic symptoms that you must learn to note. The temperature is apt to be high, but undergoes decided fluctuations; dyspnœa may be extreme and threatening, the nares dilate, sometimes as markedly as they do in pleural effusions. Hiccough is frequently noted, the face is pale and expression anxious. Your patient may be in a state of delirium or of extreme wakefulness.

If you lay your hand on the præcordia in the early stage of this affection, when the fibrinous exudate is undergoing formation, a rough friction may be felt. It is well when seeking this sign to ask your patient to lean forward. The friction of course disappears as soon as the effusion occurs, as the two surfaces of the inflamed pericardium are then removed one from the other.

Percussion is a most important aid; much more so in children than in adults; a difference in the percussion note may be elicited by changing the position of your patient; this, however, is a difficult feat in physical diagnosis when dealing with young and often ungovernable children.

Auscultation enables you to "clinch" the diagnosis; the pericardial friction sound is absolutely diagnostic; the only thing that you may mistake it for is a pleural friction; this point is easily definitely settled by asking your patient to refrain from breathing; the pericardial murmur will now be seen to be synchronous with the cardiac rhythm, and the supposed friction rale to have disappeared.

You can increase a pericardial murmur by pressure; it is also very superficial, and is not propagated, as you know valvular murmurs are. You will generally find these friction murmurs to have their greatest intensity at the left border of the sternum, in the third or fourth intercostal space. The time of the murmur is systolic; that is, when the two inflamed surfaces rub against each other, it is sometimes heard in diastole when these surfaces leave each other. Some observers time the murmur as just before the first or systolic cardiac sound. The sound is generally rough. Collier compares it to new leather; it has been described as scraping or rasping, rubbing or rustling. Another point worth bearing in mind is that the murmur is greatly acted upon by active therapeutic measures; cups, leeches, or counter-irritants almost wholly alter its character; it is also modified by position, and it is more likely to be rough than soft.

Acute pericarditis may entirely recover, or it may become *chronic*. The condition of affairs that Stokes called pericarditis obliterans and Bouillard ankylosis of the heart, we generally now term one of pericardial adhesions.

These adhesions take various forms; bands are sometimes formed, which may break and result in long filaments attached at one end to the pericardium; at other times partial adhesions may be scattered here and there, or you may see the adhesions general. The adhesions may be firm, tense, and hard, or thin and easily removed; they may be so extensive as to obliterate the sac of the

*Gazette Médicale, 1862, p. 162.

† Diseases of Children, 1885, p. 527.

‡ Bull, N. Y. Path. Soc., 1881, p. 8

pericardium, the visceral and parietal layers being, as it were, glued together.

In later life these adhesions may undergo various degenerations—calcareous, tubercular, or cancerous.

Betrier * observed these extensive adhesions as early as eleven months.

The *symptoms* of pericardial adhesions are more or less obscure, and often overlooked. This lad, aged fifteen and a half, in whom we suspect the presence of this condition, gives us a history of antecedent acute pericarditis; and, indeed, this is a valuable aid in diagnosis; in many cases the question of the existence of adhesions remains hypothetical. Systolic retraction of the intercostal spaces merits a certain amount of attention.

An observer is of the opinion that if cardiac hypertrophy is present, with a violent impulse of the heart as a whole, but a feeble impulse of the apex, we are justified in suspecting pericardial adhesions.

Chronic pericarditis is, as a rule, a sequel of acute, or of rheumatism; it is not very frequent in children.

Hydro-pericardium is an infrequent disease in childhood. It is a concomitant of dropsy, or anasarca; the sub-serous tissue becomes œdematous, and an effusion is poured out into the sac. No trace of inflammation is to be noted upon the pericardium. It is due to a local or general condition; locally stasis in the veins or lymphatics of the heart or surrounding parts could cause it. Other cases may have as their etiology, nephritis generally parenchymatous, dropsy, tuberculosis, or more rarely cancer.

The affection generally sets in as the last act in one of the above grave diseases, and the diagnosis under these circumstances is difficult in the extreme. Such a case would probably present a small, weak pulse, cyanosis, decreased urinary secretion, compression of lungs, and pushing down of the diaphragm, with increased præcordial dullness and muffling of the heart sounds.

Solicitous parents will always desire to know your *prognosis*, and remember that acute peri- and endocarditis are more liable in children than in adults to lead to a rapidly fatal termination. In children rapid dilatation of the cardiac cavities may suddenly occur, and the child succumb to cardiac arrest. Remember also the younger the child the more rapidly will emaciation occur, hence your prognosis should be guarded, more especially should you discover consolidation of the lungs, great rapidity, or turbulent heart action. Vomiting would be a prognostic sign of evil omen; inability to lie down or take food, together with insomnia, should put you on your guard.

In the *treatment* of acute pericarditis, the first indication is the relief of pain. Opium is borne well in cases of children between the ages of six and fourteen. Absolute rest in the least distressing position, the head not very high, the senses not disturbed, no light, noise, or conversation, are all essentials in the treatment. This absolute rest is the more important, as the heart may have deposited on it a large layer of lymph, its muscles degenerating and its cavities dilating.

You should restrict the patient to a liquid diet, such a diet as will place the least possible strain upon the heart.

Counter-irritation by a blister is perhaps the best method of treatment. The blister should be large and allowed to draw well.

Dr. Beale suggests the following application after the blister has risen:

℞.	Pulv. opii,	℥j.
	Ungt. hydrarg.,	℥j.
M.	Ft. ungt.	

An ice-bag may be applied in cases of high temperature with tumultuous heart action and frequent pulse. You must watch its action so as not to depress the patient. Belladonna, bromide, and iodide of potassium may be given to fulfill their well-known indications.

A child of say ten years may take three to four ounces of wine per day as indicated. The great frequency of the pulse and the condition of the nerves of the heart can be met with digitalis.

℞.	Tr. digitalis,		♏xx–xl.
	Pot. bromid.,		gr. xl.
	Mucil. acaciæ,		
	Syrupi aurant.,	āā	f. ʒiij.
	Aquæ, q. s., ad.,		f. ʒiv.

M. S.—Tablespoonful three times a day for child 6 to 12 years of age.

Of course, should rheumatism be at the root of the trouble, you must actively treat it. Sodium salicylate could be given cautiously and in small doses, watching its action intelligently.

Day suggests the following in rheumatism:

℞.	Pot. bicarb.,	ʒij.
	Pot. nitrat.,	gr. xv.
	Tr. opii,	♏xvj.
	Syr. limoinis,	f. ℥ss.
	Aquæ, q. s. ad.,	f. ʒiv.

M. Dessertspoonful every three hours for a child six years old.

The treatment of serous pericarditis, or pericardial effusion, brings up the question of paracentisis pericardii; serous effusions in children possibly have a tendency to form pus more readily than in adults, so bear this in mind in a prolonged case of pericardial effusion, more particularly should your patient be sick, pale, and anæmic. In a case like this, I should consider it good practice to explore the pericardial sac by a fine hypodermic needle; if pus should be found, you, of course, must establish free drainage. I would impress upon you the great importance of keeping a hypodermic syringe and needle solely for exploratory puncture, as in many cases it is almost impossible to settle the question of the presence or absence of fluid without this puncture.

Diuretics and hydragogue cathartics have been tried in cases of pericardial effusions without, I think, doing very much good. The most usual ones of the former class are squills, nitrate and acetate of potash, and of the latter, jalap, scammony, colocynth, and elaterium.

The treatment of pericardial adhesions consists in the application of blisters and the administration of saline aperients, iodide of potash, and anti-rheumatic remedies.

During convalescence, see to it that your patient has absolute rest and avoids all bodily exer-

* Constantin Paul, Diseases of Heart.

tion; a child should not be allowed to place its feet on the ground at all, but the nurse should be directed to carry the little patient. You must frequently note the pulse rate and heart's action, order an easily-assimilated diet, direct the proper hours of rest and sleep so that the heart may rest as the body does during sleep. Iron is now indicated to restore nutrition of heart and enable it to repair any damages.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

(*Continued from page* 13.)

Gestation in a Sarcomatous Uterus Simulating Extra-Uterine Pregnancy.

By Dr. Bernardy.

October 3, 1884, I was requested to visit Mrs. McG., delicate, aged about thirty, married six months. She was said to be suffering from a cold. I found the patient up. Temperature 105°, pulse 130, with a high fever and a severe cough. Examination of the lungs revealed double pneumonia. At the same time noticing the abdomen prominent, I inquired and was informed that pregnancy was five months advanced. The abdomen was rather large for that period. On Sunday, October 5, she complained of a sharp pain in the right inguinal region, the pain was excruciating and demanded the administration of large doses of morphia before any relief was obtained. I found the right inguinal region filled by an immense growth reaching almost to the lower border of the liver. The uterus, or what appeared to be the uterus, was enlarged and pushed well toward the left side. On vaginal examination, found the right side of the pelvis filled by a growth. At first thought I detected fluctuation, but closer examination showed it to be hard to the touch. The uterus was jammed well toward the left, and was immovable, the neck somewhat absorbed, the os tilted up behind the pubis. To reach it, the finger had to be passed well upward; it was closed and soft. The patient had never had any uterine trouble, menses always came without pain; they never appeared after her marriage, which occurred one week after a period. Her health remained good for three months after marriage, when, while out walking, she was suddenly seized with a sharp, lancinating pain in the right side of the abdomen. The pain was so great that she almost fainted, but being a woman of strong will, she finally, after suffering terrible agony, reached home, and went to bed. No physician was called in; next day there were slight traces of blood on her night-dress. Under absolute rest, the pain subsided, and at the end of a week she was about her household duties. The pain in the side returned if she over-exerted herself. Sexual intercourse was painful, and was followed by traces of blood the next day. Believing that the symptoms pointed to either extra-uterine pregnancy or a tumor complicating pregnancy, I asked Dr. Goodell to meet me. By the time the consultation was held (October 8), a severe attack of peritonitis had commenced. This complicated matters, as a close examination was impossible. On account of the distended and painful condition of the abdomen it was impossible to trace any outline of the growth or uterus. It was decided that the symptoms and history pointed to extra-uterine pregnancy, but that undoubtedly the uterus contained something, whether tumor or child, in the present condition of the patient, it was impossible to decide; the leaning was toward a pregnant uterus. By October 16 the peritonitis was under control; the lungs no better.

October 19 I was sent for, the messenger stating that there was a renewal of the peritonitis. I found the patient in active labor, the fœtus descending rapidly. In half an hour labor was completed. I readily detected the large growth filling the upper portion of the right side of the pelvis. The uterus was surrounded by a hard growth. The cervix was hard. From this time the lungs improved, but she remained extremely weak, and there was a constant dribbling of blood from the vagina.

November 3, the growth was still present, and the cervix hard, and I began to think of malignant disease in connection with the tumor. I had applied, night and morning, to the abdomen, ungt. hydg., bellad. and iodine, equal parts. This seemingly had the effect of causing the absorption of the large growth, but the mass surrounding the uterus remained the same.

November 27, vomiting occurred, and was arrested with difficulty. A bloody discharge from the vagina and a constant sore feeling over the region of the uterus, which was still towards the left side. The patient's condition was good; she was extremely weak; the slightest exertion would exhaust her and bring on bleeding from the uterus.

December 26, I found her suffering from pleurisy, the left pleural cavity full of fluid.

January 1, abdominal dropsy had set in. A consultation with Dr. Goodell was held. A positive diagnosis of malignant disease was made.

Prognosis,—Death at any moment. She died suddenly the same evening, while talking to her husband.

Post mortem examination by Dr. E. A. Russell twenty-four hours after death. Patient greatly emaciated.

Thorax.—A large amount of effusion completely filling up the left pleural cavity, while the cavity of the right side was partially filled; both lungs were compressed upwards, no adhesions. On section the lungs appeared mottled, and were hepatized in general appearance, but were otherwise healthy.

Heart.—On opening the pericardium, found a moderate amount of serous fluid vegetations on mitral valve, weight 11 ounces.

Abdomen.—Entire cavity was greatly distended with a dark fluid, full of broken down lymph. The intestines were forced upwards. There were slight evidences of beginning peritonitis. A portion of the ileum on the right side presented a black, unhealthy appearance, bordering on gangrene. The uterus was increased in size. The outer surface presented an irregular, mottled appearance; large veins covered its surface; at the fundus there appeared a spot about one inch in diameter, of a bluish tinge. On pressure by the finger, the surface readily broke. Underneath

was a cavity about the size of a large hickory-nut. It did not communicate with the interior of the uterus. On opening the uterus its cavity was found to be almost obliterated; the tumor seemed to have entirely absorbed the true uterine tissue with exception of the neck. In the body of the tumor were observed small masses or growths varying in size up to that of an egg. The ovaries were small and seemed to have participated in the general disease. Microscopic examination proved the tumor to be of the adeno-sarcoma variety.

At first I was convinced that I had a case of extra-uterine pregnancy; but the peculiar hardness of the tumor made me doubtful. Here was a patient that had never had any uterine ailment. Marries, becomes pregnant; at the end of the third month, without any premonition, while quietly walking, is seized with pain of an excruciating nature in the right side, goes to bed and remains quiet; the next day blood flows from the vagina. She remains comparatively well for two and a half months more, when she is again suddenly seized with pain in the same side, followed by peritonitis. A tumor is found in the affected side, the uterus is enlarged, but not sufficiently so for a five and a half months' pregnancy, the os giving no signs of that softening which should accompany pregnancy. Could we have a group of symptoms more allied to those of extra-uterine pregnancy?

Dr. J. M. Keating made some remarks on

Infant Feeding.

He said: At my request Dr. Charles Potts has instituted a series of experiments which have a decided practical value, and we hope to present them to this society at an early date in full. I desire to place on record a statement of the results so far reached which appear to be interesting and important. The question often arises, Is it of advantage or not for an infant to be partly nursed and partly bottle-fed? What action has milk upon starch, if any? To answer this the following tests were made: (1) Sample of milk composed of the milk of several women—a quantitative estimation of the sugar in it by Fehling's method showed 6.84 per cent. 10 cc. of this milk was then taken and ½ grain of powdered starch added, allowed to stand at a temperature of 99° for thirty minutes, after which 5 cc. diluted with 45 cc. of distilled water was tested, and showed 8.62 per cent. of sugar. The other 5 cc., after standing sixty minutes, gave 9.09 per cent. (2) Another sample found to contain 7.14 per cent. of sugar had a ½ grain of powdered starch, as in No. 1. In thirty minutes it gave 9.803 per cent. of sugar in 5 cc. The other 5 cc., after remaining sixty minutes, gave 8.62 per cent. Possibly part of the sugar deposited and was drawn off with the first 5 cc. (3) Another sample showed 6.32 per cent. of sugar, and after adding the starch as before, gave in the first 5 cc. 8.19 per cent. The next 5 cc. 7.93 per cent. These investigations showing that the women's milk gave an increase of sugar after digesting with starch.

Experiment (4) A sample of cow's milk was tested and found to contain 3.87 per cent. of sugar, to this was added a ½ grain of starch to 10 cc. At the end of thirty minutes 5 cc. diluted with 45 cc. of distilled water, showed no increase of sugar. (5) A sample of cow's milk gave 4 per cent. of sugar, and was treated as before, but at the end of thirty minutes, and then sixty minutes, it gave the same result. (6) Another sample of cow's milk gave 3.703 per cent. of sugar, was treated as before with same amount of starch. In thirty minutes 5 cc. gave same result; in sixty minutes 5 cc. gave same result. These investigations showing that cow's milk gave no increase of sugar after adding starch. Does the acidity of cow's milk prevent the sugar change? Does the sugar change continue in an acid medicine? (7) Took another sample of human milk from one woman. It yielded 6 25 per cent. of sugar; added starch as before. In thirty minutes 5 cc. gave 7.14, and in sixty minutes 5 cc. gave 7.6 per cent. Took 10 cc. of this milk (6.25 per cent. sugar) and added a few drops of C. P. dilute hydrochloric acid, enough to faintly acidulate it, and then added ½ grain of starch and let it stand as before. In thirty minutes 5 cc. gave 6.41 per cent., and in sixty minutes 5 cc. gave 7.35 per cent. of sugar. (8) Another sample of woman's milk without starch gave 6.17 per cent., with starch 7.24 per cent.; 10 cc. of the same, acidulated with hydrochloric acid, C. P., diluted, gave in thirty minutes 7.35 per cent. In these tests 10 cc. of Febling's solution were used with 40 cc. of distilled water.

If future investigations prove the correctness of these statements, we may safely assert that the nursing woman may supplement her breast milk with some well-prepared digestible form of food containing a small quantity of starch advantageously, and also that the amylolytic ferment will remain active in the slightly acid stomach of the infant. W. H. H. Githens, Secretary.

CHICAGO MEDICAL SOCIETY.

Stated meeting, June 15, 1885. The President, C. T. Parkes, M. D., in the chair.

A Successful Case of Nephrectomy.

Dr. R. G. Bogue reported an important case of nephrectomy. The patient was a woman, aged thirty-six, single, who had suffered from several attacks of acute rheumatism with cardiac complications and also for nearly one year with a pus-discharging sore on one arm. About six years ago, while doing laundry work, she severely strained her back, and this was followed by frequent and painful urination, the urine containing pus, blood and and mucus. The pain in the back increased during menstruation. These symptoms continued until 1882, when a swelling, accompanied by pain and soreness, appeared in the right lumbar region. This swelling was finally opened and gave exit to a large quantity of pus, and remaining open, continued to discharge pus until the time of the operation, pus, blood, and mucus at the same time appearing in the urine, which was voided with difficulty. At one time there was so much clotted blood in the bladder it was only dislodged by breaking up the clot with a catheter and washing out the bladder. Later, there was nearly a closure of the opening into the lumbar abscess, and a fluctuating tumor appeared near the old one, which was opened and gave exit to a quantity of fœtid pus. From May 13 to Au-

gust 27, 1884, there was a free discharge of pus through the lumbar openings and the bladder. At no time was there a urinous odor to the discharge from the loin. Whenever the discharge from the loin was greater, pus appeared in less quantity in the urine, and vice versa.

Believing that there was an abscess of the right kidney, on August 27, 1884, Dr. Boyne made an exploratory operation by making an opening into the loin along the course of and just below the twelfth rib, including in its track the sinus. He came upon a dark, fluctuating mass, which upon puncture, discharged a quantity of pus, and on further examination, was found to be the capsule of the kidney, divided into compartments and distended with pus. The sac was adherent to the surrounding tissues, and upon separation, bled freely. The adhesions were quickly broken up and a stout ligature placed around the attachment or peduncle, which was the ureter and renal blood-vessels. This was done by the aid of a large bent probe armed with silk. This ligature completely arrested the hemorrhage. Near this ligature the peduncle was transfixed by a double thread of strong silk and tied in two parts, the mass cut away, with ligatures left long, and with drainage-tube, served to drain the cavity, which was cleansed with a carbolated solution and the wound dressed with oiled silk, gauze, and oakum. The patient convalesced rapidly with the exception of an attack of rheumatism and one rather free discharge of blood from the bladder, which followed traction on the ligatures. The ligatures did not separate until December 7. But little pus came with the urine after the operation. There is yet a small fistulous opening in the track of the wound. The patient is now comparatively well. The mass removed was a distended kidney capsule, with calices so distended that there was obliteration of the kidney tissue, except at one point where there was enough to identify the structure.

Dr. C. T. Parkes remarked that an interesting point in the report is where it is described how hemorrhage was arrested, as the greatest danger in this operation is from hemorrhage. Czernay had a case in which the hemorrhage was so severe that he ligated the aorta. Operations on the kidney are becoming quite frequent. In an interesting paper Dr. Gross gives his observations of over 200 cases, and limits the cases in which an operation is suitable. Dr. Parkes said that he wished to call the attention of the society to the fact that there is sometimes an anomalous distribution of the arteries to the kidneys. He had met two cases in which the arteries entered the kidney at the lower end instead of the hilus, and this should be remembered in cases of nephrectomy, and especially nephrolithotomy. Sometimes the renal artery enters the kidney by two branches,

In answer to several questions by members of the society, Dr. Bogue replied that no vertical incision was necessary, that the diagnosis was positive only after the operation, which was an exploratory one, that the ureter and renal blood-vessels were ligated in mass, that in a supposed case, when there was a well defined, movable tumor in the abdomen, unaccompanied by pain, pus in the urine, with difficult urination, which was relieved by washing out the bladder. If there was a reasonable probability it was a suppurating kidney, he would advise an operation.

The Continuous Curve Forceps.

Dr. E. W. Sawyer read an interesting and exhaustive paper on the continued pelvic curve in the obstetric forceps, with remarks on forceps in general. He defined the perfect obstetrical forceps to be an instrument with which it is practically impossibile to injure the mother or fœtus when skilfully used. In order that the forceps may be such an harmless extractor, after many years of observation and experience, he had arrived at the following conclusions: First, that there should be a space of three and one-fourth inches between compressing surfaces of the blades, when the inner surfaces of the handles are in contact. Any less space will fatally compress the fœtal head. The long diameter of the ellipse bounded by the conjoined grasping curves of the blades should be five and one-half inches, the distal opening of this ellipse, corresponding to the separation between the tips of the blades, may be three-fourths of an inch; five and one-half inches from the blade tips the opening should be two and one-half inches. If these measurements are less, severe injury may result to the fœtus. Second, in selecting an instrument a straight-edged ruler should be placed at right angles to the long diameter of blade, to determine if the outer edge of the blade and the border of the fenestra are on the same plane; if not, such an instrument invariably injures the fœtal scalp. Third, the loose mortise joint lock, allowing a backward and forward motion of the handles, and thus enabling the obstetrician to properly adjust the forceps to the fœtal head, is the only safe, simple, and easily operated lock. Fourth, in compressing the fœtal head the closest imitation of nature is safest to follow, hence a moment of compression during a pain should be followed by loosening the grasp of the head, which cannot be done with those instruments which admit of the handles being fixed together. Fifth, the length of handles should be such as to allow the operator to reserve his forces for difficult traction. The rounded space just in front of the lock, admitting of the introduction of a finger, is of special value as a point of traction when a great degree of compression is not demanded. Sixth, the blades of the instrument should be of the best steel, at least one-fourth of an inch square at the shanks, and gradually thinned to about three thirty-seconds of an inch at the tips. Slighter material is so yielding as to permit the blades to be pulled off the head. Seventh, if an index be fixed to the fœtal head, as for example the handles of a forceps, in such a manner as to follow the direction given to the head by the unaided efforts of nature, an irregularly curved line would be described forward and upward, which would have its termination, at the moment of the escape of the head, at a point near the umbilicus of the woman. This curved line should be the guiding line to the attendant who attempts to reinforce the expulsive force of the uterus with the forceps. Dr. Sawyer then exhibited a forceps of his own invention, in which the pelvic curve is extended to the ends of the handles,

to guide the operator in producing traction in the direction of the curved line above mentioned. He claimed that in those cases where the occiput, or sinciput, presents posterior, and it is decided to deliver in this position, this curve will allow the operator to grasp the head with the forceps well forward over the ears, without its slipping over the occipital poles.

In answer to several objections as to the feasibility of securing a perfect forceps, Dr. Sawyer stated that he did not claim his forceps to be perfect, but that he had copied the best features of other forceps, and thinks that he has an instrument which will do less injury to the mother or child than any forceps with which he is acquainted. He believes it to be absolutely safe for the child, and was not intending to speak of the indications for using the forceps, or the manner of their use, but endeavored to incorporate in his paper some points about forceps in general which he had never read or heard taught, and hoped they would be useful to all who wished to approximate as nearly as possible the ideal forceps.

Editorial Department.

Periscope.

Hysteria.

Dr. Samuel Bell thus writes in the *Med. Age:*

Perhaps there is no disease which comes within the range of a physician's observation that taxes his resources, medical, moral, and social, any more than an obstinate case of hysteria. The premonitory symptoms in some cases will drive the ordinary diagnostician to his wits' end in order to satisfy anxious friends. Hysteria occurs most frequently in females between the ages of 15 and 24; exceptional cases occur later in life. Young girls, old maids, widows, and childless married women, are the most frequent subjects of the complaint. Charcot attributes great importance to ovarian hyperæsthesia as a cause of hysteria. The general system may be deranged by many conditions, but the sexual functions assume an undue prominence in the mind; consequently, any disturbance in connection with these functions produces an exaggerated effect. Hysteria is rarely found in the male. A semi-hysterical condition is found sometimes between the ages of 35 and 50 years. Among its causes may be mentioned excessive venery, masturbation, overwork, with long-continued anxiety, excessive and prolonged mental labor, and senile degeneration.

Prof. W. H. Thompson, of New York, recently related, during one of his excellent lectures on the above subject, his experience in connection with a case which is, perhaps, not altogether unique. The patient was a female of 20 years. After a careful examination a diagnosis of hysteria was made and appropriate treatment prescribed, with no apparent improvement of symptoms. The case was becoming monotonous to physician and friends. A noted metropolitan neurologist was called in consultation, and acquiesced in the diagnosis which had been made, also saying with emphasis, that any doctor with average knowledge would know that it was a case of hysteria. Ere the consultation closed, they were summoned to the bedside of their patient, only to see her expire.

I have had under my care during the past two months, a young lady 18 years old, stout and robust, well developed physically, and a person of average mental calibre. No history of any abnormal psychical manifestations previous to the present sickness. At my first visit I found her in a hystero-maniacal state, clonic spasms of the muscles of the cervical region, opisthotonos, strabismus, pupils dilated but would respond to light, general hyperæsthesia, with intervals of dysæsthesia; hearing very acute. A whisper would be heard by her in the remotest part of the adjoining room. Continuous vociferation, and persistent efforts to leave her bed and room, made it necessary to use force in order to keep her in bed. Pulse 100, temperature 2° above normal. Pulse full and compressible during the interval of spasm. Her exclamations frequently referred to her head. This symptom is considered by many pathognomonic of hysteria—clavus hystericus. It is described by some as if a nail were driven into the head.

Valerian, bromide of potassium, and chloral, were given, but hysterical vomiting began at once, and for a time the above remedies had to be abandoned. Large doses of morphiæ sulph. were given with some better results, but the raging delirium still continued, and one week elapsed before she recognized her condition, and then only for a few minutes. In three weeks she was able to sit up and walk around in the room, but a few days later all the former symptoms came back in an exaggerated form. After about twelve hours of raging delirium, she passed into a cataleptic condition, and remained so for a long time, all the vital powers seemingly in a state of suspension, except the heart and lungs; were it not for the action of the heart, which was performing its functions, the prognosis must of necessity have been grave.

The pain in the cranial region was a constant symptom throughout her illness. Cantharidal collodion blisters were applied to occipital and temporal regions and top of head, with some improvement in the pain. But change of surroundings and stern moral treatment seemed to exercise a marked beneficial influence upon the patient. The action of the heart becoming very feeble, with absence of the first sound, and palpitation, rendered the convalescence rather tedious.

To enumerate all the symptoms present would require too much space in your columns. Psychical, motor, sensory and sympathetic symptoms were all present, and very obstinate to control.

A snap diagnosis between epilepsy, multiple sclerosis of brain and spinal cord, hypochondria, neuralgia and uræmic coma cannot at once be made, on account of the variety of symptoms manifested. Especially is the diagnosis obscured when no history can be gleaned from patient or friends with reference to abnormal menstruation, which was no doubt the exciting cause. At times enough anodyne would be retained to produce somnia, but tonic and clonic spasms would continue during sleep with less severity, and would be greatly aggravated on waking.

A Case of Mole Pregnancy, Hydatid Mole, or more Properly Speaking, Cystic Degeneration of the Chorion.

Dr. Alexander Davidson reports this case in the *Canadian Practitioner:*

Mrs. W., æt. 45, of dark complexion, has borne several healthy children, last pregnancy was five years ago, when she was delivered of a healthy child; since then she has menstruated regularly until about the middle of January, 1885.

This lady consulted me on the 13th of March, 1885, complaining of being "completely out of sorts," had a constant feeling of nausea, her breasts were enlarged and painful, the areola around the nipple was quite dark in color, with raised papillæ on its surface, the veins over the breasts were very distinctly marked, she had not menstruated since 18th of January last and her tastes and disposition were quite changed; to use her own expression she said, "If it were not for my age I would consider myself pregnant again." Having assured her that although it was somewhat rare for pregnancy to occur at her time of life, yet her age was not an absolute barrier to the occurrence of conception, and her symptoms pointing so markedly to the existence of pregnancy, I deemed that to be her condition. I advised her to go home and wait the course of events, as there then existed no symptoms which should make me apprehensive of her case. Upon this advice she acted, again returning to my office on the 18th of March, when she informed me that since our last interview she had "turned unwell," and that she also observed a "lump" in the lower part of her abdomen, and suffered no pain. I then made a physical examination of the uterus, which revealed the following condition: The abdominal walls were thin and flaccid, just above and behind the pubes in the mesial line was a pear-shaped tumor to be felt; bi-manual examination now confirmed this tumor to be the uterus enlarged to about the size the organ assumes at the third month of pregnancy, the cervix was soft and thick, it was also fissured, the os uteri was patulous enough to allow the introduction of my index finger to nearly the whole length of the cervical canal; I could find nothing presenting. I may here mention that upon bi-manual examination the enlarged uterus seemed to have more of a soft feeling like a bag of bran than the firm resisting feeling of a truly pregnant uterus.

I now saw my patient from day to day until April the 11th, when the hydatid was expelled. The flooding continued at intervals, sometimes in small quantity, sometimes in considerable quantity, and sometimes absent altogether for as long a period as twenty-four hours; the hemorrhagic discharge was not the thick red of normal blood, but seemed to consist more of the watery element of the blood, as if the liquor sanguinis had been expressed from the blood clotting in the interior of the uterus. No portions of the hydatid escaped with the hemorrhage, as sometimes happens in these cases, thus rendering the diagnosis easy.

The enlargement of the uterus was very rapid, reaching at the time of the expulsion of the hydatid as high up as an inch above the umbilicus, and measuring two inches in its transverse measurement. During the progress of the case I observed that the uterus was not steady in its enlargement, some days being somewhat reduced in size, and the next being again enlarged; this temporary reduction in size corresponded to the times when the flooding was most severe.

The pain at no time amounted to anything except at the termination of the case, when uterine action set in to expel the contents of the uterus.

The nausea was at times very severe. My reason for not exploring and emptying the uterus at an earlier period, was the fact that at no time did the life of the mother appear to be in jeopardy.

The point at issue here was the diagnosis. From my experience of this case, I would esteem the very rapid enlargement of the uterus, its soft and somewhat pulpy feel, and the character of the discharge, as very valuable signs in aiding me to a correct diagnosis of a similar case.

The Treatment of Cholera.

The *College and Clinical Record* says:

Professor Da Costa, in a lecture on this subject at the Jefferson Medical College, expressed the following views:

Prophylaxis.—Since filth of all kinds leads to a rapid production of the germs, the locality should be rid of the same. The dejecta and cesspools should be disinfected. Inspect the source of water supply, since the germs can obtain easy access to wells. Drink only filtered water. Speedy burial of the dead should be urged. No change in diet is necessary. Live as usual. Better avoid stimulus in the prophylactic treatment. Among the disinfectants to be used are corrosive sublimate, zinc chloride, cupric sulphate, iron sulphate, and permanganate of potassium.

Internal Treatment.—Must check the early diarrhœa if you desire to be successful, for, in most cases, if you stop this you put an end to the disease. For this purpose the most valuable are sulphuric acid in combination with tr. opii deod., with aq. menth. pip. In India the acetate of lead, grs. iv., with pulv. opii, gr. j., at once with the diarrhœal outbreak, and continue every three hours until it checks the discharges. If the above cannot check the diarrhœa, use capsicum, gr. j., with opium and camphor.

Second Stage.—Here we have cramps, vomiting, and purging. Now, stop the use of fluids; allow but little ice in the mouth. This is a point of great importance. As little food as possible. Stimulus in small amounts, but frequently repeated. Mustard to the epigastrium. Administer, every hour or two—

℞. Tinct. capsici, gtt. ij.
Tinct. opii deod., gtt. x.
Aquæ camphoræ, f. ℥ij. M.

If stomach does not retain the opium, give it hypodermically; but, if possible, give it by mouth, since it appears to have a local effect. To relieve the cramps, use chloral subcutaneously, in large amounts. When reaction has set in, allow fluids to wash out the kidneys. If he has not reacted, and is not doing well under opiates, try calomel, especially in cases in which the secretions have not been arrested by opium. Give at first gr. v. to gr. x., then order gr. ½ every hour or so. When the pulse is sluggish, the temperature below normal, use friction and a hot bath. In this, the stage of collapse, stimulus will not be absorbed or it would be of utility, though brandy or whisky might be tried hypodermatically.

Caffeine, gr. iss.–gr. ij., hypod., stimulates the heart's action. If still the patient fails and the veins are swollen, etc., resort to blood-letting, but possibly the injection of fluids into the veins is better: often the results are marvelous. The thickened blood is made to circulate. Use for this purpose the following:

℞. Sodii chlor., ℥j.
Sodii carb., ℥iij.
Aquæ, Ovj. M.

Get it up to 108° Fahrenheit and a specific gravity of 1.005.

Sig.—Throw in a few ounces at a time, until forty ounces have been injected. When the patient again flags, throw in a like amount.

The inhalation of oxygen has done no good.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The treatment of hay fever is discussed in a reprint by Dr. J. A. Stuckey, of Lexington, Ky. He relies on the local use of chromic acid and cocaine.

——The management of the abscesses in hip disease is explained in a paper of Dr. A. B. Judson's. His recommendations in general are as follows:

1. The increased vascularity attending inflammation in the tissues of the joint requires arrest of motion in the joint, or fixation.

2. The softening of the bony tissue and its increased fragility require that the joint be relieved from the weight of the body in standing, and the direct concussion transmitted up through the long bones of the limb from the heel in walking and running.

3. As the cure is to come by natural processes, it is important that the general condition be kept at the highest possible point of excellence. The patient should, therefore, be active out of doors, and enabled to follow the ordinary pursuits of his time of life.

From the same writer we have received a useful article on "The Mechanical Treatment of Talipes Calcaneus."

——An article on fungous endometritis, by Dr. James B. Hunter, of New York, contains an instructive synopsis of the pathology, diagnosis, and treatment of this troublesome disease.

BOOK NOTICES.

A Treatise on Asiatic Cholera. Edited by Edmund Charles Wendt. Illustrated. New York, Wm. Wood & Co.

This is a combination volume, prepared by Drs. John C. Peters, Ely McClellan, John B. Hamilton, and Geo. M. Sternberg, with the editorial services of Dr. Wendt. It presents a history of the disease; a discussion of its etiology; its symptomatology, course, and sequence; its morbid anatomy, diagnosis, prevention, and treatment. It is a useful digest of the subject. The volume is one of the series of "Wood's Library of Standard Medical Authors."

Medical Thoughts of Shakespeare. By B. Rush Field, M. D., Member of the Shakespeare Society of New York. Published by Andrews & Clifton, Easton, Pa. Pp. 86. Price 75 cents and $1.

Dr. Fields' essay is a creditable study of the great bard from his medical side. All the allusions in his writings which bear upon anatomy, physiology, medicine, or the kindred sciences, are carefully culled from his pages and discussed. Both to the physician and the Shakespearean student, the essay is interesting.

The Ten Laws of Health: or, How Diseases are Produced and Prevented, and Family Guide to Protection Against Epidemic Diseases and Other Dangerous Infections. By J. R. Black, M. D. Cloth, 8vo., pp. 413. Price, $2.00. Philadelphia, J. B. Lippincott & Co.

In the publication of this work the author has contributed an aid of no little value to the sanitary improvement of our country. Addressed to the intelligent public, it is written in a clear and attractive style, and sets forth in an impressive manner the importance of health and the means of preserving it. These include both the positive admonitions of pure air, proper food, and the like, and the negative warnings of what to avoid, what to prevent, and what precautions should be observed in infectious diseases, and unwholesome seasons and climates. The general distribution of such a work cannot fail to increase the happiness of a community, by teaching them those principles of action most conducive to health and activity. The author has conferred a benefit on the public by putting these principles in such an accessible form.

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THE INFLUENCE OF HIGH ALTITUDES UPON PULMONARY CONSUMPTION.

Dr. Austin Flint, so says Dr. J. M. Snow, in the *N. Y. Med. Jour.*, June 13, 1885, states that he has seen but seventy-five cases of phthisis in which an arrest of the disease took place, and in most of these the improvement was for a short time. When we realize that one-seventh of all deaths are yearly attributed to this cause in the United States, and in Maine fifty per cent. of all deaths between twenty and forty years are from consumption, it behooves us, knowing this failure of the materia medica to cope with the disease, to give our attention to the modifying influence of climate upon chronic pulmonary disorders.

That climate is a potent agent in the prevention of phthisis is demonstrated by the fact that a region of comparative immunity from this disease is found in high altitudes. Consumption is very rare among the native population of New Mexico; and it is stated by Dr. Archibald Smith to be an exotic in the Peruvian Andes at an elevation of 6,500 feet. Küchenmeister and Lombard have estimated the altitude of approximate immunity in Switzerland at 4,000 feet, and at the equator at 9,000 feet. We may see the influence of altitude in our own country: that while the mortality in New York City is 20 per cent., at an elevation of 2,000 feet it is only 10 per cent.

Dr. Denison, of Denver, has placed the altitude of comparative immunity at 6,000 feet; the vital statistics of Denver in four years and a half show but fourteen deaths from phthisis originating in the state.

Damp, ill-drained land, cold, humid air, sudden changes of temperature, lack of sunlight, anti-hygienic surroundings, all contribute to depress the general health, and to occasion the fearful prevelance of phthisis in low-lying districts and in large cities. When in search of a climate for the prevention or cure of consumption, dryness of air and soil, and the invigorating influences of sunlight, must be among the deciding factors.

When we learn that the difference between the annual precipitation of rain and melted snow at Denver, 5,300 feet above the sea, is 14.77 inches

as compared with New York, where it is 42.70 inches, we can appreciate one of the causes of large cities presenting such large phthisical mortalities. Constant humidity of earth and air predisposes most strongly to the development of phthisis; dryness of soil and atmosphere gives to the inhabitants of high plateaux comparative exemption from disorders of the respiratory tract. Laennec mentions a locality where the dampness of the soil was of such a character that two-thirds of the resident population died of phthisis.

The effect of light is to stimulate respiration, and to the consumptive, whose hope of life depends upon the amount of sunlight and out-door exercise he can obtain, the value of a climate like, say, Colorado, may be appreciated when we contrast its 320 sunny days annually with Boston, where one-third of the year is cloudy.

The atmosphere becomes cooler in proportion to the elevation above the sea, 1° lower for every 200 feet; physiologically heat is opposed to stimulation of the nervous centers, its influence upon respiration is also depressing.

Dr. Parkes shows that the number of respirations in the tropics is about 13 to the minute, in England it is 16½. The value of a cool climate in arresting incipient phthisis is well known.

Notes and Comments

Treatment of Gastric Affections.

That muriatic acid has a beneficial effect in many cases where gastric digestion is disturbed is a fact generally appreciated. Dr. S. Talma (*Ztsch. f. klin. Med.*, viii., p. 407,) has recently investigated the action of this acid in cases of dyspepsia depending upon abnormal fermentation. He recommends to administer the acid only so much diluted as it is met with in the normal gastric juice, viz., 1 part to 750 of water, and to use at least sixteen minims of it (the undiluted acid) during twenty-four hours. T., however, mentions that there are some cases where apparently an abnormal decomposition of the contents of the stomach exists; the patients—generally nervous women—complain of acidity and gastralgia, sometimes of a severe character, after meals. In these cases the muriatic acid is not only without effect, but it even does harm, while an alkaline treatment at once improves the morbid symptoms. The mucous membrane of the stomach seems to be very sensitive to the influence of muriatic acid. Whenever dyspepsia appears in connection with cerebral anæmia, or when the former seems to be the direct consequence of the latter, nitro-glycerin has been found by Talma to have a very beneficial effect. He administered this powerful drug three times daily—immediately after the main meals—in the dose of one-third of a milligram = $\frac{1}{130}$ grain each.

We cannot see how a treatment can be successful which is not directed against the main causing element. When cerebral anæmia is present, the dyspepsia is directly produced by it, and nitro-glycerin, at best, can only have a palliative effect by inducing a transient increase of flow of arterial blood to the brain. The object of the treatment in such cases should be the removal of the cerebral anæmia; if this can be achieved, the gastric symptoms will cease by themselves.

Septic Poisoning Caused by the Watery Discharge from the Bowels of a Dead Subject.

Too great emphasis cannot be placed upon the importance of having the hands perfectly free from abrasions of the skin, or sores of any description whatever, by persons who have the handling of dead bodies, whether it be in holding post-mortems, or simply dressing the dead preparatory to burial.

To illustrate this forcibly, Dr. W. H. Tate reports the following case in the *Peoria Med. Mo.*, May, 1885:

On February 24, 1885, whilst Mrs. G., an old lady who died of apoplexy, was being washed for interment, one of the ladies who was present was called upon to assist in cleaning the body, and having previously a small scratch on the ring finger of her right hand, but not regarding it, happened to get some of the watery discharge that flowed from the bowels of the subject, into the abrasion. On the following day it was observed that the finger had assumed a red appearance, and also slight pain or smarting. In a day or two more the pain and redness had increased to an alarming extent, extending as far up as the shoulder and back of the neck.

Having poulticed it with various kinds of poultices, and getting no relief, after a delay of three or four days, Dr. T. was requested to prescribe for the hand. He ordered a flaxseed meal poultice to be applied, saturated with a ten per cent. solution of permanganate of potash, which was kept up for several days.

Good results were manifested after the second or third application, and in a week or ten days the hand was restored to its former condition and usefulness.

Glycosuria in Phthisis.

A point that will prove interesting to observe, and one that may ultimately lead to some practical therapeutic results, if a sufficient number of observations are recorded, is suggested by a short communication from Dr. M. Greenwood in the *Brit. Med. Jour.*, June 13th. He says:

For some time past I have frequently found sugar in the urine of phthisical patients. At first I thought this was but a coincidence, but latterly have begun to ask myself the question whether, in advanced phthisis, sugar is not invariably present in the urine. During the last three months, of five patients who died with this disease, I only failed to find sugar in one case, and in that there was probably extensive kidney-disease, as was shown by dropsy with albuminuria. The test I have always employed has been Fehling's, and the chief disturbing element in my analyses has usually been the presence of abundance of lithates. My results, however, I have often checked by testing in the same way some other sample of urine rich in lithates, where I did not suspect sugar, and comparing carefully the results obtained from each. I have referred to numerous works on medicine, but can find no account of any glycosuric tendency in phthisis, so that I should be glad to learn if my observations that have been noted previously, are merely accidental, or the results of error in analysis.

I may add that I have often discovered sugar in the urine in cases of respiratory embarrassment from acute pulmonary disease, as, for instance, in severe cases of bronchitis, and in pleurisy with effusion. In these, however, there has always been an excess of lithates.

Eczema of the External Ear.

Dr. W. R. Amick tells us in the *Cincinnati Med. Jour.* that in these cases the first thing to be done is to cleanse the parts thoroughly and remove the crusts. It is damaging to the physician's reputation, and useless to the patient, to make the applications on these crusts. We might as well place the salve on the boot over the location of the callosity on the toe, and expect the corn to be removed. We can not please the officials by patting the custom-house. They expect something more substantial, situated a little nearer *at hand*. We must locate our treatment closer to the seat of the disease than the top of these concretions.

In children these crusts are best softened by the use of a poultice, or of cottton wet in warm water. The object is to keep some moist and warm substance in contact with the crusts until they are softened. After they have been removed a good and convenient application is boric acid and vaseline, in the proportion of one part of the former to four of the latter. If this causes pain or irritation, you may suspect impurities in either the acid or the vaseline. This application, even without internal treatment, will frequently relieve the smarting and irritation that comes from the abrasions upon the auricle and side of the face, and cure the disease. It must not be forgotten that the most important factor is *thorough cleansing of the diseased parts* before the applications are made.

Unusual Case of Fatal Peritonitis.

The following case, which Dr. Norman Reid reports in the *Brit. Med. Jour.*, May 30, 1885, is sufficiently out of the ordinary run to warrant reproduction:

At 10 p. m. he was summoned to a man, with the following history: He was fairly temperate in habits, and had always enjoyed good health, with the exception of a slight attack of dysentery three years ago; he, however, since suffered from dyspepsia and constipation, necessitating care in his diet. He had, a short time before he saw him, eaten freely of veal, mince pie, plum pudding, etc.; and, shortly afterwards, was seized suddenly with intense pain in the abdomen. When he saw him, he was doubled up in great agony, and pressing his abdomen. Examination revealed nothing save great pain and tenderness in the umbilical region. He gave an inhalation of chloroform, and a hypodermic injection of half a grain of morphia. The next morning, when he saw him, he had symptoms of peritonitis; he died the same evening. The necropsy showed three strictures of the small intestine (jejunum); in front of the third was a perforation at the site of an old cicatrized ulcer. Through this perforation, about a dozen currants had escaped into the peritoneal cavity. The case is interesting from the difficulty of making an immediate diagnosis, and also from the unusual position of the ulcers and strictures. It would be interesting to know, if this lesion could have been diagnosed, what good, if any, might have been done by abdominal section.

Desquamation in Scarlet Fever.

Mr. George Smith states in a note in the *Bristol Medico-Chirurgical Journal*, that he has for several years been in the habit of having his patients sponged over the whole surface of their bodies twice a day—commencing, as a rule, about a week from the appearance of the eruption, and continuing the process until desquamation is complete—with a mixture of one ounce of oatmeal to one pint of boiling water. The solution must be made fresh every day, and used tepid, or at such a temperature as may be comfortably borne by the back of the finger. His reason for using this particular form of scalded, not boiled, oatmeal, is that the gluten in it sticks the scales to each other and to the surface of the body, thus allowing their removal, from one sponging to another, without the ordinary risk of infecting either atmosphere or clothes, and greatly lessening the risk of spreading the disease. Secondly, this same gluten fills up the cracks of the new skin and protects it from cold, as, patch after patch, it becomes bare, and thus greatly lessens the risk of the dropsy which often follows this disease.

Permanganate of Potash Baths.

In June, 1879, a well-developed child, two years of age, was brought to Dr. Hüllmann (*Archiv. für Kinderheilk.*, Band vi., Heft 3), covered with eczema and impetigo. He had been sent from Berlin to Halle to try the baths there, but after three weeks he was worse instead of better. He was therefore prescribed an immersion-bath of permanganate of potash, of the strength of fifteen grains to a pail of water, the child to remain in it until the fluid began to turn brownish. Fourteen days afterwards he was cured. Since then, Dr. Hüllmann has used the remedy both in adults and in children, and mostly with good effect. He has not confined its use to eczema, but has employed it also in prurigo, intertrigo, and the desquamating stage of measles, scarlatina, and varicella. When the skin is much covered with scales or scabs, it should be well brushed with soap-and-water first. For convenience of use, he keeps a concentrated solution made with hot water.

The Intravenous Injection of Milk.

That we may have a clear and definite idea in reference to this therapeutic procedure, we quote the conclusions of an excellent paper on the subject by Dr. Charles E. Jennings, in the *Brit. Med. Jour.*, June 6, 1885:

1. The intravenous injection of a small quantity of newly-drawn milk is harmless.

2. Large injections of milk are fatal, with polyuria as the chief symptom.

3. The employment of impure or stale milk is most dangerous, on the probability that septicæmia will follow the operation.

4. The operation is to be recommended in the later stages of cholera, enteric fever, phthisis, and pernicious anæmia, as a substitute for the transfusion of blood; and, in short, in all cases where transfusion of blood is indicated on nutritive grounds, but where a blood-donor cannot be procured, or where this operation is, for other reasons, impracticable.

Cocaine in Opening Buboes.

A correspondent reports this case in the *Med. Age*, May 25:

"G. L., æt. 35, had syphilitic bubo, leaving extensive sinuses, which ran in different directions down the thigh. Time gave no indication of their closing, and I concluded to open them. The party did not bear chloroform, and it was decided to give cocaine a trial. A four per cent. solution was injected into the fistulous canals and held there about five minutes. The effect was elegant. Where pain was excessive from exploring with a slender probe before using the cocaine, after using I passed a grooved director without sensation, and the knife caused the smallest possible amount of pain—"less than a pin scratch," to use the words of my patient. I opened up between eleven and twelve inches of fistulous canals."

Special Report.

OPHTHALMOLOGY.—NO. XIX.

BY CHAS. S. TURNBULL, M. D.,
Of Philadelphia.

(*Concluded from page* 24.)

Glascott. *Case of Traumatic Aneurism of the Left Orbit Cured by Compression of the Carotid Artery of the Same Side.* Oph. Rev., vol. ii., p. 193.

Glascott describes a case in which *exophthalmus followed a blow* on the left side of the head. A large, strongly pulsating vessel was discovered at the inner and upper angle of the orbit. A murmur could be perceived isochronous with the cardiac systole. Compression of the left carotid, performed by the patient himself, with the assistance of a suitable compress, caused the exophthalmus to disappear in three weeks.

Noyes. *Ocular Tumors.* Transact. Am. Oph. Soc., 1882.

Noyes removed a spindle-cell sarcoma which originated from the periosteum of the orbital floor, and extended to the inner half of the lower lid and the conjunctiva of the lower part of the globe. The eye was preserved, with a moderate amount of vision. A relapse occurred in the præ-auricular region, and the patient died in six months.

Lubrecht. *A Case of Pulsating Exophthalmus.* Deutsche Med. Wochensch., 1883, No. 35.

Lubrecht saw an exophthalmus develop in the right eye of a man, aged forty-nine, after a severe fall upon the head. Pulsation synchronous with the cardiac systole was noticed. No murmur could be heard by auscultation. The exophthalmus disappeared after ligation of the common carotid.

Eales. *Uniocular Reflex Iridoplegia Associated with Necrosis of Orbital Roof of the Same Side, with Double Optic Neuritis.* Oph. Rev., vol ii., p. 225.

Eales observed double optic neuritis and fluctuating swelling above and to one side of the right eye, after a violent blow upon the right temple. The spot was incised, and a piece of bone as large as a quarter of a dollar, and belonging to the external angle of the superior orbital roof, was removed. A fistula soon formed in the neighboring bone, and the neuritis gradually but surely retrograded.

Sedan. *La Tenonite Rheumatismale.* Rec. d' Oph., 1883, 337.

Sedan observed an enormous swelling of the lids in a patient who suffered from rheumatism, and who applied to him at first for violent headache without any visible alterations in the eyelids or globe. He scarified the lids at the external commissure, and saw a decided improvement, after persistent slow exudation of a serous fluid.

Gradenigo. *Massage in Ocular Therapeutics.* Annali di Ottal., vol. xii., 1.

Gradenigo resorts to massage not only in diseases of the lids, but in those of the eyeball which are associated with increased intra-ocular pressure. Massage was of great help to him, in addition to other cases, in a case of severe tenonitis, in which the eyeball protruded to a marked degree, and was totally immovable, the cornea had lost its sensibility, and the retina even quantitive perception of light.

Bono. *Rare Cases of Transmission of Blennorrhagia to Eyes.* Gaz. delle Clininiche, vol. xix., p. 14.

Bono reports three cases of blennorrhœa of the conjunctiva in adults who had been infected by a third person. The first case was that of a young lady who kissed and embraced, after a long absence, a brother who was suffering from blennorrhœa of the urethra; the second was that of a boy who slept in the bed of a patient suffering from gonorrhœa; whilst the third was that of a workman from whose eye a friend, affected with gonorrhœa, removed a foreign body.

Simi. *On Purulent Ophthalmia*, Annali di Ottal., vol. xii., p. 1.

Simi has tried every one of the antiseptics recommended of late years for suppurative inflammation of the conjunctival sac, and speaks very favorably of resorcin, because it not only acts antiseptically, but has the least chemical action upon the tissues of the eye. Nevertheless, the results which he has had with antiseptics of all kinds are not one whit better than those obtained with the old classical treatment of silver nitrate.

Panas. *Conjunctivite Rheumatismale.* Acad. de Méd., May 1, 1883.

Panas believes that cases of rheumatic conjunctivitis, such as Perrin describes, are to be accepted with a great deal of reserve. For himself, he has never seen any such cases. The purely rheumatic forms are very benignant; in malignant forms we ought to be able to exclude blenorrhœa and granulations.

Perrin. *Conjunctivite Purulente.* Bull. de l' Acad. de Méd., Nos. 16–19, 1883.

Perrin answers Panas by reading the history of a case carefully observed by De Belval, of purulent rheumatic conjunctivitis in a young man, without any granulations.

Robert. *Conjonctivites Catarrhales avec Arthrites Consécutives.* Rec. d' Ophth., No. 7, 1883, 311.

Robert describes six cases he had observed within thirty-three days, in which an acute conjunctivitis was followed by an affection of the joints which bore great resemblance to arthritis blenorrhagica. The particular type of disease is developed during very damp weather, in persons that are predisposed to arthritis by reason of their lymphatic diathesis and hereditary influences.

Diphtheritic Conjunctivitis, according to Potu. Théses de Paris, 1883, is simply the ocular expression of a constitutional affection. A conjunctiva affected with catarrh or blennorrhœa offers only a place of less resistance upon which the general constitutional affection can spread itself. Pain is generally absent in diphtheritic conjunctivitis; if it should, however, be present, it indicates that the globe itself is also affected. The treatment consists in local cold, and the exhibition of tonics.

Goldoni. *A Case of Diphtheritis of the Conjunctiva and Tonsils, together with Facial Erysipelas, Promptly Cured by Salicylic Acid.* Gaz. d' Ospit., anno iv., No. 33.

Goldoni treated a case of diphtheritis in a man æt. thirty-two years, with large doses of salicylic acid and local cleanliness alone. The disease, which developed itself in the eye and then affected the throat, and to which facial erysipelas associated itself on the third day, reached its acme on the sixth day, and had wholly disappeared on the eleventh, without leaving any trace whatsoever on the cornea.

Talko. *The Caustic Action of Calomel upon the Conjunctiva. Hemorrhages from the Conjunctiva.* Medicum, part xi., 1883. Goldscheider. Berlin Klin. Wochenschr., 1883, 42.

Talko and Goldscheider report several cases of caustic action after insufflating calomel into the conjunctiva. Goldscheider cannot offer any explanation for so rare a result. But he suspects that calomel in connection with the sodium chloride in the lachrymal secretion may exert a caustic action.

(It is a well-known fact that most samples of calomel contain more or less free corrosive sublimate, and this it is that has a caustic effect upon the eye, especially when carelessly dashed into the eye in lumps, instead of being insufflated as a powder.—C. S. T.)

Sattler. *The Jequirity-Ophthalmia, a New Infectious Disease.* Wiener Med. Wochensch., 1883, Nos. 17–21. Klin. Mon. f. A., Band xxi, page 207; Annal. d' Ocul., tom. xc., page 29.

Sattler examined the ophthalmia produced in man and rabbits by the jequirity seeds, and found that it differed in remarkable and essential points from any other artificial inflammation. The ophthalmia bears the greatest possible resemblance to an acute infectious disease, and approaches in many respects acute conjunctival blennorrhœa, particularly those severe types in which the conjunctiva is grayish, and exhibits a surface covered with a coagulable exudation.

Selitzky. *Iodoform in Trachoma.* Med. Wjestnick, Nos. 17 and 18.

Selitzky recommends the use of iodoform in ointment form in trachoma; he also uses other remedies at the same time. Under this treatment he has seen trachoma entirely disappear.

Pereyra. *On Some Therapeutic Uses of Iodoform.* Le Sperimentale, anno 37; fasc. 3.

Pereyra has employed iodoform, pulverized and in ointment (1 to 8), in more than 100 cases. Its action is not satisfactory in conjunctival affections; it has no influence upon pannus, but in ulcers of the cornea it is of the greatest value. The author asserts that iodoform also possesses a myotic action, diminishes intra-ocular pressure, without, however affecting the accommodation. Two cases of chronic glaucoma with inflammatory relapses were cured by iodoform treatment, *i. e.*, the pain decreased and the eye became more quiet.

Saltina. *Iodoform in Ocular Therapeutics.* Gazz. d. Ospit., anno iv., Nos. 48, 49, and 51.

Saltina also used iodoform in phlyctenular conjunctivitis, blenorrhœa neonat., in trachoma, pannus, etc., but did not obtain any remarkable results. This remedy is most valuable in corneal ulcers. Although Saltina was enabled to achieve unexpectedly brilliant results in four severe cases of hypopyon-keratitis, he does not regard iodoform as the sovereign remedy in this form of disease, and believes that he could have obtained the same results by other methods of treatment. Iodoform has no value in parenchymatous keratitis.

Vassius. *On the Use of Iodoform in Ophthalmic Practice.* V. Graefe's Archiv., band xxix., 1, p. 297.

Vassius recommends iodoform in all ulcerative processes of the cornea, especially in ulcus serpens; also in all superficial and deep injuries of the conjunctiva and cornea; finally as an antiseptic in wounds of the sclerotic.

Alker. *On the Therapeutical Value of Iodoform.* Inaug. Dissert., Giessen., 1883.

According to Alker, iodoform is well borne by a majority of patients. It is of especial benefit in all ulcerative processes of the cornea, particularly in the infectious forms of hypopyon-keratitis, although there are cases in which neither iodoform nor Saemisch's operation can prevent total suppuration of the cornea. Iodoform is of great value, not only as an antiseptic, but also as an aseptic in all fresh injuries. It frequently clears up the cornea in the most brilliant manner in scrofulous and deeper-lying corneal infiltrations.

Galezowsky. *Iodoform dans les Ulcéres Rongeants de la Cornée.* Rec. d' Ophth., 1883, p. 349.

Galezowsky advises the use of iodoform ointment in the treatment of most ulcers of the cornea. At the same time, however, the usual remedies are to be employed—atropia, eserine, etc. Several cases are described.

Makrocki. K. M. f. A., Band xxi, p. 323.

Makrocki describes *Three Cases of Extraction of Cysticercus from the Subconjunctival Tissue in Children.* The capsule of the cysticercus was found

to consist a framework of connective tissue composed of thick fibres of connectfve tissue, running lengthwise, and crossed by elastic fibres. The outer and inner surfaces were partially covered with a capillary mesh-work, which was rich in anastomoses. The external surface showed considerable endosmosis and exosmosis of white blood-corpuscles, which, toward the inner surface, had been transformed into epithelial cells.

Creus. *Operation for Pterygium.* Eco de la Clinica, 1883.

Creus operates upon pterygium by loosening the vertex as far as 3 mm. beyond the margin of the cornea, then turns the vertex over to form a duplicature in such a way that the two bleeding surfaces touch. So soon as they are accurately adjusted, sutures are applied.

Couzon. *Contribution á l' étude de la Keratite Interstielle dans la Syphilis Héréditaire et dans la Syphilis Acquise.* Thése de Paris, 1883.

Couzon asserts that interstitial keratitis is a frequent result of congenital syphilis, while occasionally it is seen in acquired cases of this disease. Rheumatism may also excite attacks of interstitial keratitis.

Martin. *Sur le Rapport qui Exista entre Une Variétié de la Keratite Grave, dite Scrofuleuse et l' Astigmatisme de la Cornée.* Annal. d' Oculistique, Tom. xc., p. 14.

Martin brings forward a new form of keratitis, which he calls astigmatic keratitis. We frequently see in scrofulous persons, between the age of six and twenty, an extremely obstinate keratitis, which is due, as Martin insists, to a corneal astigmatism. Any corneal astigmatism is corrected by varying degrees of accommodative energy in the two main axes ; but this very energy, according to Martin, produces the corneal inflammation. Astigmatism, therefore, is the cause of corneal affection, and the author endeavors to prove the fact. In order to cure the keratitis, the accommodation in both eyes must be paralyzed. Relapses can be prevented by furnishing proper correcting glasses, while in the very same way the appearance of astigmatic keratitis can be prevented.

Frank. *Case of Partial Keratoconus, with a Remarkable Change in the Refraction Following an Injury.* Maryland Med. Jour., September, 1883.

Frank reports the following case: The patient ran against a ladder. The globe was ruptured at the sclero-corneal margin, and a hernia of the iris ensued. This was removed close to the globe with scissors. The refraction of the eye then began to alter, and finally sight became $\frac{10}{15}$ with $\bigcirc + \frac{1}{6}$ sph. $\bigcirc + \frac{1}{6}$ cyl. axis 56°. The author would thus argue in favor of iridectomy as a remedial measure in keratoconus.

Hirschberg. *On Congenital Pigmentation of the Sclera, and its Pathogenetic Significance.* V. Graefe's Archiv., Band. xxix., 1, p. 3.

Hirschberg publishes three cases of melanosis of the sclera, in two of which the eye had to be removed on account of an intra-ocular tumor. In his opinion, melanosis of the sclera indicates a certain predisposition to subsequent development of a tumor in the eye, just in the same way as congenital pigmentation of the skin may, in old age, form the starting-point of melanotic growths.

Higgins. *Gummata of the Sclerotic.* Brit. Med. Jour., February, 1883, p. 247.

Higgins reports three cases of gummata of the sclera. The first one recovered after a treatment of several months' duration. In the second, the tumor covered both the inner and outer surface of the sclera, and had caused detachment of the retina. The third resisted treatment for a long time.

Hirschberg and Birnbacher. *Congenital Lipomatous Dermoid, in and behind the Equatorial Region of the Eyeball.* C. f. A., 1883, Band vii., p. 295.

Hirschberg removed from the lateral portion of the sclera a tumor 18 mm. long, 10 mm. broad, and 7 mm. thick, which proved to be a dermoid tumor with fatty tissues in the deeper layers.

Danesi. *Coloboma of the Iris.* Boll. d' Ocul., vol. v., 9, March, 1883.

Danesi describes a congenital coloboma of the iris in which the corresponding portion of the ciliary processes was also absent. The choroid was intact, but numerous deposits of pigment were found in the fundus. V.=$\frac{1}{3}$ with —20.

CORRESPONDENCE.

Depressed Fracture of Ribs, with Wound of the Diaphragm and Left Lung.

EDS. MED. AND SURG. REPORTER:—

Reading the report in the last polyclinic by De Forrest Willard, M. D., of fracture of ribs with wound of liver, lung, and diaphragm, has induced me to submit the following case. I regret an autopsy was refused, hence my diagnosis was not confirmed.

June 1, 1885, was called to see J. G., colored, aged forty-five years, weight 170 pounds, who had just fallen a distance of twenty feet, striking upon a pile of lumber. Upon examination, found fracture of seventh and eighth ribs on left side, and fracture of two metatarsal bones. Patient in profound shock. Morphia and ether administered hypodermically. Ordered him removed to his

home, where I saw him one hour later. Slight reaction had taken place; dyspnœa was alarming; great pain in epigastrium, with marked retraction of the abdominal wall. Stimulants and opiates administered freely. At four o'clock p. m., six hours after injury, there was full reaction; pulse, 120; temperature, 100°. Physical examination revealed pneumothorax, together with considerable hemorrhage into the pleural cavity, gurgling rales, and well-marked metallic sound.

There was some tympanites, patient expectorating bloody mucus, nausea and hiccough distressing. Diagnosis—Fracture of seventh and eighth ribs, with slight depression of outer fragments, wounding the diaphragm and penetrating the pleural cavity, entering the base of the lung. Treatment.—Morphia hypodermically, and chest bandage.

June 2, 7 a. m., breathing not so labored, tympanites increasing, vomiting relieved, pulse 125, weak and gaseous, temperature 102°. 12 m. No appreciable change. 7 p. m. Consultation held, agreed upon the above diagnosis, beef and whiskey enemata suggested and prescribed, digitalis given by mouth, but rejected.

June 3, 7 a. m. Tympanites still increasing, pulse feeble, active stimulants administered by rectum and hypodermically. 12 m. Pulse 100, and stronger than at any time since the accident, hiccough annoying, no other change remarked. 6 p. m. Patient died suddenly.

The symptoms leading me to diagnose wound of diaphragm were hiccough, pain in epigastrium, marked retraction of abdominal walls at first, and subsequently tympanites.

Richard Douglas, M. D.,
Nashville, Tenn.

News and Miscellany.

The Kentucky State Medical Society.

PROCEEDINGS REPORTED BY ALLEN KELCH, M. D.

The Kentucky State Medical Society held its thirtieth annual meeting at Crab Orchard Springs on the 24th, 25th and 26th of June. The attendance was large, and the meetings full of interest.

The regular order of proceeding was begun by the report of the Committee on the Practice of Medicine, Dr. Wm. Bailey, of Louisville. After a few introductory remarks, Dr. Bailey spoke in substance as follows:

"In the first place I will mention my experience (I suppose it is likewise the experience of all of us) in having my office table cumbered with new preparations in pharmacy. I think this has been carried to an extent that has necessarily made it a nuisance, and that it has utterly failed to meet the purposes of those who have distributed them. I confess, at the beginning, that I have not had the courage to even uncork a tithe of them, and have become familiar with scarcely any of them. I think that the principle as well as the practice is at fault. It occurs to me that the cart is before the horse; that the physician should go before, and, after proof of value, demand of pharmacy certain preparations of drugs, or certain combinations of them eligibly prepared, instead of having them urge you to prescribe medicines prepared by their formula. It seems to me to be more of commercial policy prompting the multiplication of these new remedies than either necessity or convenience. I may be mistaken, but I am inclined to the belief that the other course would equally redound to the material interest of those who are thus concerned. I would ask you what proportion of these preparations that have been so widely dispensed in the last five years are now among the reliable means of combatting disease? An evil accompanies the method that is inseparable from it. The tendency is to induce the people at large to buy and take these preparations without medical advice. It fosters a disposition altogether too general of indiscriminate medicine taking. I would suggest that if an enterprising firm desires to put before the world a new remedy of value that it would be better for all concerned to have it placed in sufficient quantity to be used by public institutions, at the hands of competent men, to note and record its effects in a large series of cases, so that the practitioner might have some reason for confidence in its administration.

"In this way the good will not suffer loss and the useless will not disappoint. Too many of us, I suspect, are daily watching the medical journals for our prescriptions, hoping to get the reliable to replace that which has failed us. Would not this in the long run even pay those engaged in manufacture?

"I do not wish to underrate the importance of pharmacy or decry the effort being made to render medicines more elegant or eligible in preparation, for I think much has been done in this line and still much remains to be done.

"You might answer that all of these come to us accompanied by a long list of testimonials. True, but we know how and from whom such testimonials are obtained. No doubt to some it is flattering to their ambition to be approached, with the statement that testimonials are wanted only from the leading men in the profession, and others are delighted to see their names in print, scattered broadcast over the entire country.

"Do we not need to cry halt? and to become more familiar with the reliable drugs already in use? The efficiency of any arm in service is very largely due to the skill with which it is used, and this can be acquired only by constant drill and exercise.

"I have said this because my report should properly consider materia medica as well as practice."

Succeeding this, Dr. Bailey spoke of the all-absorbing question of cholera. He expressed himself as skeptical concerning the "comma bacilli" theory of the origin of the disease, and while ready to accept any theory that admits of demonstration, he was yet inclined to think that in climatic and telluric conditions we must yet look for the most potent factors in the causation of the disease. His grounds for skepticism will, perhaps, be better understood from the following remarks, which occurred in his paper:

"We have no apprehension of cholera in winter time, no matter how many infected ships reach our shores. We find persons arguing that season has nothing to do with it; that cholera prevailed in Russia amid ice and snow, which may have been true, for they forget how that the peasants

of Russia live in adobe houses, kept up to a temperature that would satisfy the most cold-blooded. Why don't they cite cases in our own country, in our own experience, to substantiate the statement? The thorough conviction of the late Prof. Theo. S. Bell was that this disease was altogether due to telluric or climatic influences, and I am constrained to think that few men in the present age have given such undivided attention to the etiology of this infectious disease as he. I do not wish by this proposition to invalidate the claim of the germ theory of the disease, but to put it alongside of malarial fever, yellow fever, and the plague.

"Some other propositions dependent upon this one I would like to discuss if I had time, particularly the subject of quarantine as practiced in this country. Some curious things are done in this business, and apparently without the inconsistency striking the average mind at all. We establish a quarantine, no matter where, and place doctors and others in charge. Who protects the doctors and others that come in contact with those subjected to the quarantine? How would this practice, in stamping out variola, satisfy us? Establish a quarantine against the small-pox, and place in charge men who are not exempt by virtue either of having had the disease or having been vaccinated. What would you think of that, and yet in what is it different from this?

"I do not insist that the cause of cholera is not portable, but I do not believe that the cause of cholera is propagated by contagion. I would insist upon the quarantine of infected vessels or cars to the destruction of the germ or specific cause, whatever it may be.

"I like best the methods practiced by Dr. Joseph Holt, of the New Orleans Board of Health.

"Improved sanitation should be the watch-cry against such epidemics.

"I have not the time to discuss the symptomatology or the management of the disease. The impress of the poison is chiefly, in my judgment, upon the nervous system, as it is in malignant intermittent fever and yellow fever. Absorption from the alimentary canal and excreta by the kidneys are suspended. Treatment is successful only when applied in the early stages. Mortality is not materially affected by any means in our power after the stage of collapse. Morphia and atropia, hypodermically, meet the indications best.

"My imperfect paper is intended to be suggestive and not exhaustive, and if your wisdom is stimulated to develop by discussion more important facts, I shall feel myself content.

"I have stated what were my preconceived opinions; that now I am inclined to the plausible germ theory, and stand ready to bow to the inexorable power of logical demonstration when it shall be made."

Discussing the paper, Dr. Dudley S. Reynolds said:

"Dr. Bailey might have found less difficulty in formulating his skepticism if he had made it plausible. The microbes which cause cholera never appear in the blood of the patient nor in any secretion. They operate entirely upon the lining of the intestinal canal. By destructive action upon the epithelium, abrasions follow which drain so much of the fluids from the body as to rapidly deplete the patient, who presently reaches the stage of collapse, and dies without any evidence whatever of the introduction of any sort of matter into the system. On the contrary, it is what has been withdrawn from the system through the abrasions or excoriations of the walls of the intestinal tract, which robs the patient of the vital fluids. If Dr. Bailey would study the published reports of Dr. French, of Wilkes-Barre, Pa., and Dr. E. O. Shakespeare, of Philadelphia, he would find perfectly conclusive evidence that the typhoid fever, which has prevailed with such disastrous effects in the town of Plymouth, originated in the contamination of the water-supply, by the discharges from a patient having that disease.

"No person who has studied the literature of the several epidemics of cholera which are known to have prevailed in different parts of the world will undertake to deny the influences of accumulations of fluid in filthy gutters and cesspools upon the water-supply, and the influence of this, in turn, upon the spread of the cholera. There is no comparison, as Dr. Bailey states, between the manner in which small-pox and cholera enter the system. Quarantine in the presence of small-pox prevents its spread, by limiting both the amount of poison and the number of susceptible people. In the case of cholera, the resting-place for the microbe prior to its introduction into the drinking-water, or its lodgment in the dew upon such vegetables as may be eaten uncooked, limits the chance of contact of the microbe with the vegetables, or the introduction of it into the water, provided only the aid of thorough sanitary police be employed for the thorough destruction of these cesspools or resting-places. In this way climatic and telluric influences may alone serve to propagate an epidemic of cholera, the air being powerless to carry it from one person to another directly. It must be swallowed, and this is generally through contaminated water."

Dr. McCormack, of Bowling Green, said:

"I very cordially agree with much that Dr. Bailey says in regard to the influence and importance of climatic and telluric conditions in the production of cholera. It seems to me that, admitting all this, the history of cholera in every country where it has prevailed teaches that there must be something added besides these influences. In those seasons when it has prevailed in parts of this country, other portions having like climatic and telluric influences exercising their influence have, when this other particular influence which we recognize as the specific cause of the disease was inoperative, escaped. I may mention a case where a negro coming from Lebanon, where the disease was prevailing in 1873, to Columbia, where no cholera had previously existed, was suddenly seized on his arrival at the latter place so violently that he died of the disease in a closet attached to a livery stable. The Monday following this occurrence was county court day. Many farmers from the surrounding conntry while in the city had occasion to visit the foul closet in which the negro died. In forty-eight hours afterward the cholera was epidemic throughout the county, the primary cases occurring in those who had visited the city and been in this closet.

"During the same year the cholera was im-

ported from the railway station to Lebanon, and prevailed at first in the families of some negroes, who lived on the banks of a ravine, the cases being confined to them for some time. Out of the wells from which they gained their water supply, and which were situated but a very short distance from their houses, water was hauled to the fair grounds and put in barrels for the use of the people attending the fair, and in the next forty-eight hours cholera was epidemic throughout Marion county.

"In Genoa, last year, contrary to what occurred in Marseilles and Toulon, the cholera made its appearance in the best quarters of the city. This was an inexplicable mystery until it was determined that the water supply of the city is derived from three companies, two using a large stream, and one using the water of a smaller stream. This smaller stream supplied the affected portion of the city. It was then discovered that not far above the inlet of this water supply the cholera had been prevailing among the miners located there, the filth from whose settlement was discharged into the stream. So far as we were able to gather the evidence in this way, from city to city, it all points to the existence of a specific cause, capable of transmission thus from one point to another, and it would appear that we can no more have cholera without this specific seed than we could expect to raise a crop of oats or wheat or barley without scattering the seeds upon the ground prepared to produce it."

Dr. J. B. Marvin said:

"There are one or two points in Dr. Bailey's paper I wish to call attention to. We have more than one kind of comma bacillus. Dr. Koch has conclusively proved that the comma bacillus which he describes is characteristically distinct from those which some observers have claimed to be inert. Klein claimed there was nothing in the theory, and to show his faith, publicly drank water containing the comma bacilli. But Klein was forced to admit, in a discussion with Watson Cheyne, that he was ignorant of the variety described by Koch.

"Now, another point with reference to the activity of contagion. At certain places along the Ganges river religious customs call for the assemblage of large numbers of people to drink and bathe in the waters. This is done with impunity and without cholera occurring until some arrival from Bengal, where the disease prevails, carries the specific poison to its waters. This once done, thousands at once fall victims to the disease. At Mecca this experience is repeated almost every year among the hosts who gather there to drink of the holy well. When some pilgrim arrives from an infected district and the water once becomes contaminated by the poison he has carried, thousands at once falls a prey to this fell destroyer."

The hour of meeting being late, at the conclusion of these remaks the Society adjourned to meet in the evening, when papers were read by the President, Dr. Pinckney Thompson, of Henderson, and by Dr. Williams, of Cincinnati.

Thursday Forenoon.

After the transaction of miscellaneous business the session opened by Dr. J. M. Matthews, Committee on Surgery. The scope of the subject being so great, his remarks were confined to the operations of recent attempt. On the subject of anæsthetics he spoke of cocaine and its applications to general surgery. Admitting its value in eye, ear, and throat practice, he had yet found that where a large amount of skin has to be cut the local applications of rhigolene by spray are equal, if not superior to it. After speaking of general etherization, and condemning the practice of rectal anæsthesia, he spoke as follows upon "Antiseptic Surgery:"

Antiseptic Surgery.

"Upon no subject in surgery is there so wide a difference of opinion as that of antiseptics. The Listerian method has been handled 'without gloves,' and although the attacking party has succeeded in routing it from the hospitals, etc., they find dissension in their own ranks as to what to substitute. The most prominent antiseptics in use are, viz.: Bichloride of mercury, iodoform, hydrate of chloral, subnitrate of bismuth, turf-dressing, boracic acid, eucalyptus oil, aseptol, naphthalin, listerine, etc., etc. In hospital practice bichloride of mercury perhaps heads the list. It is employed in all the great operations. The strength of the solutions is anywhere from one part of the agent to 1,000 or 5,000 parts of water. The question to be determined is, in what dilution can bacteric life exist. Koch decides that the spores are destroyed in a solution of one to twenty thousand parts; while others contend that they have detected them in much stronger solutions.

"Iodoform finds its greatest advocate in Billroth. Indeed, the German surgeons seem agreed upon this agent as the antiseptic par excellence. The most important question in its use is, can it be absorbed in sufficient quantity to produce poisonous effects? Several years ago I detailed my experience with the use of the drug to this society. I then mentioned that I believed the fears of the profession in regard to its use were not well founded, reciting instances where I had used it in large quantities in the rectum in cases of ulceration, cancer, etc. The packing of large wounds, as after resection of joints, etc., may not be advisable, yet it is practiced by some surgeons, notably Billroth. All in all, it may be regarded as one of the best antiseptics.

"*Turf Dressing.*—There are a few advocates of turf as a surgical dressing. It is said that its discovery was accidental, yet its application would seem to be theoretically appropriate. Healing under a scab is regarded as one of the best modes in the healing of wounds, and it is upon this principle that many syphilitics resort to the mud bath of Hot Springs. Turf is both an absorbent and antiseptic. A preparation of mineral earth, to be used for this purpose, is put up by the Natural Pharmacy Association of Baltimore.

"*Naphthalin.*—It is claimed for this agent that the power in preventing decomposition of organic fluids is remarkable, and that the appearance of bacteria and micrococci can be prevented in pus by the addition of a small quantity of it.

"*Listerine.*—Among the very best and safe stantiseptics is listerine. The more I use it the better I am pleased with it, especially so in large sup-

purating wounds. In such many of the other antiseptics are dangerous, but listerine is free from danger, and meets the indicated terms as well. It is a mild stimulant, a safe antiseptic, and free from any offensive odor. I will not take the time to discuss the other antiseptics."

He continued: "A question of great moment to the surgeon is, can he, while attending cases of pyemia, erysipelas, etc., by the use of disinfectants, prevent the contagion that is said to be communicable? Without stopping to discuss any theory in regard to contagion under these circumstances, I desire to quote the views of Prof. Volkman, as expressed in a letter to Dr. George F. French, of Minneapolis. He says: 'A surgeon who disinfects himself well can, immediately after making a post-mortem, undertake any operation known to surgery.' This is a strong saying of the eminent German, and very hard to believe."

After addressing a few remarks upon abdominal surgery, he passed on to the

SURGERY OF THE KIDNEYS.

"Certain operations for the relief of kidney affections are now regarded as justifiable, and are attended with success, viz.: nephrotomy, nephrolithotomy, and nephrectomy. The greatest trouble in cases requiring such operations, as renal calculus, is to tell of a certainty that it exists. All the typical symptoms may exist without the presence of the stone. The diagnosis is the most difficult part. Nothing is definite except exploratory incisions. Under what conditions this procedure is warrantable must be decided by the surgeon. It is certain that by its detection and removal the most absolute and perfect relief is given.

"*Thoraco Plastic Operation of Estlander.*—One of the most interesting diseases falling under the surgeon's care is empyema, the relief of which—I refer to the chronic form of the disease—is so very unsatisfactory. An operation is proposed by Estlander for the eradication of the sequela of the disease, viz., the obliteration of the suppurating cavity and the occlusion of the pleura fistulæ. It is the common custom with surgeons to treat empyema by the free incision and drainage and a free washing out of the cavity, together with disinfection.

"The results of such treatment are, in the main, satisfactory, in that fifty per cent. have recovered. But seventeen per cent. are followed by permanent fistulæ. Estlander's operation is intended to overcome this latter percentage. The indication for the operation is when the fistula has existed several months and resisted ordinary treatment; the contra-indication is the existence of tuberculosis, albuminuria, or great emaciation. If the latter exist without the former, I do not know that it should stand in the way of an operation. Large fistulous tracks around the rectum have been freely laid open by me in the emaciated subject, and the stoppage of drainage was of material advantage to the patient. As many as six ribs have been removed during the operation, but it is usual to remove two or three only, and this is accomplished by one incision. The details of the operation are very simple. The most favorable position is upon the lateral portion of the thorax, in the axillary line, the intercostal spaces being covered by the serrations of the *serratus magnus*. The length of the incision and portions of ribs removed depend upon the size of the cavity in the horizontal direction. The first and second and the eleventh and twelfth ribs are always left intact.

"For many statements contained in this paper I am indebted to the authors of the operations, who have been kind enough to answer questions and help me to arrive at satisfactory conclusions. In other instances the detailing of cases, by men who have performed the operations, has helped me materially. If nothing new has been added to our surgical knowledge by this report, I have succeeded at least in drawing your attention to those operations concerning which there has been much difference of opinion, and aided some little in their elucidation, I feel satisfied."

DISCUSSING THE PAPER.

Dr. M. F. Coomes, of Louisville, said:

"The most important point which now occurs to me is with reference to the speaker's words concerning abdominal surgery. It is a well-known fact that the tissues of the abdomen, and particularly of the intestines, are abundantly supplied with blood; in this respect being similar to the tissues of the face, and they, therefore, when other circumstances are favorable, heal readily and completely. For my own part, if I were suffering from a wound of the abdominal structures, and any hesitancy should be manifested on the part of the surgeon called to my side about opening up the abdominal cavity in order to determine and, if possible, remedy the mischief done, I should unhesitatingly insist upon its being done at once.

"With regard to the use of iodoform, I would say that my experience with the drug has been somewhat peculiar. I have used it in two instances in the form of insufflation upon the throat. In each case, within a few minutes after the application, the patients began to grow dizzy, complaining of a feeling of weight in the epigastrium, the pulse being quickly increased in frequency. One of these parties was a physician, and he, of course, knew what the medicine was, and suspected the cause of these sensations. He assured me that he repeated the dose again and again, always with uniform results."

Dr. Williams, of Cincinnati, said:

"We have been in the habit of using cocaine a great deal in painful affections, in paracentesis of the drum membrane, etc., and with uniform satisfaction. We have sometimes used it in enucleation of the eyeball, and we have come to the conclusion that none of the American preparations are equal in efficiency to that made by Merck, of Darmstadt. There is no amount of experience in this world that has been entirely satisfactory to me in any department of work that I know of in this world, but at the same time there is no kind of doubt that the introduction of this local anæsthetic has proved a very valuable addition to the means we already possess for the relief of human suffering. It is not applicable to all operations, however.

"Dr. Sattler, who is associated with me, yesterday removed a tumor from the temple of a young woman, and he attempted to produce an-

æsthesia by cocaine, using three or four injections into its structure. I don't know how much more she would have complained at the operation without the influence of the drug, but she certainly complained enough with it. In the extraction of cataract we use it now altogether, without resorting to general anæsthesia.

"Dr. Vance said he had made frequent applications of it to reduce the pain of small operations, adding first applications of the drug as the operation progressed. In this way he had found it very satisfactory.

"Dr. Roberts said he had used it frequently in operating upon small tumors; in one case the operation was followed by the application of caustic and no pain was complained of. He had used it also in fissures, but without any good effects. In irritation or inflammation of the prostatic gland he had had some happy results.

Dr. Scott said:. "Several points in this paper struck me with much force, among others that a surgeon can pass from the post-mortem table to the side of a woman in ovariotomy with no danger of carrying infection to the woman being operated upon. How far would any of us feel justified in carrying practice like that? We all feel it improper to expose ourselves to any such disease as puerperal fever, traumatic fever, or erysipelas, while we are expecting to be called to a case of confinement, and I am led to ask how much can we measure our own personal responsibility, how far can we in justice expose ourselves to these diseases we regard as infectious and contagious before going to a case of confinement, and how far can we carry disinfection to render it safe after seeing such a case to attend one of confinement?"

Dr. Reamy, of Cincinnati, a well-recognized authority on obstetrics and gynecology, said: "The paper just read was extremely interesting and instructive to me. So far as the statement that it is entirely safe to pass from the dead-house to the operating-table is concerned, I can concede that, because it is a well-known fact that the germs of decomposition which play havoc in the dead-house are not the germs that threaten danger to the living. It is a question of greater importance to determine if it it is not more dangerous to pass to the lying-in chamber from the house of the living. I have no hesitation, gentlemen, in saying that if a man is in constant attendance upon a case of erysipelas or traumatic or puerperal fever, unless he is in a position to be able to change his clothing, even to his shoes and socks, and be shampooed by his barber, and take a bath, he ought not to approach the lying-in chamber. But granting that a man can so disinfect himself, it is yet safe to say that a man who is in attendance morning, noon, and night upon these contagious diseases is not a suitable person to attend a case in obstetrics. But can a man subject himself to sufficient disinfection to justify him in attending a case of obstetrics after exposure in the sick-room of a patient suffering from puerperal fever? I believe he can. I was in consultation very recently at Glendale, O., in a case of puerperal septicæmia where at my last visit it was necessary for me to make complete examination and expose myself in this way to the utmost. The case proved fatal and the exposure was complete. On the next evening I was summoned to attend a case of confinement. As soon as I arrived home from the case of which I speak, my clothing was completely removed from head to foot; I took a bath, and followed it by another containing as much carbolic acid as I felt inclined to bear; went to my barber, and in the evening retired to the house of the case I speak of, where I remained almost constantly for the next twelve hours, and no bad results whatever attended the case. I certainly could not have felt justified in going without taking these precautions. It does not do in these cases to simply wash the hands with great care in solutions of carbolic acid and water."

Papers were then read by Drs. Vance and Mcmurtry, abstracts of which, with the discussion they elicited, will appear in a following report.

(*To be continued.*)

Purification of Drinking Water.

The average healthy adult man takes into his system four and a half pounds of water daily, and with it too often a dangerous quantity of foreign matter and disease-producing germs. In very many homes during the summer months, water that otherwise would nauseate the drinker, is made cold by ice, and then is hastily swallowed, the coldness masking its offensiveness. Unfortunately for the health of the consumer, the addition of ice does not render the impurities in water innocuous, but often adds to it its own contribution of disease-germs. The only safe-guard to the consumer is in giving his personal attention to the filtration of the water used in his household. Water slowly percolated through crushed vegetable charcoal will escape from it not only cleansed of particles held in suspension, but also of organic and other matter. The cheapness of charcoal is such that it is obtainable by all classes, and when soiled, a fresh quantity can be substituted at trifling cost. The most effective filtration is obtained by placing crushed charcoal in an earthen vessel, so arranged as to compel the slow passage of the water through it, as all efforts at rapid filtration have proven inefficient. Only wooden spigots should be used in drawing off the water. A reservoir for the filtered water, with a separate ice chamber, will permit the water to be sufficiently chilled and keep all ice impurities out. Such a contrivance requires but very little room, is easily cleaned, and renewed, and is efficient in freeing water from impurities.—*Dr. Edwin J. Howe, in American Agriculturist for July.*

Danger from Phthisical Farm Laborers.

The Paris correspondent of the *Brit. Med. Jour.* (May 16, 1885), writes: "A farm at Charenton has furnished somewhat startling evidence of the transmissibility of tuberculosis from man to domestic animals. One of the farm-servants, who was phthisical and too weak to undertake fatiguing duties, was placed in charge of the poultry yard. He grew steadily weaker, and coughed incessantly, expelling a quantity of sputa, which the fowls were observed to swallow with avidity. In a few weeks the fowls began to die off. The owner of the farm sent one of the fowls to the veterinary school at Alfort. M. Nocard found that the lungs and liver were infested with tubercles about the size of a pea, and of a greyish-yellow color. In

a microscopic preparation, there were numbers of bacilli. The fowls were killed, and the poultry yard disinfected. A less honest farmer might have sent the tuberculous fowls to market, a probability which doubtless has been, and will yet be, a certainty not always easy to discover. The danger attending the consumption of diseased poultry or milk from tuberculous cows, indicates that a rigorous system of inspection ought to be organized for markets, farms, and poultry yards."

Items.

—Dr. H. V. Sweringen has been appointed pension examining surgeon at Fort Wayne, Ind., and re-elected health officer of Allen county.

—The Spanish Congress for the discussion of Hydrology and Climatology, which was fixed for October 1, 1885, has been postponed to the same date next year.

—The King of Greece has recently conferred on Dr. Morris H. Henry, of New York, the Gold Cross, and created him an officer of the Royal Order of the Saviour. The honor was conferred for services rendered to medical science, on the recommendation of the Faculty of the University of Athens.

—A foreign exchange says that powdered rice as a styptic remedy has a great effect on fresh wounds, much superior to oxide of zinc. By mixing from four to eleven per cent. of it with lint, and using the lint thus treated as a compress, it is very effectual and more valuable than subnitrate of bismuth, salicylic acid, or carbolic acid.

—If a saturated solution of hydrochlorate of cocaine in strong nitric acid be applied to the skin, instead of the painful smarting of the acid alone, a slight pricking sensation is the only sensory effect produced. An eschar is formed, but takes a longer time to appear than if the nitric acid be used alone. These results have been obtained by Messrs. Randolph and Dixon.—*Pharmaceutical Journal.*

—M. and Madame Victor Saint-Paul have given 25,000 francs to the Académie de Médecine, to be awarded as a prize to any one who can discover a remedy, to be recognized by the Académie, as efficacious in diphtheria. Until the remedy is found, the interest paid on the money is to be awarded every two years to those whose works and researches on diphtheria are recognized by the Académie as the best. This prize is open to competitors of all nations.

—Prof. G. Sée has observed in a large number of young men violent palpitations of the heart, which made him fear that they would be unfit for military service. Experience showed him, however, that the palpitations were not increased by exertion, and that, on the contrary, they tended to disappear gradually as the men got stronger. In these cases the palpitations were accompanied by a loud systolic murmur, which could be heard at the apex, but not over the large vessels. The heart was enlarged, the pulse sometimes irregular. In some cases there was dyspnœa or frontal headache. As regards the treatment, regular exercise, without fatigue, is to be enjoined; iodide of potassium and convallaria majalis sometimes do good.

—A case of excessive dilatation of the stomach is mentioned in the *Vratch*, which occurred in the clinic of Prof. Koshlakov, of St. Petersburg. The patient was a peasant, aged forty, and had been ill for three years. It was found that six litres of water could be introduced into the stomach without occasioning the man any inconvenience. The same journal records the case, by L. Scheffer, of a peasant, aged forty-nine, with intestinal obstruction, who, after the stomach had been twice washed out, passed a stool containing ascarides. Two grains of santonin were then given, with jalap, and about twenty round worms, which had been the cause of the obstruction, were passed.

—The *Lancet* says that from information published by the Immigration Office, Sydney, New South Wales, it appears that in the cities and larger townships of the Colony there is no lack of competent medical men, but in the newer and more remote districts they are too often conspicuous by their absence, and it is by no means unusual for the inhabitants of such places to advertise their willingness to guarantee a certain amount of income to a resident doctor. An experienced medical man, willing to "rough it" for a few years, will attain a competency much more rapidly than in England, especially if devoted to his profession and skilled in the treatment of complicated cases. Medical specialists possess a wide field in Australia, where institutions for the treatment of eye and ear diseases, etc., are practically unknown.

—To the British Gynecological Society, Dr. Lamprey described a case of double monstrosity. The patient had miscarried at the third month. She was 22 years old, and had had one child previously, who was born healthy. When Dr. Lamprey came to examine the ovum, he found it to consist of a double monster. The lower halves of the two sterna, and the whole of the abdomens, were united so intimately that, had the children arrived at maturity, and lived, it would have been extremely difficult for one of them to walk forwards without the other walking backwards. Or, supposing they walked sideways, the pelvis of each would have had to rotate in great measure upon the lumbar, or lumbro-sacral vertebræ, much more than could be accomplished. Had these fœtuses come to their full time, no doubt they would have caused a long, painful, and exhausting labor.

QUERIES AND REPLIES.

Please state in your valuable REPORTER the formula for glycerinum acidi carbolici, spoken of in June 20, MEDICAL AND SURGICAL REPORTER. S. N. ROWELL, M. D.

Ans.—Take of carbolic acid one ounce (avoirdupois), glycerine four fluid ounces (imperial measure), rub them together in a mortar until the acid is dissolved.

EDS. MEDICAL AND SURGICAL REPORTER.

MARRIAGE.

WARD—CARPENTER.—June 25, 1885, at Waverly, Pa., Dr. Stanley M. Ward and Carrie, only daughter of E. G. Carpenter, esq.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TUBERCULAR MENINGITIS.

BY HUGO ENGEL, A. M., M. D.,

Professor of Nervous Diseases and Clinical Medicine at the Medico-Chirurgical College of Philadelphia.

October 16, 1884, I was sent for in haste to attend the six year-old Mary K., daughter of a widow, whose husband had died two years before of pulmonary phthisis. On my arrival, the mother gave me the following description of her daughter's illness:

Mary had been a healthy girl and never suffered from any of the usual diseases incidental to childhood, until about a week previous to my seeing her. Then one morning she awoke earlier than was her habit, being seized with diarrhœa, which had since alternated with constipation. Her mother, however, had become alarmed mainly at the great change which she observed in her daughter's spirits. Mary used to be a very bright and somewhat wild girl; she never cared to sit still indoors, but always desired to play out in the air with other children. It was the most difficult work to induce her at nights to retire. Since her illness she often sat for hours quietly in her little arm-chair, appeared tired, and found no pleasure in joining the company of her playmates. And aside from all this, a peculiar listlessness had had come over her, so utterly at variance from her former vivacity, that her mother conceived the idea that some serious illness was beginning to operate within the child. How correct this opinion was the following will show.

The morning of the day when I was called, Mary had been particularly sleepy on awakening, and besides suffering from the diarrhœa, had greatly complained of headache. The least pressure seemed to augment the pain. When, after leaving her bed, she stepped across the room, her gait was unsteady; once or twice she appeared to reel, and cried out, "Oh, mamma, I am falling!" Her mother assisted her to a chair, and after dressing her persuaded her to partake of some food. Scarcely had Mary swallowed a mouthful of milk and a piece of bread and butter, when she was seized with vomiting, and immediately after she became unconscious and her whole body convulsed. But she soon recovered consciousness and was carried back to her bed, where I found her.

She lay there perfectly apathetic, the glare of the daylight seemed to hurt her, and the least noise to be painful to her acute sense of hearing. The room had to be darkened, and the attendants had to walk on tip-toe, to ease the little girl's suffering. At the same time she complained of pain in her head, and often held her little hands against it, though not permitting anybody else to touch her, the pain being evidently increased on pressure.

During the following week she remained much in the same condition. In daytime she often lay still for hours together, but was easily startled, especially by any sudden though ever so moderate noise, and could not bear the glare of the sun or gaslight. Whenever she was lifted, she had the sensation as of falling; the few times that she tried to walk a few steps, she reeled like a drunken person. Occasionally her physiognomy was peculiarly altered; her face appeared full of

grimaces, her facial muscles being evidently seized by a spasm. But her mother experienced the greatest anxiety at night, for Mary then, all at once, uttered a piercing scream, the so-called encephalic cry, and started up, as if she had been frightened by an ugly apparition. The vomiting persevered during the whole of this week; with rare exceptions, everything taken into the stomach was at once thrown up. There was no appetite; the tongue, though moist, was covered, contrary to most teachings, by a whitish fur; all diarrhœa had ceased, and constipation difficult to surmount, reigned instead.

The poor girl rarely passed a day during this period without her having one or two convulsions. They were always accompanied by chilly sensations, and often she seemed to suffer besides from internal spasms, which were indicated by her distorted features and by the same chills as those observed with the general convulsions. The spastic element occasionally showed itself only by the grinding of her teeth.

Towards the end of this week the picture somewhat changed, and assumed a still graver aspect. At times a slight increase of temperature had been noted before this, but the thermometer now recorded 101° F. every afternoon and about 101.2° every night. The pulse, somewhat increased in number of beats from the start, now began to be irregular. To the spasms, rigidity became added. The muscles of the nape of the neck and of the back at times contracted, and often remained stiff for several hours at a time; then relaxation set in, only to be again followed by the former rigidity. The abdominal muscles shared the same fate, but they permanently retracted and presented the well-known hollow appearance. Squinting also occurred; the eye-balls were occasionally turned upwards and the left pupil became decidedly dilated. I tried to make an ophthalmoscopic examination, but her sensitiveness to light was so great that I did not succeed, though I made repeated trials. I have never seen Trousseau's sign better expressed than was here the case. That the little girl became greatly emaciated will not surprise us, for she made but rarely an attempt at eating, and all the food that she did swallow was vomited again. Her skin assumed a sallow hue and was very dry.

In the afternoon of the tenth day—counting from the time when she came under my charge—the next stage of the disease was ushered in by a general convulsion, more violent than any she had yet suffered from. When the convulsion ceased, Mary did not at once regain consciousness, but fell into a comatose state, lasting for nearly twelve hours. When she came to she appeared very apathetic, and all former symptoms of irritation seemed to have vanished. She was no longer fretful, the eyes had lost their sensitiveness to light, noises no longer startled her, but her cries by night became still more frequent. The spastic and permanent contractures, however, not only remained, but were more expressed than had previously been the case. Her pupils henceforth remained decidedly uneven and the eyeballs diverged, while her face appeared greatly contorted, utterly changing the aspect of her once so lively features. Her head was buried deeply into the pillow, being thrust far back by the contraction of the muscles of the nape of the neck. The least attempt at bringing her head into a different position at once elicited a cry. Her left pupil was fixed, and did not at all react to light.

The twentieth day I noticed that her left arm was paralyzed. The pulse had become more rapid, but also more irregular, while her temperature no longer exceeded 99.3° F. The evening of the following day she was troubled with cough, for the first time since her illness. On examination, I found as the only morbid condition likely to explain this cough, hypostatic pulmonary congestion. Since her first attack of coma she had had one like it daily, her condition really being one alternating of coma and apathy. This state still continued, but the coma lasted by far the greater part of the day. There was no vomiting; the small amounts of milk, beef juice, and stimulants which she swallowed were retained. She seemed only to vegetate, the functions of circulation and of respiration almost being the only ones still carried on. Reflex irritations no longer elicited any response; but the convulsions, instead of ceasing, increased in frequency and degree.

The thirty-third day her pulse was 146; that day her respiration for the first time became noisy and irregular. There was nothing left of her by this time but the skeleton covered with a dried-up skin. Toward evening the next day her temperature suddenly commenced to fall; the thermometer, once applied in the mouth and once in the axilla, each time recorded 96.1° About five minutes later—the clock in the room had just struck six—the noisy respiration suddenly ceased; for the first time in several days Mary widely opened her eyes; her features appeared peaceful, and something of the light of the immortal spirit once more flickered across her emaciated countenance; with an intelligent look she turned toward her mother, who had so faithfully nursed her, and

parting her lips, she whispered, scarcely to be heard, "Water." When almost the next instant her mother held the glass to Mary's lips, first raising the patient's head, she discovered that the spirit had flown. I had closely watched the impressive scene; while applying the thermometer the last time the noisy respiration and the coma were continuing; a few minutes later, the clock struck the hour, and I at once noticed the ominous silence in the room, a silence which I can compare only to the passage of the death-angel, so beautifully described by the great German poet. Turning round to discover the cause of this sudden quietude, I observed the alteration mentioned in the patient's face, and found that the respiration was no longer noisy. Scarcely had the whispered word passed her lips, when her features relaxed, and the inexorable destroyer of all living beings ended the sufferings and the earthly existence of the child forever.

February 3, 1885, I was sent for by the wife of a patient of mine, R. F., whom I had attended for over a year for a left-sided empyema. This had apparently been cured; contraction of that side of the chest had ensued, but the patient still continued to cough, and did not gain in weight. Several months ago I had discovered dullness over the left and the right apex, and the temperature of the patient had since been 99.4° F. every night. When I was sent for the patient had been suffering for three or four days from constipation; an hour before I arrived he had taken his third dose of castor oil and immediately after been seized with vomiting and intense headache. The pain extended all over the head, but was not increased on pressure. I found the room dark, the patient explaining that the light hurt his eyes; at the same time he requested me to speak less loudly, as the noise "jarred his nerves." He was then sitting on a chair, and when I asked him to rise that I might examine him better, I noticed that his gait was unsteady, and he admitted feeling giddy when walking.

It was but with difficulty that I received these replies from him; he answered, but slowly, and most of the time I had to wake him out of his dreamy condition. This surprised me the more, as he had always been a great talker, and, in general, a very restless person. His wife said that he had been in his usual health up to within a few minutes after he had taken the last dose of castor oil, though she admitted his having been exceptionally irritable for the three days preceding, during which he had been constipated.

The disease in F. made rapid progress. The very next day he had to seek his bed, which he never left again. The symptoms, as they rapidly developed during the first week, were as follows: For hours he lay in a dreamy, half-sleepy state; then he was suddenly seized with delirium, during which he either sang all the while or talked all kinds of nonsense. He accompanied the singing by a continuous motion very similar to the one practiced by the leader of an orchestra, only more exaggerated. Then, again, he stared for half a day into vacant space, while picking in an absent-minded manner at the bed-clothing, or he remained for hours seemingly unconscious of himself and his surroundings. Several times at night he suddenly jumped out of bed, apparently frightened by some hallucination. He generally eat very little, though occasionally evincing a most voracious appetite, but whatever he swallowed was immediately vomited. The constipation persevered and yielded only every third day to drastic injections.

The ninth day he was suddenly seized with alternate divergence and convergence of his eyeballs, and the nape of his neck became stiff and remained permanently in that state. When I observed this rigidity, I examined his abdomen and found it flat and also somewhat retracted. His features at times were distorted, and the twelfth day this spastic condition attacked only the left side of his face, and ptosis of the left eyelid set in. That day I made an ophthalmoscopic examination. I discovered tubercles on the choroid and venous stasis of the papilla. His pulse about this time became very slow—between 56 and 60 per minute—and slightly irregular; the temperature every evening ascended to 100° F., being normal the rest of the day. His skin assumed a yellowish hue.

The thirteenth day F. appeared brooding. Towards noon he fell into a heavy sleep, lasting ten or more hours. The same occurred during the next two days. While thus asleep, he frequently moaned and touched his head. Then, again, he performed with his jaws a continuous chewing-like motion. The fifteenth day left facial palsy developed itself, and F. appeared to move his right arm and leg less than the extremities on the opposite side. The right side of his forehead and of the right temple were anæsthetic. Towards night his pulse became somewhat more rapid and more irregular. His spleen, which thus far had not seemed to be enlarged, decidedly augmented in size. During the night from the fifteenth to the sixteenth days F. fell into a deep

coma, and his respiration assumed the typical character of Cheyne-Stokes's. The sixteenth day at 11 a. m. he appeared to have a rigor; when I saw him at 11:30 a. m. his temperature was 109°, the pulse full and rapid—about 138—but very irregular, and at 1 p. m. death suddenly occurred, without his having recovered consciousness.

In both cases I made a post-mortem examination, but found nothing of special interest. In both instances the brain presented the usual and well-known picture of tubercular meningitis, and I refer, therefore, the reader to any work on pathology. I will mention only the facts, that on the surface of the convexity of the left anterior lobe at the seat of the first convolution, there was discovered in F.'s case some purulent matter, while in both cases intraventricular exudation was met with to a high degree. Whether this last fact explains the comatose condition, is difficult to say, cases having been published where coma occurred without increase of serum in the lateral ventricles. Whether there ever was a case in which a comatose state frequently occurred without well-developed extravasation in the ventricles, I cannot say. To my knowledge, whenever, in tubercular meningitis, coma seems to alternate with some other more or less apathetic condition, there is found after death an increase of serum in the ventricles.

As a rule, we may say that tubercular meningitis happens in individuals—children or adults—in whom (or in whose family) the tubercular taint exists. We often discover on inquiry, that some member of the patient's family has died of consumption, and in such a case the patient himself need not show any sign of tubercles previous to the meningeal disease. Or the patient gives evidence of scrofula, and here chronic enlarged glands, especially, are of diagnostic importance. Again, miliary tuberculosis, chronic pneumonia, pleurisy, etc., form the underlying malady, in the course of which the meningeal complication suddenly springs up.

While the usual course of the disease is well represented in the two cases above reported there are others where the picture of the malady is very different. Thus sudden paralysis occasionally begins the case, the palsy attacking either the vertical centre of speech, or one motor oculi, or one arm, or one side of the face, a. s. f. At times the complaint sets in with unconsciousness, or psychical symptoms appear in the foreground; in one case reported by Huguenin, the patient was seized with maniacal delirium. While some cases run a very rapid course, death occurring within the first week, others greatly resemble typhoid fever and may have a very protracted course. Though the pia mater is the original and main seat of the lesion, and though tubercular foci are never wanting at the base of the brain, there are cases where the fissure of Sylvius (its artery), the isle of Reil, or other parts, especially suffer. According to special localities, we may have peculiar phenomena. Still more difficult becomes the diagnosis if tubercular meningitis supervenes upon some chronic cerebral disease.

My experience, though not very considerable, has taught me to consider in the case of children the following points, when present, as sure indications of the existence of tubercular meningitis: When a child, in whose family there exists the tubercular taint, or which suffers from scrofulous swelling, suddenly, and without any apparent reason, becomes permanently changed in its temper, when, then, vomiting, constipation, and headache set in, to which are soon added irregular fever and an irregular pulse—provided all other diseased can be excluded—there is suspicion of the child being attacked by tubercular meningitis; a suspicion which becomes a certainty, if retraction of the abdomen, convulsions, and local spasms or local palsies—especially such of the third nerve—also occur.

In adults, if we cannot prove the existence of tubercles in the choroid, and thus at once recognize the disease, the diagnosis of tubercular meningitis becomes plausible, if intense headache and great apathy, or delirium, or coma, or all three, accompanied by ptosis or other local palsies of the eye or of one side of the face, and if one or more convulsions and rigidity of the muscles of the nape of the neck occur simultaneously or in rapid succession, and if while other diseases can be excluded, there is reason to assume the presence of a tubercular taint in the system. Neither Trousseau's well-known sign nor the encephalic cry is pathognomonic of acute hydrocephalus, and the irregular pulse, the palsy of the motor oculi or that of the face, and the convulsions are also met with in simple basilar meningitis, while the most violent delirium may be present in tubercular meningitis, though the convexity of the brain will then be found after death also to have been the seat of a purulent inflammation.

From these remarks, as well as, indeed, from the reports of the most experienced writers on this disease, the conclusion may, therefore, be drawn that there is not a single pathognomonic symptom characteristic of tubercular meningitis, but that it is the peculiar grouping together of a

series of symptoms happening under certain circumstances and in individuals either with a hidden tubercular taint, or with tuberculous lungs or glands, or suffering from miliary tuberculosis, or from scrofula, which authorizes us to diagnosticate hydrocephalus acutus.

A correct diagnosis, especially in children, is of vital importance, for lepto-meningitis infantum, whose symptoms greatly resemble the tubercular disease, is not necessarily a fatal malady, and other forms of meningitis also lead at times, at least, to a partial recovery. But tubercular meningitis, in my opinion, is invariably fatal. Though cases of apparent cure have been reported by trustworthy authors, a possibility of a mistake in diagnosis may so easily happen, that we cannot rely upon a few isolated cases as proofs. No post-mortem examination has yet been recorded, where the pia mater had given evidence of absorption of miliary tubercles, or of anything demonstrating the established cure of tubercular meningitis. If the cases of reported cure had ended as Huguenin's accidentally did,* the same result would probably have been always obtained.

Regarding treatment, we can speak only of palliative measures. The latest remedy in vogue —inunction of the head with a strong iodoform ointment—has not prevented the fatal end in the only case in which I tried it, nor influenced in the least the course of the disease. A blister to the epigastric region will often relieve the vomiting, and decided doses of the bromides lessen the frequency and the degree of the convulsions.

507 *Franklin street, Philadelphia, Pa.*

VOICE IN SINGERS.

ABSTRACT OF A PAPER READ BEFORE THE 39TH ANNUAL SESSION OF THE OHIO STATE MEDICAL SOCIETY, AT DAYTON, JUNE 5, 1885,

BY C. H. VON KLEIN, A. M., M. D.

The paper began with the exclamation, "Voice, beautiful voice, what is more precious than a delightful voice?" It has charmed kings and queens, princes and princesses, poets and peasants; it has been cultivated by thousands in every country and in every century. Vocal music has its origin with the beginning of mankind. But why does Italy produce such grand voices, not only among her own people, but even among those from other countries who go there to cultivate their voices? This success has been a mystery for ages. In the language of Gambetta, "Italy, beautiful Italy, where every man's voice is the voice of a mocking-bird." Two-thirds of her people can neither read nor write, yet her success becomes greater every year. The art of combining sounds agreeable to the ear has become a profound science.

Here followed a lengthy consideration of the anatomy and physiology of the vocal organs, closing with the assertion, "If all men were perfect all men would be singers."

Through the kindness and under the auspices of the late Dr. Bordini, of Rome, the author had made the examination of the throats of thirty-two Italians, thirteen of whom were professional singers. The Italians appear to have natural organs of voice for music. He found the throat very roomy, the tonsils almost level with the fauces, the uvula extending only $\frac{1}{8}$ of an inch from the soft palate, the posterior nares very large, the larynx thickly lined with a smooth mucous membrane, the trachea enormous. Another peculiarity was, the author found it very seldom necessary to use a tongue depressor. They seem to place their tongue down to the mylo-hyoid muscles, forming it into a concave shape. This accomplishment is necessary for a singer, and can be effected only by long and tedious training. Almost all nations appear to have cultivated their voices without regard to their timbre.

The Jewish people in very early times used vocal music in their religious ceremonies. The psalms of David and the songs of Solomon were executed with vocal music. The Egyptians, says Strapo, taught their youth vocal music by physicians. The mythology of Greece shows the ancient history of vocal music. The term music comes from Muses. There was a band of singers in the service of Osirisis. Roman music was cultivated by Servius Tullius 600 years before Christ. The Romans were accustomed to the best singing that the age afforded. Augustus, who did not at first esteem singing, late in life engaged a physician to regulate his voice. The Chinese, whose voices resemble that of a crow, cultivated vocal music from the time of Yaa and Chun, twenty-three centuries before Christ. Among modern nations, the cultivation of the voice has become one of the greatest arts. France established schools

* Huguenin reported a case of tubercular meningitis as cured. The symptoms really seemed to indicate beyond the shadow of a doubt the ailment as hydrocephalus acutus. Later the child died of pneumonia, with cheesy degeneration, and the post-mortem examination proved the apparent meningeal disease to have been simple serous effusion, "neither fresh miliary tubercles nor traces of absorbed tubercles were to be found either in the pia mater or elsewhere."—Huguenin's admirable article on "Affections of the Pia Mater," in Ziemssen's Cyclopædia, vol. xii.

of music in the 10th century. Germany has produced masters in vocal melody. Hungarians who came from Asiatic Europe in the 9th century, brought with them their vocal music. They were so fond of it that Rella III. sent an envoy to Paris in 1192 to be instructed in melody. In England, during the reign of Elizabeth, the talent of voice had been so cultivated that it has been surpassed in no country. The Swedes, Norwegians, Danes, Russians, Poles, Bohemians, Spaniards, and Potuguese are all music-loving people.

We now come to Italy, the nation of natural singers. Many theories as to the cause of Italy's numerous singers have been advanced, but few of them are tenable. The climate gets the credit of most of it. Let us then review and examine the climatic influence on voice. Mere latitude cannot determine climate. Paris lies north of Quebec, yet has a milder climate. The lowest temperature ever known in Italy was 2° below zero. In Ohio it reaches 20° below. It is true that the hygienic preservation of the voice depends on climate, but its development does not. Meliot states that in hot countries there are firmer voices than in cold ones. If a warm climate aids the development of the voice, why is it that the birds which possess the most diversified and complicated organs of voice, such as the nightingale, mocking-bird, lark, etc., are generally found in the cold climates, while on the contrary, the crow and parrot, coarse, noisy birds, inhabit hot or mild climates? It is claimed that the air of elevated plateaus has great influence on vocal organs, yet the Swiss and the inhabitants of the Alleghany and Rocky Mountains do not excel in song. Italy's superiority has been attributed to her sea breezes. The inhabitants of our Atlantic, Pacific, and Gulf States do not excel in song. One of the greatest follies is the theory advanced that the air of Italy is impregnated with iodine, bromine, and various saline principles, which is the cause of vocal improvement. Dr. Moffat, of Glasgow, claimed lately to have found the voice-making of Italy. He says on analysis it contains peroxide of hydrogen and free ammonia. He has an invention, the "ammoniaphone," which will destroy all deficiencies in voice culture Any one who will use one of these instruments will not be obliged to pursue a long course of study if he will daily take a few inhalations. This will entirely metamorphose the anatomy of the respiratory organs, changing the most uncultured and unmusical voice to one of surprising sweetness and melody. This is simply absurd delusion and deceit, ridiculous, mysterious, and false. The greatest singers of the world are not Italians, nor do they come from northern Europe. Parepa-Rosa came from old Scotland; Jenny Lind, Mad. Tarinia, Ostora, and Christine Nillson, from cold Sweden; Adelaide Phillipps and Elizabeth Billington, from England; Mad. Rudersdorf, from Russia; Mad. Theresa, from Hungaria; Henrietta Sontag and Paulina Lucca from Germany; La Blanche and Sophia Arnold, from France; Mad. Persiani, Louisa Kellogg, Emma Albani, and Miss Carey, from America; Adelaide Patti and her sister Caroline, though born in Spain, came to America when babes, and made their first appearance on the American stage at the age of nine years.

It is true that almost all those mentioned cultivated their voices in Italy, but their success cannot be due to Italian air. If inhalation of ammonia would have a tendency to improve the voice, all camel drivers, cow boys, and hostlers would be great singers. Some, as already remarked, have attributed the voice-making of Italy to iodine in the air. If true, why are not the sailor and fisherman, who constantly inhale marine vapors, great singers? One has said to me he attributed the success in music to the Italian language. Why, then, are not Gypsies great singers, who have the sweetest tone in their dialect? Another accredits the cause of excellence to the tyrannical discipline of the Italian schools and their peculiar mode of training and teaching. Those who go to Italy have made considerable progress in voice culture. They simply go there to refine it. The natives of that country, as a rule, confine themselves to music. Almost two-thirds of its inhabitants make a livelihood in this way. We must also consider the modification of the natural anatomical development of the lungs, trachea, and larynx, the scope of the throat, tongue, etc., which is peculiar to their race.

We have now considered the voice of Italy anatomically, physiologically, climatically, and gymnastically. If, however, we would consider the voice of nations, we would find that America has produced the greatest voices upon the face of the earth. The natural melody and sweetness of tone in American women has charmed the world, which adds to the enjoyment and fame of the American people.

—When Archbishop Whately was pestered by an aid-de-camp's conundrums, he thus disposed of him: "Do you know the difference between an aid-de-camp and a donkey?" "No," replied the aid-de-camp. "Neither do I," rejoined the archbishop.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE PHILADELPHIA HOSPITAL.

BY EDWARD T. BRUEN, M. D.,

Physician to the Hospital and Assistant Professor of Physical Diagnosis in the University of Pennsylvania.

Reported by William H. Morrison, M. D.

Hepatic Abscess, Phlebitis.

Gentlemen: The case which I present to you this morning is presumably one of hepatic abscess. Although the diagnosis is a little obscure, yet a study of the case itself will give us many interesting lessons respecting the symptomatology and etiology of abscess in this important viscus.

This old lady presented herself at the hospital some two weeks ago, with a lump under the margin of the ribs on the right side. It was about the size of a lemon, extended around the margin of the ribs to the right flank, and presented fluctuation. The introduction of the needle of a hypodermic syringe revealed the presence of pus.

The next step in the analysis of the case, was of course to review the possible causes of abscess in this region. In the first place the possibility of an abscess in the connective tissue of the back, an ordinary lumbar abscess, came up for consideration. This was speedily dismissed, because as the old woman is quite thin, it was readily determined that the external tissues were not affected, and that the abscess was a deep one.

We next studied the condition of the kidney by examining the urine. This was found to be nearly normal, so far, at least, as the secretion from the kidney was concerned. I shall, however, give you some reasons for believing that the bladder was not quite normal.

Examination of the lungs showed pulmonary resonance down to the tenth rib, posteriorly, the eighth rib in the axilliary region, and to the fifth rib anteriorly. The respiratory murmur was normal over the right lung, and there was no evidence of any pleuritic trouble. I refer to this because in the consideration of hepatic abscess, it is important to eliminate the possibility of empyema, since this is the most frequent cause of error in diagnosis. In addition to the points already referred to, I would call attention to the fact that in empyema of the right side, the liver itself is immovable, whereas if the abscess is in the liver, the organ will move to a certain extent during respiration, which movement will be revealed by careful percussion. This point is regarded by Frerichs as one of the most important next to the physical examination of the thorax.

Having excluded the possibility of empyema, having decided that the kidneys are normal, and having excluded the possibility of simple abscess in the connective tissue, we concluded that in all probability the abscess was in the liver. An incision was therefore made into the abscess, and about twelve ounces of pus was evacuated. The pus which escaped was tinged with green, evidently from the bile.

Having secured this evidence of deep-seated abscess, a probe was introduced, which passed upwards and buried itself for a distance of three inches in the hepatic substance.

With these facts in our mind, let us consider what further study of the case we can make with advantage. One of the most important conditions leading to a correct diagnosis is the existence of some cause for the abscess. Abscess of the liver is not infrequent in hot countries, but it is uncommon in this latitude. It is found that in hot countries it is nearly always connected with some form of disease of the intestinal canal, such as dysentery, or intestinal ulceration. The next most common condition is inflammation of the portal vein itself. As a result of inflammation, thrombus of the portal vein occurs, and from the area of thrombus, emboli are carried into the substance of the liver leading to the formation of abscess. It is, however, important to note that in this latitude abscess of the liver frequently occurs without this etiological relation. In six cases of hepatic abscess occurring in this hospital, in none of them was a lesion of the intestine found. It is therefore evident from these cases, as well as from the study of the literature of the subject, that in temperate climates hepatic abscess is not so frequently associated with intestinal affections as in the tropical zones. In the present instance, there is no symptom to lead us to suspect intestinal disease of any kind.

It has been assumed that a local injury may lead to hepatic abscess, and it is therefore important to carefully look for any evidence of a local origin of the inflammation. We can not attribute this abscess to such a cause.

Having excluded these causes of hepatic abscess, I have carefully considered the history of the patient to try and determine what condition of the system would predispose to the abscess. The patient's age (fifty years), would seem to place her beyond the period where abscess might develop from congestion of the liver. We find, on a close study of the case, a history of cystitis and uterine congestion. Six months ago, she was under treatment in the gynecological wards for some form of uterine disease which was associated with cystitis. There were no indications of pyelitis, for the urine was mixed with mucus. If there had been pyelitis, there would have probably been a large amount of pus, associated with a certain amount of pain in the back. It is, however, difficult to establish exactly the differential diagnosis between pyelitis and cystitis.

I would associate this condition of hepatic abscess with the cystitis and uterine disease. There has probably been inflammation of some of the veins around the uterus and the bladder, and the formation of thrombi in these veins, with the transference of emboli or irritating material to the liver and the development of secondary abscess. In support of this view we have the well-known pathological fact that next the disease of the intestinal canal, abscess of the liver is most frequently connected with some form of inflammation of the veins of the lower extremities, or of the pelvis. Bearing in mind this point in reference to the etiology, let me call attention to the symptoms. One of the important features of this case has been the absence of any symptoms indicating an internal collection of pus. Under these circumstances, you are supposed to have hectic

fever and sweats, the peculiarity of this sweating being that it is intermittent. Sweating sometimes occurs from prostration of the system from exhausting diseases, such as typhoid fever; this sweating is apt to be constant. I have recently had this fact forcibly brought before me by a case in which the differential diagnosis as to the presence or absence of pus hung largely upon this symptom.

As regards the temperature, in some cases of hepatic abscess the temperature fluctuates in the way usual in hectic fever, but not to the same extent. There seems to be a rule about the variation of the temperature, and this is that it changes with the functional activity of the organ, that is to say, during the periods while the patient is taking food. Simple as that observation may seem to be, it has an important bearing upon some cases of abscess which are apyretic. Abscess of the liver occurs quite frequently without there being a single symptom of elevation of temperature. I recall one case occurring in this hospital. The patient was supposed to have some form of jaundice. He walked down stairs, smoked his pipe, and suddenly dropped dead from rupture of an abscess into the peritoneal cavity. Cases are frequently reported in which the temperature does not go above one hundred, or even above ninety-nine. How do we explain this? You will recall that the physiological temperature of the liver is about 106°, and that the temperature of the liver is elevated during the process of digestion perhaps to 107°, 108°, or 109°. On the other hand, if the liver is inactive, the temperature of the organ will decrease. It has been experimentally demonstrated that if the products of liver digestion are rapidly absorbed into the system, the general temperature will rise, while on the other hand, it has been demonstrated that if an animal is starved, the general temperature will fall, as will also the hepatic temperature. Applying these facts to the condition before us, we can understand that although there has been the formation of an abscess in the liver, which would naturally tend to increase the temperature of the whole body, yet the patient being feeble and anæmic, with poor digestion and diminished functional activity of the liver, the temperature has not been markedly increased.

Let me now refer to the character of the pus. It was formerly stated by many authorities, that pus drawn from the liver was chocolate color. This is due to admixture of blood with the pus, and is dependent upon some alteration of the blood vessel structure of the gland. In this case, as in the majority, the pus presented the ordinary characteristics. It was streaked with bile, which was due to the opening of some of the biliary channels.

Abscess of the liver is far more common in the right lobe than in the left, and the anterior portion of the right lobe is the most common situation. Although hepatic abscess may open anywhere, it usually opens below the ribs. The next most frequent mode of opening is through the diaphragm into the pleural cavity, and thence through the lung and the bronchial tubes. Next to these the opening may occur into the colon or directly into the peritoneum. These facts show the importance of tapping abscess of the liver early. I was surprised, I may say horrified, on reading the statement in Quain's Encyclopœdia of Medicine, that abscess of the liver should not be tapped, because it will finally work to the surface and adhesions will form between the abdominal wall and the liver, and the abscess will open spontaneously, or may be opened more readily than if exploratory tapping is attempted. I am quite sure that the general experience in connection with abscess of the liver is that it should be tapped as soon as there is reason to expect the existence of pus, since perforation into the peritoneum is not unlikely. An exploratory needle may be introduced into the tissue of the liver, and the organ explored in various directions without injury. Too much stress I think has been laid on the necessity of having adhesions between the liver and the adjacent tissues before the opening is made. The aspirating needle can be introduced and the pus withdrawn without wounding the peritoneum. I can hardly think of an abscess of the liver so situated that it could not be opened in some of the positions in which the liver is superficial.

After the abscess has been opened and drained, what is the outlook for the patient? It is reasonably favorable in an individual whose nutrition is good. Abscess of the liver often has no capsule, its walls consisting of hepatic substance. Cicatrization of a very large abscess of the liver is unusual on this account, but in an individual whose general nutrition is good it is reasonable to hope for cicatrization of hepatic abscess after drainage, in the same way that we have healing of any other abscess. Still, the course of the majority of cases is towards a gradual exhaustion of the patient from suppuration. I fear that this case is one in which an extremely favorable prognosis can not be entertained; at the same time she has been doing well since the abscess was opened, and her temperature has not been above 100°.

Before dismissing this case, let me refer to one other matter. Should we inject this abscess? I think there is no reason why an abscess of this kind should not be treated on general principles, but I think that the solution should be weaker than those used in the pleural cavity. Disinfectant solutions are only to be used when the pus has an unhealthy odor. Injections for the cure of abscess are used for two purposes, first, to stimulate granulations and thus favor healing, for the purpose of disinfection, thus rendering the pus as little septic as possible. The pus from this abscess has been pretty healthy, and has had no offensive odor, and we therefore have not used injections.

We have examined the pus for the presence of hepatic tissue. Dr. Fenwick has maintained that it was possible to find liver cells in the pus from hepatic abscess. You well know that the liver cells are very granular, even in a physiological condition, and it is difficult to recognize the hepatic cells when broken down and mixed with the products of suppuration. I have been unable to obtain any evidence of hepatic cells in the pus from this abscess, but our examinations will be repeated. The majority of observers have not confirmed the view of Fenwick.

Phlebitis.

I shall next show you two cases of a condition

which is not extremely frequent. I allude to phlebitis. Both patients are suffering with phlebitis of the left lower extremity. The first patient was admitted to the hospital seven weeks ago with apex pneumonia. It is important to note that he was a drinking subject. Eleven days after admission he developed tenderness along the femoral vein, which rapidly extended to the calf. This tenderness was associated with extreme pain and a renewal of the fever.

The second case is that of a man who gives a very imperfect history of himself. The general features of the case are however similar to those of the first case. He was seized a short time ago with pain running down the leg to the calf in the course of the femoral vein. This was soon associated with a certain amount of swelling, some of which you see to-day. In this case the pain has not been so intense, but is more a feeling of numbness and soreness.

What is the cause of this condition? I think that an important feature in the diagnosis of phlebitis is to determine whether it is a local trouble or whether it is an evidence of general septic inflammation. There is no trouble in saying that in the first patient the whole trouble was a local inflammation of this series of veins. I suppose that the etiology of the case was this: the man had been a drinking subject, and was suffering with pneumonia. Both of these conditions tended to interfere with the circulation by depressing the heart and general circulation, and the pneumonia assisted in producing a reduction in the force of the venous circulation; and secondarily we suppose that there was a thrombus formed in consequence of the slowing of the blood-current. It is a curious fact that this disease nearly always occurs on the left side of the body. It is extremely common in any condition in which the circulation is much enfeebled—in typhoid fever, dysentery, and cholera. The last case of thrombus which I have seen was in a case of severe cholera morbus. The femoral artery was closed by a clot which I believe was due to slowing of the blood-current by the drawing off of the serum by the bowels. I do not mean you to infer that the clot blocks up the whole vein. Fibrine accumulates along the wall of the vessel, and tends to block up the vein, and following this there is inflammation of the vein. I told you on a previous occasion that if the venous circulation is partly obstructed, the lymphatics, if free, are capable of removing the fluid, and there has to be considerable venous obstruction, if the lymphatic channels are free, before œdema will occur. In some cases of phlebitis all the symptoms of pain, tenderness, and swelling in the course of the vein, are present without much œdema. This is because the lymphatics are free. In our second case, although the lymphatics have not been involved, the venous obstruction has been so marked that the lymphatics could not take up the exudation. Next to the determination whether the disease is a local one or not is the determination whether or not the lymphatics have been involved. Most recent clinicians and pathologists have decided that lymphatic involvement converts a case of phlebitis into a case of phlegmasia alba dolens. There is much confusion as to what is meant by a phlegmasia alba dolens. The clearest idea to carry in the mind is that it consists of phlebitis with lymphatic involvement. It may occur in connection with typhoid fever or other exhausting disease, but is most frequent in the puerperal state.

Suppose that the inflammation of the vein is not a local trouble, as in these cases, how may it be caused? The other cause is the transference of a septic embolus to a pocket of the vein. Suppose you have dysentery, there is ulceration of the bowel, and phlebitis occurs, what is its probable cause? In an inflamed vein in the neighborhood of the ulcer, a thrombus has formed, which has in turn given off an embolus, which in a large majority of cases is septic. This passes into a vein of the extremity, creates irritation, and produces a septic phlebitis. In the same way, in the puerperal states, there is the formation of a certain number of clots in the uterine sinuses. If these are associated with some septic condition, there may then be a thrombus which may give rise to emboli of a septic character. In puerperal phlebitis the inflammation may be non-septic, and the main point is to determine whether or not the process is septic. The two forms of inflammation give rise to the same local symptoms, and the diagnosis must be based upon the general symptoms of pyæmia or septicæmia; that is to say, hectic fever with a daily rise and fall of temperature and intermittent sweats. In the case alluded to a few minutes ago, a case of puerperal phlebitis, the important point which could not be settled for several days was whether the phlebitis was septic in character or simply a local trouble. The case was somewhat confusing, because there was profuse sweating all the time, and a temperature curve from 100 in the morning to 104 in the evening. That was not the temperature curve of septicæmia, which usually ranges from 99 to 103, and is associated with intermittent sweating, flushes, and rigors.

I hope that I have made clear the importance of differentiating between local and septic phlebitis. If it is a septic condition, we must look out for secondary consequences, such as abscess in various organs and general septicæmia. In local phlebitis, you can give a prognosis of recovery in a comparatively brief period.

Let me say one or two words in reference to treatment of local phlebitis as we have it in these cases. The best treatment is, I think, the conservative. In these cases the limb has been enveloped in cotton, and the patient has been kept perfectly quiet. It is advisable not to do too much in attempting to arrest the inflammation by blisters, iodine, mercury, and so on. If the pain is severe, hot fomentations, as of laudanum and water, may be employed, and in very severe cases lead-water and laudanum may be used; but lead-water is objectionable because it hardens the skin and prevents a careful determination of the amount of induration due to the trouble in the veins. Internally, opium is to be used freely to relieve the pain. Morphia may be used hypodermically, but it is to be borne in mind that in septic cases, hypodermic injections are liable to produce localized abscesses. In such cases it is better to use opium by the mouth or rectum. We also use tincture of the chloride of iron and quinine. Quinine has a tendency to arrest inflam-

matory processes in general, and it certainly has a positive effect in septic inflammation.

If the phlebitis is septic, is there anything else to be done? I really think that it does not make much difference. At present, some favor the use of small doses of carbolic acid. Personally, I think that you cannot antagonize a septic poison in the blood by such means. The plan, I think, should be to maintain the crasis of the blood and the constitution of the tissues. If the character of the cells can be kept up to a certain point, the septic materials cannot attack them. We have an illustration of this in phthisis. We know how often phthisis is arrested. I grant that occasionally treatment will do this, but more commonly the cure is spontaneous, and is because the process of repair exceeds the process of wasting. The patient is, perhaps, removed to a climate where he can have exercise, he takes plenty of food, and the improvement in nutrition will give such a vital capacity in the cell that it will cease to break down. So in septicæmia, if you can increase the vitality, you can prevent the spread of the poison. Beyond this, I think that nothing can be done.

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, May 22, 1884.

The Vice-President, Dr. Amy S. Barton, in the chair.

The first paper was

Removal of a Lymphoma from the Neck—Recovery.

By Dr. Susan P. Stackhouse.

The patient was a woman 40 years of age. Sixteen years ago she first noticed a small tumor, just below the left ear; there was no inconvenience caused by it except the projection of the earring. On seeking medical advice, she was told there was no danger attending the growth so long as it remained undisturbed. It increased in size very gradually, and was attended with no pain nor tenderness. The patient entered the Woman's Hospital of Philadelphia, and was operated upon by Dr. W. W. Keen, October 17, 1884. The tumor then extended from the ear to an inch below the cricoid cartilage, and was 2½ inches in width; from its size it began to interfere with deglutition and respiration. The skin was not involved, but the veins were enlarged, and two pulsating vessels could be felt to enter the tumor. The growth was movable, to a certain extent, firm and inelastic.

Operation.—After the patient was etherized, an incision 4 inches long was made, care being taken to avoid the external jugular vein, which crossed the growth. The hemorrhage, which was quite profuse, was arrested by hæmostatic forceps and ligatures; it being necessary to ligate *eighteen* vessels. On account of the vascular nature of the growth, and its loose connections with surrounding structures, the adhesions were broken up with the grooved director. The tumor was intimately connected with the internal jugular vein for nearly 3 inches, and very careful dissection was required in order to preserve the integrity of that vessel. Nearly all the deep structures of the neck were exposed on the removal of the tumor. The wound was closed by wire sutures, after the introduction of a drainage-tube and a bundle of horse-hairs. The operation required one hour, and the patient became very much exhausted, but reacted very quickly after a hypodermic injection of brandy.

The wound was dressed on the following day, on account of there being considerable oozing of blood; the tube was then removed, the horse-hairs being left. After this the patient did very well; temperature never reached 100°; the only difficulty being some trouble in deglutition for three or four days. On the eighth day, when the dressings were removed, scarcely soiled, the wound was found closed, with the exception of one small point. The patient was discharged from the hospital two weeks later, in good health, the cicatrix being only a slight disfigurement.

Dr. Stackhouse also reported "A Case of Complete Retroversion of the Uterus from Distension of the Bladder."

July 22, 1884, while serving as interne at the Woman's Hospital of Philadelphia, I was called to a woman who was said to be dying. The patient was 35 years old. Temperature normal, pulse 100, feeble and irregular, respirations gasping and rapid, face anxious, eyes injected. She did not complain of any pain, only a constant desire to urinate; said that she had passed urine repeatedly, and pressure upon the abdomen caused some flow of urine. The abdomen was greatly distended, the patient saying that the enlargement had existed for ten days, and had come on suddenly without any previous illness; did not think she was pregnant. On examination of the abdomen, its enlargement was found to be due to an oval, elastic tumor, extending from the symphysis pubis to within two inches of the ensiform appendix. It was regular in outline, and in no way resembled a pregnant uterus. On examination per vaginam, I found that the tumor had no connection with the uterus; that organ was completely retroverted, the fundus being only a short distance from the vulvar orifice, and the cervix in front of the symphysis pubis. The uterus was somewhat enlarged, and perfectly immovable. The patient insisted that she was not pregnant, and said that four months ago her abdomen became enlarged suddenly, she was unable to urinate, and the physician, on passing the catheter, drew off a large quantity of urine, and the condition was relieved. I therefore passed a rubber male catheter, No. 16 French, and drew off fifty ounces of very pale, clear urine; it was neutral in reaction, sp. gr. 100.2, containing a small quantity of pus, but no albumen.

The relief was very great; the respirations were no longer gasping, and the face lost its anxious expression. A soft French catheter, male, was introduced into the bladder, and kept in place by perineal bands of adhesive plaster. The paralysis of the bladder was complete, and lasted for a week. It was found impossible to restore the uterus to its normal position by manipulation, so the patient was told to place herself in the knee-chest position for five minutes at a time frequently during the day. At the end of ten days

the patient was perfectly well, urinated without difficulty, and the uterus was restored to its normal position.

Dr. Louise S. Blum then read the report of

A Peculiar Case of Death from Asphyxia, Caused by a Plate of Artificial Teeth Impacted in the Trachea.

The literature on the subject of foreign bodies in the air-passages is exceedingly rich in rare and peculiar cases of extreme interest. Almost every physician has been called upon, at least *once* in the course of his practice, to remove some article from the air-passages of a child who has made the mouth a common receptacle in place of the pocket. In such cases there have been found and removed pins, needles, marbles, fish-hooks, rings, buttons, button-moulds, pebbles, sticks, pens, slate-pencils, ears of rye, wheat, or barley, fruit stones and seeds, and numerous other articles. Neither, it seems, is this reprehensible practice confined to children alone, for a number of the above-mentioned articles, as well as some others, have been removed in the cases of men and women. Buckley, for instance, removed a copper umbrella tip from the larynx of a woman; and in two other cases on record, a puff dartand a hard rubber tube were similarly removed. Instances of pieces of the various kinds of food entering the air-passages during deglutition, are of such frequent occurrence that that they receive no mention. Of far more importance and interest to the medical profession is tne fact that tracheotomy tubes and corroded pieces of the same, hypodermic needles, and various surgical instruments, or portions thereof broken off during operation, also unsecured corks for keeping the jaws apart, leeches carelessly applied, sponges, etc., have all, at various times, been found in the respiratory tract. Scarcely less interesting is it to read that matters vomited during anæsthesia or unconsciousness during apoplexy or epileptic attacks, as also regurgitated chyme, curdled milk, worms from the alimentary tract, pus from tonsillar, post-pharyngeal or epiglottic abscesses; necrosed nasal, palatal, and cranial bones, and laryngeal cartilages, have all at various times acted as foreign bodies in the air-passages of man. Even a lymphatic bronchial gland, one inch in length, has been known to have caused death by becoming impacted in the rima glottidis during a violent fit of coughing. A still more remarkable case is that recorded by Ruehle in "Kehlkopfkrankheiten," in which the epiglottis of a man was drawn into the upper orifice of the larynx during deglutition, where it became firmly impacted, and acting as a foreign body caused death. During operations upon the teeth and mouth, one or more teeth, or crushed fragments of the same, have frequently fallen into the windpipe. More rarely a number of artificial teeth, connected by a metal, have become dislodged during sleep, and were drawn into the larynx or trachea by the attempts made at respiration. This accident has also occurred during deglutition, although in that case they are usually swallowed with the bolus of food, and enter the stomach. Still more rarely has this accident occurred where a number of artificial teeth were attached to a plate. The only case of the kind on record, to my knowledge, is that reported by Mr. Henry G. Croly, of Dublin, cited by Prof. Gross, in which instance seven artificial teeth, set in gutta percha, were arrested at the juncture of the larynx and trachea. The case which forms the subject of this paper is a parallel one, but is far more peculiar than the majority of such cases are likely to be, from the fact that the accident occurred in the course of an acute disease, and was not suspected until after the death of the patient.

On February 18, 1883, I was asked to call upon Caroline H., æt. 25, widow. Examined the patient carefully. Temperature 104° F., pulse 128.

On the following day I called twice, taking the morning and evening temperature, which, together with the previous history of the case, confirmed my diagnosis of malarial fever of the remittent type.

February 21. Temperature 103° F., pulse 115.

February 22. Temperature 102° F., pulse 110; within an hour after my visit I was hastily recalled to the patient, the messenger saying that she was dying of hemorrhage. I found the patient, her face livid and convulsed, held down by *four* people. As I reached the bedside she gave a few gasps expired, and before anything could be done for her relief. With the last gasp of the dying woman, and the consequent dropping of the lower jaw, the mother noticed the loss of the teeth, and called my attention to the fact. Thinking that they had dropped out of the patient's mouth during her struggles, I advised a thorough search of the floor.

In the evening I called again to ascertain all possible details of the last hour of the patient's life, and found that immediately after I left she had taken her medicine and composed herself to sleep. Suddenly the nurse, who was looking out of the window, was startled by a peculiar, barking sound. On turning round and seeing the patient with eyes rolled up and face fearfully convulsed, she became frightened and ran down stairs for help. By the time the others reached her side she was violently convulsed, her face livid, and blood flowing from her mouth. This, as I had readily ascertained, was from the bitten tongue, and was small in quantity, although it gave rise, in the minds of the family, to the idea of hemorrhage. The convulsive movements, though violent, were of short duration, and had about ceased as I entered the house. Upon inquiring for the teeth, I learned that, although the room had been swept, they had not been found; after hearing this fact, together with the details of the case, I felt convinced that the teeth had become dislodged during sleep, and had entered the air-passages and thus caused death. A post-mortem examination was made the next day, and revealed the following: The heart and lungs, otherwise normal, presented the usual signs of death from asphyxia. The liver was congested and softened. The spleen was enlarged and very much softened, thus verifying the diagnosis of malarial fever. All the other organs were found in a normal condition. This much having been ascertained, search was made for the missing teeth, which were found in the trachea, about *two* inches below the larynx. The plate was of the usual size, of vulcanite, and had *four* teeth attached to it; it was so firmly wedged that force, little short of violence, was required to remove it. In the vigorous efforts made

to dislodge the plate, one of the teeth, which seems to have been imbedded in the walls of the larynx, was broken off and left behind.

MARY WILLITS, M. D., *Reporting Secretary.*
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PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, May 14, 1885. The President, Dr. Shakespeare, in the chair.

Fracture of the Pelvis; Rupture of the Bladder; Fracture of the Forearm.

Presented by Dr. De F. Willard.

H. C., æt. 23, was admitted to the Presbyterian Hospital, 3, 27, 1885, having fallen a few hours previously under a backing locomotive, which, when stopped, held him firmly fixed beneath the ash-pan. In starting the engine to extricate him, he was again rolled by this ash-pan, which was not more than fifteen inches above the cross-ties. On admission, no lacerations of the skin were visible, but the contusions about the pelvis were well marked. The pubic, lower abdominal, and upper femoral regions were extremely ecchymosed. The right arm and left iliac regions were emphysematous and painful. There were no evidences of urinary infiltration in the perineum or scrotum, although the latter was blackened by ecchymosis. Crepitus was marked at every movement of the pelvis; the left trochanteric region and buttock were much flatter than upon the right side, and pressure increased the deformity so much that it seemed probable that the head of the femur could be pressed into the pelvis through the acetabulum. This was not so, as was subsequently proven, but was due to the great mobility of the anterior pelvic fragment. At least two lines of fracture could be discovered at the iliac crest, and one at the pelvis. Both bones of the right forearm were also broken in the lower third, and there were many contusions of the trunk. A catheter easily introduced into the bladder secured many blood-clots, and about two ounces of urine. Shock was not excessive, and although restless during the night, only small doses of morphia were necessary. On the following day the mind was perfectly clear. Vomiting soon occurred, but unaccompanied by severe abdominal pain. Diligent search was made for extravasated urine, as only half an ounce was found in the bladder; but the only suspicious territory was to be found in the left iliac region, and here the ecchymosis and contusion was so great that no positive conclusion could be reached. Temperature 102.1° F., pulse 150. Death occurred on the third day from peritonitis. Post-mortem.—Complete separation of the symphysis pubis was found, the left fragment with its sharp end having made an opening in the anterior wall of the bladder about one-eighth of an inch in diameter, through which aperture a small quantity of urine—say two or three drachms—had found its way into the connective tissue, and lay just behind the symphysis. Another fracture extended from behind the anterior superior spinous process downwards just behind the acetabulum, through the ischium; another ran from the centre of the crest into the obturator foramen, and the sacrum was torn from the ileum at its synchondrosis. There was blood in the peritoneal cavity, but no pus, and but little lymph. The examination showed that the small collection of urine could not have been reached by puncture, and that the small amount of urine obtained by catheterization was due to suppression, and not to its extravasation. The kidneys were much congested. The fractures were undoubtedly produced by the lateral pressure in rolling, which reduced the patient's transverse diameter from seventeen to fifteen inches.

Dr. Wharton said that there were several points of interest, and especially with regard to the urinary symptoms. Did he understand Dr. Willard to say that the catheter had been passed and no urine withdrawn?

Dr. Willard replied, several times, evacuating only a few drachms each time.

Dr. O'Hara would ask the reporter as to the condition of the kidneys. As total suppression of the kidney secretion was evident, it would cast some light upon it to know the pathological expression of shock in the actual condition of the kidneys. Shock is very often a general and unmeaning term, but if there was an actual diseased condition, whether recent or old, it would be well to record it, in reference to the details of the case. Belfield in "Diseases of the Urinary and Male Sexual Organs," had, to his mind, negatived many cases of shock, and proved that they depend on "negative pressure," or "hyperæmia ex vacu." Dr. Belfield seemed to the speaker to have clearly made out the matter in reference to the kidney on anatomical and pathological grounds.

Dr. Willard answered that the kidneys were very much congested.

Dr. Nancrede differed *in toto* from Dr. O'Hara, in his explanation of the suppression of urine in this case. It was well known, experimentally as well as by post-mortem evidence, that in "shock" an enormous accumulation of blood in certain instances took place in the abdominal viscera, due to paralysis of the abdominal vaso-motor system of nerves. Pure congestion, if sufficiently marked, was competent to produce suppression even in a healthy kidney, AND THIS SUPPRESSION TOOK PLACE BEFORE ANY CATHETERIZATION WAS ATTEMPTED, as was distinctly stated by Dr. Willard. In Dr. Willard's cases Dr. Belfield's "negative pressure" theory was a mechanical impossibility, as it required a previous *retention* of urine either in a bladder with healthy walls, or in one whose parietes were rigid, and could not therefore collapse. Neither of these conditions obtained in the case under discussion, and the kidneys had practically ceased to secrete before any catheter was even near the patient for introduction, since he was admitted to the hospital *some hours* after the accident, when only "about two ounces of bloody urine" was evacuated. Even with regard to the cases where the mechanical conditions were favorable for "hyperæmia ex vacu," he doubted if this was always the correct explanation. The theory was not new, and he thought was carried far beyond its legitimate limits by Dr. Belfield, with whose work, he would assure Dr. O'Hara, he was peculiarly familiar.

(*To be continued.*)

EDITORIAL DEPARTMENT.

PERISCOPE.

Traumatic Epilepsy Cured by the Use of Trephine.

Dr. J. R. Weist thus writes in the *American Practitioner*, May, 1885:

The very valuable paper of Dr. W. T. Briggs, of Nashville, Tenn., on the "Surgical Treatment of Epilepsy," read at the meeting of the American Surgical Association in 1884, and published in volume ii. of the Transactions of the Association, having brought the question of the propriety of trephining for the cure of epilepsy again prominently before the profession, the following brief report of a successful case may be of some interest:

Frank Mitchell, nineteen years old, was struck at the upper and outer margin of the right frontal eminence by a number one shot, January 12, 1878. He was brought to me soon after the injury. The small opening in the scalp was enlarged and the flattened shot found slightly imbedded in the bone. The shot was removed, some headache was complained of for a few days, but the wound soon healed. About two weeks after the injury, while riding in a wagon, he had a severe epileptic seizure; soon after this the wound opened, and did not entirely close for about five months. During this period frequent headaches were complained of, and several small scales of bone were removed. About a year after the accident a second epileptic seizure occurred, and attacks followed, at first every two or three weeks, gradually increasing in frequency during four years. Then for two years, and up to the time of operation, they occurred two or three times per week, generally of severe character. He was still subject to frequent headaches, worse on the right side. The epileptic seizures were preceded by increased pain in the head, and a tendency to turn the head to the right. No special impairment of the mental functions was observed. The slightly depressed cicatrix, about half an inch in diameter, was tender. On April 6, 1885, assisted by a number of medical gentlemen, a triangular flap was raised over the seat of injury, and a button of bone three-fourths of an inch in diameter removed by the trephine. The cicatricial tissue of the scalp was found adherent to and to pass through a small opening in the bone, which was very thin, and attached to the dura mater. After the button was removed, it was found that the centre-pin of the trephine, which had been protruded but very slightly, had not been placed on bone, but on cicatricial tissue, and it is probable that the point had penetrated the dura mater. A drainage tube was placed in the wound, the flap held in place by two or three sutures, and a light compress applied. The next morning the patient was doing well, but it was observed that the dura mater was raised through the opening above the level of the bone and pulsated strongly. These phenomena had disappeared on the next day, when pus escaped freely from beneath the flap. On the third day the pulse beat rapidly, pain in the right side of head was complained of, and slight symptoms of paralysis appeared on the right side of the face and in left arm and leg. These unfavorable symptoms increased. The pulse and respiration became slow, with complete motor and partial sensory paralysis on the left side, with marked comatose symptoms. Discharges involuntary. All the signs of cerebral abscess were present, but operative procedures were delayed because of its apparent location. The motor centres of the arm and leg are about two inches posterior to the opening in the skull, and they were evidently involved.

Finally, thirteen days after the operation, Dr. Bond, who had charge of the case during my absence from the city, freely divided the dura mater and brain through the opening already made in the skull; considerable pus was discharged, and in five hours motion appeared in left leg and arm. Pus continued to discharge for several days, then serum for a few days, when the flow ceased, and the wound was allowed to close. In a few days all unfavorable symptoms save a slight headache disappeared. The patient was discharged from the hospital, and his condition still remains good. He has had no epileptic seizure since the operation; and, having been free of an attack longer than at any time during six years, there is reasonable ground for the hope that a cure of the epilepsy has been effected. He will be kept for some time on the use of sodium bromide.

By giving attention to the facts herein recited regarding this case future errors may be avoided. Probably the center-pin of the trephine wounded the dura mater; this was followed by an effusion of blood beneath it, shown by the pulsating tumor, and inflammation and suppuration. By using the trephine through an opening in a disk of wood or leather, the use of the center-pin would not have been necessary. Perfect drainage was not provided for, and another preventable cause of inflammation of the membrane and brain allowed to be present. It would, perhaps, have been better practice to have entirely removed a portion of the scalp corresponding to the opening in the skull. In this way perfect drainage would have been effected, and as the dura mater would have been under direct observation, it would have been incised as soon as made prominent by the blood or pus beneath.

Thus through our mistakes may we acquire wisdom.

Multiple Saroma of the Skin: Treatment by Hypodermic Injections of Fowler's Solution; Recovery.

Dr. Frederick C. Shattuck thus writes in the *Boston M. and S. Jour.*, June 25:

July 26, 1883, K. B., thirty-one years old, was admitted into the Massachusetts General Hospital. Her health had usually been good, and

she had worked at dressmaking up to the time of admission. Seven months before that date she began to suffer from pain along the lower jaw, and soon after noticed swelling behind the angles of that bone. About two months later nodules appeared in the skin over her right shoulder, then on her right arm, next on the left, next on the abdominal wall. She thinks that the appearance of the nodules was preceded by local tenderness, and followed by discoloration. About three weeks ago she noticed that her face was fuller than normal, and she began to suffer from pain in the cardiac region. She was somewhat short of breath on exertion, and reported that she had lost decidedly in strength, though not in flesh. The bodily functions were in fairly good order. The pulse was 120, regular, rather weak.

On examination, it was noted that the patient was pale, with some œdema of the eyelids and face, preponderating on the right side. Scattered throughout the skin of the upper extremities and the body as far as the umbilicus were hundreds of nodules, mostly about the size of a pea. Over the inner aspect of the arms the nodules were discrete, not raised above the surface, slightly tender on pressure; the skin could be wrinkled over them, and was not discolored. On the outer hand, over the shoulders, outer aspect of the arms, breasts, upper abdomen, and back—though in the latter situation to a less degree—the nodules were so thickly sown as to form large masses or plates, very hard and but very slightly tender; the skin covering this could not be pinched up or wrinkled, and was markedly erythematous, with slight scaly desquamation of the epidermis. In the legs a very few nodules could be felt, and there was no erythema. The glands at the angles of the jaw were enlarged, but those of axilla and groin were apparently normal. Thorough examination failed to reveal any material modification of the great viscera. I made the diagnosis of multiple sarcoma of the skin, and soon after Drs. White, Wigglesworth, and Tilden were kind enough to accede to my request to see the patient, concurring in the diagnosis.

General tonic treatment was prescribed at first, but Köbner's brilliant success in a similar case with the subcutaneous use of Fowler's solution induced me to adopt his plan toward the end of August. An injection of four minims, diluted with an equal quantity of water, was given once daily, deep in the thigh. September 15th Dr. Tarbell resumed charge of the wards, and soon after increased the injection to six minims. The general health of the patient improved, a few fresh nodules appeared, but the old ones disappeared in much larger numbers, and November 3d she was discharged from the hospital, in order that she might work a portion of her time. She came daily to the hospital, however, for her injection until she was furnished with a syringe and taught its use, and treatment was persisted in steadily till the middle of March, when I opened an abscess in the thigh, the only one which formed during the whole time. A few nodules still remained, but the masses which filled the skin over the breasts, abdomen, and outer side of the upper arm had entirely disappeared, and during the past year she has been under observation from time to time without any treatment whatever, and has worked steadily at her trade. I have seen her within a few days, and she remains perfectly well to all appearance.

Early in 1884 I showed her at a meeting of the Medical Improvement Society, but have purposely allowed a year to elapse before reporting the case, in order that there might be no doubt as to the result.

Cases of multiple sarcoma of the skin are rare, and the authorities on diseases of the skin have little to say on the subject. All agree that the prognosis is absolutely unfavorable, and the course generally a rapid one. Köbner's is the only case recorded up to date, so far as I am aware, in which recovery took place. I now regret that one of the tumors was not excised and examined microscopically, as was done by Köbner. The patient was extremely averse to the operation and preferred to wait, promising that she would make no objection if she got worse. To this delay I consented, having very little faith that treatment would prove of any avail. Still, even without the evidence of the microscope, I think there can be no doubt as to the diagnosis. The experts were unanimous, and I had previously seen two other cases very similar, except that they ended fatally. Was the cure really attributable to arsenic? If so, would the drug have acted as well administered in the usual way by the stomach? These are questions which can only be answered by extended experience. It is interesting to state that ten days after the arsenic was stopped the urine was examined for its presence by Professor Wood with a negative result.

False Reduction of Hernia.

The *London Med. Record* tells us that Dr. P. Berger gives, in two papers which have appeared in the *Revue de Chirurgie*, some illustrative cases and remarks upon this interesting subject.

Commencing with the account of a case of Arnaud's which occurred in 1730, he gives in detail eleven cases which have been published, and one which came under his own notice. Of these twelve, it appears that six were inguinal and six crural herniæ, and in an appendix are added three cases of an allied nature, communicated by Professor Azam, of Bordeaux. Of these, only two (Arnaud's and Berger's) recovered, and Berger's died after ten days, though the reduction was effected.

On anatomical examination, he finds the hernial sac and the proper course of the hernia empty: in the deepest part of the latter is the bend of the strangulated intestine, folded back into the cellular tissue of the iliac fossa in the case of an inguinal hernia; behind the pubes, in the cellular tissue of the pelvis by the side of the bladder, in the case of a crural hernia. It is still pressed upon by the neck of the sac, which may have been divided or not, and it makes its way into the subperitoneal connective tissue, through the opening made by the deep incision of the operation for the relief of the stricture. Sometimes there may be a peculiar anatomical arrangement, such as an exposed testicle, or a fibrous cord like that of the umbilical artery, or adhesions between the intestine and the neck of the sac, which explains the difficulty the surgeon may have had to encounter during the operation, and be a reason why the

intestine passes along the course which manipulation and instrumental interference have prepared.

In almost all the necropsies it was found that the cause of strangulation, or at least the obstacle to reduction, had not been removed by operation. Moreover, it is evident that the surgeon often has himself prepared the "false route" into which he has forced the intestine; and Dr. Berger urges that the injudicious force used in attempting reduction is the principal factor in this complex action, the result of which is the substitution of an internal for an external strangulation.

He discusses the symptoms which accompany or follow this accident. Of course, the ultimate absence of relief to the ordinary symptoms of obstruction makes this obvious; but it is important to notice any features by which the failure can be detected early, and he quotes freely from the experience of Pelletan and others, that the feeling of fullness and firmness of the intestine ought to indicate a state in which no danger exists of the accident occurring when this condition persists after a supposed division of the cause of strangulation. Besides this, the finger introduced into the course of the hernia does not pass freely into the abdominal cavity. The intestine can be distinguished, and may be found not to be freely movable in the peritoneum, but fixed and presenting itself to the finger always in the same position, and in the same character. The author says truly that, the longer the discovery is postponed, the more difficult and obscure the case and its treatment become.

The practical conclusions arrived at may be summarized thus:

1. The surgeon should bear in mind the possibility of the accident and its usual origin from incomplete division of the stricture, or from division of tissues which are not the real cause of strangulation, and from pressure during taxis having been too long or too forcibly attempted.

2. The persistence of symptoms of strangulation points to a false reduction. The special symptoms and signs have been indicated, but two points are specially worth notice. *a*. When the operation has been done several hours, or even a day or two, without the symptoms of strangulation ceasing, can the surgeon distinguish such a false reduction from those cases of pseudo-strangulation due to paralysis of the gut after intense or long-continued pressure? The answer is difficult. False reduction is not followed by even temporary relief of any kind; moreover, the pain is localized, more or less, and the swelling can be made out with careful manipulation. Then, on searching by the finger in the wound, the intestine is found distended and fixed in position, and the seat of strangulation is not relieved. *b*. When we are clearly in the presence of a false reduction, can we be sure that it is due to displacement under the peritoneum rather than to any other cause? The other cause indicated is adhesion of the gut to the sac. This can only be answered by the careful exploration of the wound.

3. When the existence of the false reduction is made certain, it must be put right, and to do this it is necessary to draw down the gut from its false position to learn the nature of the obstacle, and then to reduce the hernia after proper division of the stricture.

Septicæmia from Human Bite: Recovery.

Dr. M. Whiting thus writes in the *Peoria Med. Monthly*, May, 1885:

In view of the attention that has been recently given to the poison of human saliva, under certain conditions, I will report a case which occurred in my practice a year ago.

D. W. German, aged twenty-two, married, sent for me in January, 1884. On visiting him, I gained the following history: Two weeks previously, while engaged in expelling an unwelcome visitor to his marital couch, he received a bite over the second phalanx of the middle finger of the right hand. The bite upon the dorsum was of insignificant importance and soon healed, but that upon the palmar surface remained an open sore until the date of my visit.

On examination, I found an ugly, foul sore over the second and third phalanges of the finger, the edges were thick and dark, while from the wound exuded a thin and very offensive purulent discharge. On probing, I found the bone carious and exposed. The whole finger was tensely swollen and had been extremely painful. The hand was of a dark-red color and œdematous to the wrist, while the arm was somewhat swollen, slightly œdematous and painful to the shoulder. Red lines marked the internal aspect of the forearm. Axillary glands enlarged and tender upon pressure.

General Condition.—Tongue furred, bowels constipated, no appetite, high fever, temperature 103, pulse 120, weak and thready. Several hours before my visit he had had a severe chill, which was followed by a decided increase of fever. Having lost sleep for several nights previous on account of the pain in the finger and hand, his appearance was haggard and anxious. At the time of my visit he was literally bathed in a copious perspiration, which had come on an hour or two before.

Cleansing the wound as well as possible with a carbolic acid solution and ordering flaxseed poultices, I prescribed four grains quinia sulph. every four hours, also a laxative, and a mixture containing ten drops of muriated tincture of iron, with stimulants. This treatment was continued for three days without any perceptible change in the patient's condition. During this time he had frequent chills, followed by an increased temperature, and a large blister appeared over the first phalanx, extending back to the metacarpo phalangeal articulation of the finger, from under which offensive pus could be pressed into the wound. At this time I requested Dr. T. M. McIlvaine to visit the patient and advise concerning the amputation of the finger, which I had urged from the beginning of my attendance. My consultant advised delay in the operation, giving as his reasons therefor, the extremely bad condition of the patient, and apprehension that the exposure of a large fresh surface would only give a freer entrance for the septic poison into his system. He advised the continuance of the quinine, substituting syr. ferri iodidi in twenty-drop doses for the tincture of iron, and the application of charcoal and yeast poultices to the finger. This treatment was vigorously pursued for the ensuing ten days, within which time I removed the second phalanx of the finger.

At the end of three weeks the patient's condition began to improve, the sweats grew less, fever abated, appetite returned, and he was able to leave his bed. The finger, however, did not improve much, except that the discharge was lessened and not so offensive. The patient now agreed to the removal of the offensive member, and accordingly, with the assistance of Dr. McIlvaine, I removed the finger and head of the corresponding metacarpal bone; the tissues making the flap were wonderfully thickened, and so soft that I did not believe a suture would hold; still, to my surprise and gratification, the wound healed very quickly, and in a few days was entirely closed. From that time on he made a rapid recovery, and in a few weeks more resumed his work.

Treatment of Spinal Irritation.

Dr. George W. Ryan read a paper on this subject before the Ohio State Medical Society, June 4, 1885. The essayist stated that he proposed to consider this condition more particularly in its relationship to joint troubles and the cases that come especially under the care of the orthopedic surgeon. Of the various names this affection had been given, he thought the term spinal irritation the best, as it was expressive and comprehensive enough whatever the pathology might be. Its influence in arthropathies had been pointed out by Gibney, Shaffer, and other American writers in recent years. He did not believe it essentially a hysterical condition, but rather that hysteria was the result of it. It was often mistaken for Potts' disease of the early stage. Its influence in deformities and apparent disease of the joints was the widest field in its secondary troubles. The essayist stated that he had seen cases which had worn apparatus for months which were promptly relieved by treatment directed to the cause of the deformity; others in which this condition had not been recognized had suffered when prompt relief could have been given had it been intelligently applied. He believed it would be a sound rule to examine the spine in every case of joint trouble where the disease was not unmistakable. The "Brodie" joint often resembled the joint of chronic disease, but was generally characterized by the rapidity of its onset, and generally the absence of the characteristic symptoms of bone lesion, but often extreme tenderness. Deformity nearly always accompanied it. He had not been able, in many cases, to find the "tender points" spoken of by some writers. The hip, the knee and ankle, were the joints generally affected by this condition. Club-foot was occasionally found with a neurotic cause. The essayist read the report of two cases, one in which the spinal trouble followed acute articular rheumatism. The patient had been confined to her bed and invalid-chair for more than two years; was unable to walk but a few steps. The case was so far relieved in six weeks that she was enabled to get about very well, and has continued to improve. The other was of five or six years' standing, in about the same condition as the first, and was relieved in about the same time. The treatment in both cases had been the Paquelin cautery, faradism and spinal support. The essayist believed that the Paquelin was better suited to cases that required treatment extending over several weeks, but he had seen prompt results from the large fly-blister in the more acute cases. Faradism was of great service where there had been loss of muscular power. Massage had been used to a limited extent in the cases. No medicine except tonics were employed. The speaker thought the value of the spinal support had been underestimated; he had found it of considerable value, used solely as an adjunct. Theoretically and practically, he believed it indicated in most cases, and the patient finds it gives relief to the burning sensation experienced after exertion.

Empyema Treated by Daily Aspirations.

Dr. Dan Millikin, of Hamilton, read a paper on the above subject before the Ohio State Medical Society, June 4, 1885, wherein he approached the subject only in the line of a theorist. He wished only to throw out a hint of a new line of treatment, and sought rather to be instructed than to instruct. He reported a case of pneumonia, which, while resolving, became pleuro-pneumonia, and the left pleural cavity became filled with pus. His distress being very great, the doctor made all haste to aspirate, obtaining a great quantity of horribly offensive pus. The treatment consisted of a daily withdrawal of pus until the patient complained of tightness, oppression, or pain. He then entered his protest against further aspiration, and a quantity of some antiseptic fluid was thrown into the cavity of the chest. Fluid was withdrawn and injected with each sitting until it returned clear and limpid; at the end of the sitting it was so thoroughly withdrawn as to leave the patient in some slight distress. The recovery was rapid and complete notwithstanding that the patient had been reduced by a long illness before the development of the empyema. He reported a second case. Pleura filled with pus in very tuberculous patient. Daily aspirations healed completely the pleural trouble, though he was at the same time dying of tuberculosis.

The doctor thought there was an advantage in a small opening in the chest; other things being equal, a small hole is better than a large one, and one better than two. That it is better for the pus to flow only when the doctor is present, and the clothing to be clean in the intervals. He thought it best to have the orifice slanting or valvular. He recommended care to keep the drainage-tubes from slipping into the cavity. By means of the aspirator the lung was subjected to a daily stretching, such as it could not have had by any other means convenient, and not at all with a free opening of the chest. By leaving a slight vacuum after each sitting, he occasioned a gradual expansion of the lungs and contraction of the chest, and caused the mediastinal border to make a convexity towards the affected side of the chest, and give the sound lung more room. Gravity cannot coax pus out of a pocket; the aspirator can.

Dr. P. S. Connor, of Cincinnati, said he had seen aspiration succeed, and he had seen it fail. He had seen patients run down hill after repeated aspirations and recover when a free aspiration was made.

Dr. Joseph Ransohoff, of Cincinnati, has dis-

continued aspirating for empyema. All the cases upon which he has operated have died when tuberculosis was present. He mentioned a case of his where a drainage-tube was lost in the chest for fifteen days with no special harm. He thinks early free incision will save most cases.

Dr. Kinzman, of Columbus, spoke in favor of free incision for empyema. He operated as soon as aware that it was purulent. He is not fearful about air getting into the pleural cavity.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a recent reprint Dr. J. H. Musser, of Philadelphia, describes three cases of idiopathic anæmia. He concludes with a judicious hint as to the prevalence of the disease:

It had been thought because in parts of Switzerland the inhabitants were so frequently affected with idiopathic anæmia, it was an endemic disease. It will be seen that three places in this country give nearly all the cases, and yet we believe, for reasons entirely apart from endemic influences. Thus fifteen of the cases were observed in Philadelphia, thirteen in Canada (Montreal and Toronto), eight in Boston, and the remainder in separate localities. This is to us curious, and yet readily explained. In each locality the great attention paid to blood diseases was apparently more influential in recognizing the disease.

——Dr. W. W. Keen, of this city, has set forth the advantage which vivisection has been to medical science in a lecture entitled, "Our Recent Debts to Vivisection." He concludes with the just observation:

The sentiments of our own profession, so constantly and so conspicuously humane, are always against inflicting pain; but if in yielding to sentiment we actually increase disease, and pain, and death, both among animals and men, our aversion to present pain is both unwise and actually cruel.

——A description of a case of infectious ulcerative endocarditis and of one of acute pericarditis has been sent us by the authors, Dr. John H. Musser and Dr. George A. Pierson, of this city. They are instructive cases.

——The bromide of ethyl appears to promise well as an anæsthetic in labor. In a reprint before us, by Dr. E. E. Montgomery, of this city, the writer reports 112 cases, in which it was used without any fatality for mothers and with but three deaths in children, none of which could be attributed to its action.

——"The External Therapeutics and the Dietetics of Pulmonary Consumption," is the title of a suggestive paper by Dr. Thomas J. Mays, of this city, reprinted in neat form. The same writer treats of "The Physiological Action of Cocaine and of its Analogue Brucine." Both reprints can be had of Mr. George T. Davis, publisher, Detroit, Mich.

BOOK NOTICES.

A Text-Book of Medical Physics for the Use of Students and Practitioners of Medicine. By John C. Draper, M. D., LL. D., etc., with 377 illustrations. Cloth, 8vo., pp. 733. Philadelphia, Lea Bros. & Co., 1885.

It is rather hard on the already overladen student of medicine to add another to the "auxillary sciences" on which he is required to pass an examination. But the relations of physics to all the exacter sciences are now so numerous and so indispensable for their comprehension that it is not easy to see how it can be avoided. The author is not correct in supposing—as he intimates in his preface—that the subject is a new one in this country. But certainly we have no text-book which treats it as fully as the excellent one he has prepared. It begins with a statement of the properties of matter; then proceeds to its distinct forms as solid, liquid, gaseous, and radiant matter. Energy is treated of as potential and kinetic, and motion as translatory. After these, the special departments of physics are explained, acoustics, optics, heat, electricity, and magnetism, closing with a section on electro-biology. The applications of all these to physiology and medicine are kept constantly in view.

The text is amply illustrated, and the many difficult points of the subject are brought forward with remarkable clearness and ability.

Manual of the Antiseptic Treatment of Wounds. By W. Watson Cheyne, M. B., F. R. C. S., etc. 8vo., cloth. Pp. 146. New York, J. H. Vail & Co.

Those who would like to acquaint themselves, without spending too much time, with the doctrines of antiseptic surgery, will find this little volume just what they require. The author, who is a well-known authority on the subject, begins with the modes of repair in wounds, describes the species of bacteria and the means of their destruction, enumerates the materials employed in aseptic surgery, gives an example of an operation of the aseptic character, catalogues the special dressings in use, speaks of their modifications for country practice and in war, and concludes with a list of the chief antiseptics and the most approved methods of their employment. The illustrations are numerous, and are very neatly printed.

THE

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HEADACHE.

It is such a common thing to hear a person say, "*I have a headache,*" and it is as equally common to hear the reply, "*It will soon pass off,*" and we so constantly find such recommendations for its relief as a cup of tea, or a nap, or "vinegar and brown paper," and we so seldom inquire into the *cause*, unless the headache is so continuously persistent or some other prominent symptoms imperiously force our attention to a close examination, that we reproduce the following remarks from the *Lancet* as well worthy of careful consideration:

"Headache, although so common an affection, possesses a peculiar interest on account of the tantalizing obscurity in which its cause is often shadowed. Depending upon one or two main physiological principles connected with the passage of nervous impulses and the calibre of cerebral blood-vessels, it yet arises in response to so many different stimuli, that, practically, the branches of its original stem of structure, its distributive variations, are perplexingly numerous. Among the forms but recently described and named, though probably as old as art, is the 'academy headache.' Critics and doctors have vied with one another in trying to translate this term according to the rules of medical logic, but have not, so far, been able to agree as to its meaning. In venturing to put forward our own opinion on the subject, we think it best to notice the different circumstances which tend to produce in the frequenter of galleries that general sense of fatigue which is often the precursor of pain, and then to note the special stimulus which brings out of this chaos the formed and local ache. It should be noted that all do not suffer from this form of headache; while of those who do, some are less and some more affected. Fatigue may be the limit of annoyance with a certain class. They are heavy-limbed and heavy-headed, languid, but no more. The forces at work upon them are the warmth of the crowded room, the summer sunshine pouring through the skylights, the listless rotation or circulation, rather than walking, through the rooms, and the weariness of much-divided attention. Being robust and used to go about upon their feet, they soon lose the feeling of languor after its causes cease to act; and if their eyesight be equally healthy, they suffer no strain in these organs. There are other persons, of weaker organization or more sedentary habits, in whom pain quickly follows fatigue, and it is felt, for certain reasons, chiefly in the head. Among these

reasons we must note the fact that in the standing position the blood, driven by a languid heart, reaches the head with greater difficulty than when recumbent. Anæmia is one cause of headache. Anæmia, too, is associated with changes of arterial calibre which constitute the usual cause of megrim. Under these conditions, also, the giddy malaise of a loitering gait is painfully perceptible. Concentrated attention increases the uneasy sensation. The frequently constrained position of the head has its influence. It would be strange, moreover, if ocular movements had no share in the production of this complex indisposition. Let any one converge his eyeballs to an acute angle, as in squinting, or let him direct a sidelong glance of extreme obliquity, and a single effort will convince him of the pain of such muscular effort. No doubt this is the pain of muscular tension, acute and so far abnormal; but it is also possible to induce a similar pain from the strain of too frequent muscular action within the normal limits of accommodation to distance or other movements of the eye. Ocular pains of this kind are felt as an aching about the middle and back of the head. The scrutiny of paintings or engravings, from the many points of interest which have to be noted, requires a considerably greater exercise of the muscles of the eyeball than is called for in ordinary life. In this fact, established, as we have already stated, on a basis of fatigue and general muscular and nervous strain, we have probably the usual exciting cause of the form of headache we have been discussing.

DISEASE AS AFFECTED BY THE CLEARING AND CULTIVATION OF LAND.

Among the papers presented to the Ohio State Sanitary Association at its meeting last February, was one which we have read with much satisfaction, as it has appeared in full in the published Proceedings of the meeting. The subject is "Climatic Changes in Ohio, from the Destruction of the Forests and the Drainage of the Land, and their Effects on the Health of the People." The author, Dr. R. Harvey Reed, of Mansfield, has taken pains to collect from old physicians in the State, and from local sources, a mass of information not heretofore accessible, and his results are of importance not merely for the medical history of his own State, but for that of our whole country, which has but recently emerged from the forest wherever we go.

He traces the progressive removal of the primitive forests, the upheaval and drainage of the soil, and correlated to them, the modifications in the types of prevalent diseases. His general conclusions are so interesting that we give them:

1. From the destruction of the forests we have more wind, more humidity, and more rainfall (as shown by the Signal Service records), more dust, more sudden dashes of rain, resulting in more sudden changes from one extreme to the other, both as relates to temperature and moisture.

2. From the immense amount of artificial drainage, and the improvement of natural watercourses, there is a much more rapid transmission of water from the periphery to the great trunks and basins.

3. These two causes combined, act—1st, in removing the surplus surface-water supply more rapidly; 2d, by the decidedly increased evaporation: they together rob the natural regulators, and lessen the common supply of springs and wells, while the latter require deeper average penetration (as is shown in the records of well-driving firms), and the former, which once were strong, have partially or totally failed.

4. These changes have been followed with a decrease of all forms of malarial diseases, and an increase of typhoid fever, together with a very decided increase of all forms of catarrh, and their common sequelæ—deafness and chronic pulmonary troubles.

Finally the author is of the opinion, in addition to all these, that the increase of wind and dust is a decided factor in the propagation and spread of all forms of contagious and zymotic diseases, and furnishes a rational explanation for the frequent occurrence of the so-called sporadic cases of contagious diseases.

From some similar observations which we collected about twenty years ago in the State of Illinois, which, as our readers are aware, is largely a prairie state, and where the changes could not have come from the denudation of the soil, there had been a similar alteration of type in disease since the first generation after the general settlement of the country. The forms of malignant "bilious fever" with which the old physicians had to combat are now scarcely met with; malaria, though frequent, is unquestionably less severe; typhoid fever has increased; and spinal meningitis is decidedly more abundant. The cli-

mate has been modified much, as in Ohio, the cause apparently being the more rapid surface drainage.

It is highly desirable that these investigations be carried out while there are still living in most of our states physicians whose experiences carry them back to the epoch of the settlement of their localities, or nearly so.

Notes and Comments.

Plantar Neuralgia.

We cannot read too much about neuralgia, for there is probably no disease, that is not fatal in its character, that is so obstinate and so resisting in treatment; hence we reproduce the following case which Dr. C. W. Suckling reports in the *London Med. Times*, June 13:

H. E., a single woman, aged 38, employed as a domestic servant, was admitted into the hospital, April 9, 1885, complaining of pain in the soles of the feet, and inability to walk or stand on account of the pain. Both her parents had suffered from rheumatism, and two of her brothers have had rheumatic fever.

The patient had had jaundice twice, otherwise she had enjoyed good health, but was not robust. About four years ago, she had pains in both her feet, similar to the present illness, but soon recovered. Three weeks before admission she got her feet damp, and the next day they were very painful. There were shooting pains confined to the soles of the feet near the heel. The pain was much aggravated by walking or standing, and much relieved by lying down.

When examined on admission, there was considerable hyperæsthesia of the soles of both feet and tenderness. The hyperæsthetic area was close to the heel, and measured an inch and a half in length, and one inch in width on each foot. When the feet are allowed to hang down the painful areas become red and the veins stand out, and free perspiration follows. The same phenomena occurred after walking a few yards. There was a tender spot behind the internal malleolus and another over the heel. There was no special tenderness, no pain in the back, or any sign of disease of the spinal cord or its membranes. There was no pain in the joints, nor any heart murmur. The urine was normal.

The patient was kept in bed, and a blister applied behind the internal malleolus of each foot. Simple rest in bed relieved the pains, but she always suffered from them at night. Repeated blistering finally caused complete cessation of the pains.

At the time of reporting (May 9) hanging the feet out of bed does not cause them to become red or to perspire, and walking does not cause pain. For the time, at any rate, the patient is well.

This disease was first described by Weir Mitchell, and is said to be rare in women.

On the 20th of May the patient left the infirmary perfectly well.

On the 25th the patient, after having tramped about and been much exposed, was re-admitted, the pains having returned, but in a less degree than when first admitted.

A Case of Idiopathic Tetanus.

These cases are sufficiently rare to warrant reproduction; hence, we note the case which Dr. O. N. Royle reports in the *Lancet*, June 13:

He was sent for at two o'clock on the morning of March 11th last to see the patient (a woman). The messenger, upon inquiry, informed him that she had been feeling ill for the last ten days, with spasms and slight pains in the stomach, and that her bowels had been unrelieved for more than a week. Looking at the constipation as cause and effect—the night, moreover, a stormy one, and the house some distance from his residence—he did not consider the nature of the attack one of sufficient urgency to pay a visit at that early hour, so sent her by the bearer a brisk purge of croton oil, with directions to foment the body well until he saw her. Calling at eight o'clock the same morning, the bowels, he found, had freely acted, but the pain and spasm associated therewith had much increased. He then for the first time recognized the nature of her case. The last day in February, it seems, this poor woman had become greatly alarmed at seeing the hand of a child placed on a machine for cutting turnips in motion, although with no injury to the child further than a slight graze of one finger. It was a clear case of idiopathic tetanus from nervous shock. The poor husband was in great grief and distress about his wife, whom he succeeded in calming by the assurance that she would soon be better; nevertheless, every day for more than a week after first seeing her the symptoms increased in severity. Trismus and opisthotonos at one time were well marked, the latter coming on after an interval of some hours, and lasting from five to ten minutes, resisting apparently all treatment employed, first with opium in two-grain doses every three hours

for three consecutive days, then with chloral in half-drachm doses every four hours for a like period, with very little improvement, and subsequently with one grain of morphia injected hypodermically every night with two of Indian hemp, repeated at short intervals during the day—the symptoms after this treatment gradually disappearing on the second day until her recovery, just three weeks after receiving the shock. The case he thinks of some interest and worthy of record; first, from the great impression made on the nervous system from so slight a cause; again, no marked symptom of the disease showing itself until the eleventh day after the fright, resisting at first all treatment; and lastly, succumbing to Indian hemp and morphia injections, a line of treatment he should commence with most certainly if ever called upon to treat a similar case.

Periostitis Following Typhoid Fever.

The specific relation (if there is any) between typhoid fever and periostitis, is an interesting field for observation. We have already noticed several cases that have been reported, and now in the hope of causing further notice of this phenomenon we record the following case which Dr. Thomas Preston Gostling publishes in the *Brit. Med. Jour.*, June 6:

"The patient, a young woman, aged 17, had a moderately severe attack of fever, with a relapse occurring on the twenty-first day of illness, and before the first attack had subsided. The spots were very numerous, and involved the extremities, being present below both elbows and on the inner part of the thighs. There was constipation throughout; and in the relapse she complained of deafness and pain in the left ear, without any discharge. The pain lasted two days, the deafness four days.

"On April 2 (fortieth day of disease), and after the temperature had been normal for six days, the patient complained of pain over the centre of the right tibia, on its inner surface, and the temperature rose to 99.2°. There were very slight redness, some swelling, and also well-marked tenderness. Extract of belladonna, mixed with an equal quantity of glycerine, was smeared on the part, and hot fomentations were applied, which relieved the pain slightly for a time, although, on April 3, the swelling had increased in size. Redness now extended over an area of about four square inches. Fluctuation could not be obtained, and the attempt to do so caused intense pain.

"On April 6, the temperature had reached 99.6°; the pain had increased; the tenderness had become excessive; and the swelling had become larger, now measuring 4 inches long by 3½ inches wide. The pain was much worse at night, and kept the patient awake.

"An enlarged painful gland was noticed in the right popliteal space on April 9, and on the following day there was distinct fluctuation over the centre of the swelling. It was opened by a small longitudinal incision, and half a drachm of pus escaped. The temperature came down to normal the next day, and remained so until the discharge of the patient. The pain was at once relieved by the operation.

"A careful examination did not show any bare bone. Fomentations were continued until April 14, when, the wound having commenced to granulate, it was dressed with red wash, and it had entirely healed by April 21. The swelling had also entirely vanished."

A Series of Cases of Diphtheria.

The following series reported in the *Brit. Med. Jour.*, by Dr. T. H. Sawtell will furnish food for thought:

Between April 20 and 30, diphtheria attacked all the children living in a house in Hornsey Rise, members of two families. The ages were three and three-fourths years, four and one-half years, three and one-fourth years, two and three-fourths years, eighteen months, and eight months respectively, six in all.

The first patient was moribund when his parents called me in. Chloroform and emetics failing, I did tracheotomy. For twenty hours he breathed well, but died four hours later. The necropsy revealed collapse of both lungs, with non-adherent membrane throughout the trachea and bronchi, the subjacent mucous membrane smooth, slimy, neither tumid nor congested. On the tonsils, the usual diphtheritic appearances were present. He had been ill for nearly four days.

In the second case, the air-passages proper seemed to escape, but the membrane rapidly invested the eyelids, nostrils, mouth, and fauces. All these surfaces bled freely. Hard œdema, with enormous swelling, occupied the whole neck, finally reaching the chest-wall. There was no marked dyspnœa. On the seventh day, stasis, and hemorrhages occurred in the limbs, and the child died quite suddenly from clotting of blood in the heart or great vessels. There was no post-mortem examination.

The treatment, adopted also in the other four cases, modified as circumstances required, was, brandy very freely, tincture of perchloride of iron

in five-minim doses every four hours, frequent emetics, with a diet of milk and egg. While the throat was actively inflamed, I used antimony to produce vomiting, following it with abundant brandy.

The child aged three and one-fourth years, although exhibiting very acute symptoms, rapidly recovered after three days.

Cases four, five, and six were very severe, all having malignant symptoms, with epistaxis, etc. After much trouble, however, they escaped. In my judgment, tracheotomy was contra-indicated in all the cases except the first. The interest of these notes lies in the fact that four out of five malignant cases, two of them infants, were treated successfully with abundant brandy, frequent emetics (at first antimonial), and iron, the membrane on the tonsils and pharynx being undisturbed; in fact, the throat was not touched.

Intra-Pulmonary Injections.

The treatment of phthisis has at all times been unsatisfactory; cases often progressing steadily downwards in spite of our most active therapeutics. Dr. W. C. Phillips, in the *New York Med. Jour.*, June 20, 1885, records two cases of intra-pulmonary injections, one in advanced phthisis and the other with a large superficial excavation.

Solutions of permanganate of potash, iodine, and carbolic acid have been used by other experimenters with invariably good results. The doctor used Lugol's solution diluted with five times its quantity of water, using an ordinary hypodermic syringe.

The injection causes but little pain, and is to be performed at full held inspiration, as it is then easier to keep the lung in repose. He suggests that the needle be graduated in inches and fractions thereof, thus enabling one to be more accurate.

Both of his cases were followed by good results; in one the improvement was marked.

The case of Pepper's, referred to in the article, has been seen a number of times by the writer in the Philadelphia Hospital. Her disease has undoubtedly been held in check by the injections used by Pepper ten years ago.

The doctor offers as suggestions, first, could not the injection be given with impunity much oftener than has been recommended by Pepper and Robinson? Second, is not the severe paroxysm of coughing caused by the injection being thrown directly into a bronchus?

In regard to the first, he says his patient received five injections in eight days, and the result has been not in the least disastrous. In regard to proposition second, each time that the patient had a paroxysm of coughing she at the same time mentioned that she observed the acrid iodine taste in her mouth; at times when she did not cough she complained of no taste in the mouth; hence, the conclusion is obvious that the cough is caused by the irritating effect of the fluid upon the membrane of some part of the bronchial tract.

Hysteria, with Attacks of Tetany, Induced by Pressure on the Ovary.

E. L., a woman aged 27, was admitted into the Queen's Hospital, February 23d, 1885, suffering from paraplegia. She was markedly hysterical and had the characteristic "facies hysterica." While in the hospital she suffered from globus, clavus, dyspnœa and flushings of the face. At times also she had photophobia.

There was marked ovarian hyperæsthesia, and firm pressure over either ovary at once produced flushing of the face, a painful sense of fulness in the throat, and choking, quickly followed by rigidity of hands and feet, the hands assuming the characteristic posture observed in tetany. The legs and feet were strongly extended, the big toes showing a tendency to be flexed. Trismus was also brought about at the same time. The rigidity quickly passed off after discontinuance of the pressure. On one occasion catalepsy was present, the limbs maintaining any position in which they were placed for a considerable time.

The treatment consisted in isolation, blistering over the situation of the ovaries, and Faradization. The patient when discharged could walk well, and had lost the ovarian tenderness; no symptoms were produced by pressure.

The above case, which Dr. C. W. Suckling reports in the *London Med. Times*, June 13, is very instructive and possesses much practical interest, in so far as it will serve to remind us that in very many of those mysterious and illy-defined hysterical conditions so often noted in women, the ovaries are at fault; it reminds us that we should look to and direct our treatment to these little organs. Pressure over the ovaries will often serve to unravel hitherto mysterious cases.

Osphresiology.

The *Med. News*, June 20th, tells us that Dr. Monin, Secretary of the French Society of Hygiene, has recently written a monograph upon the odors of the human body. The Society of Medicine of Paris has given him its triennial prize for this

work. The subjects successively treated in it are the odor of the skin and its appendages, the odor of the breath, of expectorations, of vomited matters, and of eructations, of feces and intestinal gases, of the urine, of the female genital organs, and of suppuration and gangrene.

Various pathological conditions are indicated by the odor of the skin, or of its perspiration, and by that of the breath. For example, the skin has an ammoniacal odor in cholera, and in dysentery the perspiration has the odor of the anal dejections; in hysteria the hair has the odor of ozone. In diabetes the breath has a sourish odor; if this odor be slight, it is due to aldehyde, but, when more marked, it is due to acetonæmia; a garlic odor of the breath in infants indicates intestinal worms, and upon this indication alone anthelmintics may be given.

Of course, the detection of faint odors will depend upon the olfactory power of the individual, and one may be able to perceive distinctly that which another fails to recognize, for doubtless there are just as great variations in the sense concerned as have been shown to exist in the sense of hearing, or in that of seeing. It is probable that science, which has done such marvels in making the unseen seen, so vastly increasing the size of an object of research, will one day find means to make odors more distinct, and thus assist professional investigation.

Heroic, or Poisonous Doses.

At a recent meeting of the Société de Thérapeutique M. Huchard brought forward to the notice of his colleagues several examples of accidents succeeding the administration of iodide of potassium in large doses. Besides the iodism usually observed, such as swelling of the eyelids, œdema of the face, and even purpura iodic, other symptoms of a graver character have been observed by him in two cases. The first, that of a man who took forty grains of the iodide and a drachm of the bromide for an aneurism, very violent dyspnœa followed. The second, a syphilitic, was attacked with such severe suffocation after having been given a certain quantity of the iodide, that tracheotomy had to be performed to save his life. M. Lereboullet said that when he was house-surgeon at a hospital in Strasburg he saw given for syphilis as much as *nine drachms of iodide of potassium a day*. Rarely evil results followed this large dose, and he thought that idiosyncrasy in many persons would account for the accidents referred to. In affections of the aorta and atheroma he has given it in small doses (five or six grains) with the best result, but it should be continued for a long while. M. Huchard said that he gave the salt at the rate of one gramme a day, or fifteen grains for two years, in angina pectoris, and he is confident that he has obtained several definite cures.

A Curious Case of Hiccough Cured by the Extraction of Nine Needles from the Epigastrium.

Liégeois has described in the *Revue Méd. de l'Est* a case of intractable hiccough in a nervous and irritable woman, aged twenty-one. The paroxysm lasted twenty-four days, and was so violent that the whole body was shaken, and the noise could be heard at a distance of forty yards. Bromide of potassium and ether had been given without success. Chloral and hyoscyamine produced a temporary improvement, but the paroxysms reappeared after a time. Opium and atropia were then administered, and the hiccough ceased for about a month, when a new attack occurred. Five months later, a small abscess formed in the epigastric region, and a needle, which projected through the skin, was extracted by the patient's sister. An incision was then made by Dr. Liégeois, who found eight other needles in the subcutaneous tissue. This operation was followed by a complete cure, but the author is unable to state whether the needles had been swallowed or introduced under the skin by the patient herself.

Systematic Examination of Wet-nurses for Preventing the Transmission of Syphilis.

The *Med. Record*, May 30, says: Several years ago a bureau was started in Moscow (*Jahrbuch für Kinderheilkunde*), where wet-nurses could be examined by specialists with reference to old or recent syphilis. The examination was intended to be a very searching one, on account of the latency which characterizes this disease, and the possibility of future outbreaks in such cases. A certificate of immunity was withheld if suspicious glandular swellings, scars in certain places and of a certain character, suspicious pigmentations, or swellings of the bones were present, or if there was a history of repeated miscarriages. The condition of the nipples was especially noted. Of 490 women, who were examined in the course of three years, seventeen per cent. were refused certificates of immunity. In an additional four per cent. of cases, the evidences of syphilis were unmistakable. It is gratifying to know that this bureau appears to have met with the approval of Russian physicians. But in our own country the establishment of such an institution is hardly practicable.

Simulo in Epilepsy.

In the first number of *El Boletin Medico*, published at Trujillo, Peru, Dr. Larrea y Quezada recommends the treatment of epilepsy by an Indian remedy "simulo," which is the fruit of *Capparis Coriacea*, a plant indigenous in Peru. *Melocharn*, a conserve made from another plant belonging to the same natural order, is also used in epilepsy. Of the powdered simulo, 45 grammes are mixed with 500 grammes of the sweet sacramental wine, and of this a wineglassful is to be taken night and morning. In his own case, this treatment was most successful. As a boy, aged 13, he had fourteen epileptic attacks, preceded by a distinct aura, but under this treatment the fits left him. Since he has been in practice he has employed simulo extensively in epilepsy, hysteria, and other nervous diseases.

A Formula for Ring-worm.

Dr. Henry Browne gives it to us in the *Brit. Med. Jour.*, June 6:

℞. Sodæ hyposulphitis, ℥j.
Solve in aqua, fl. ℥viij.
Et adde acidi hydrochlorici, fl. ℥j.
For outward use only.

The use of this lotion, as a water-dressing covered with oiled silk, and accompanied by daily washing in soft soap and water, has proved perfectly satisfactory.

An Ointment for Sore Nipples.

Groussin (Eclraireur Pharm.; Lyon Méd., N. Y. M. J., June 20, 1885) recommends, for application to sore nipples in nursing women, the following ointment:

℞. Sacch. alb., ℥j.
Zinci. ox., ℥j.
Acaciæ,
Glycerinæ, āā ℥j.
Mft. ungt.

Correspondence.

The Communicability of Scarlet Fever.

Eds. Med. and Surg. Reporter:—

I noticed an article in the last number of the Reporter, on "The Communicability of Scarlet Fever through a Third Healthy Person," and, thinking my experience may add something to the literature of the subject, I write this hurried note. In the fall of 1878 Mrs. G., of this place, visited friends some fifteen miles or more from here, staying two or three weeks.

Previous to that time there had been no case of scarlet fever in this neighborhood, and no epidemics of the disease for several years. There were some few cases in the community where Mrs. G. was visiting, but, as subsequently learned, not seemingly of a malignant character. In about a week or ten days after her return, two of her little grandchildren were taken with the disease in so mild a form that, if it had not been for the throat-trouble and the peculiar pasty condition of the tongue, it would hardly have been recognized as scarlet fever. The cases progressed favorably and the patients were soon well.

In the meantime, a family living about one or two hundred yards away from Mrs. G., and whom she visited soon after her return, were taken with the disease, in all its virulence, one of the children dying in a few days, and some five or six others had the disease with its unpleasant sequelæ, and tardy convalescence. These children were *never* outside of their own door or yard, and the only possible communication was as above mentioned. In addition to this, my own little boy, as in the case of Dr. Hewetsen's, climbed on my lap after my return from seeing Mrs. G.'s grandchildren, and in the usual time the disease developed, and the child died in a few days. My other children also had it, but recovered, and the disease became general, spreading far and wide throughout the community.

In the fall of 1879, when there had been no known cases of scarlet fever for six months at least, a woman came on a visit to a family in another part of my field of practice, from a place some thirty or forty miles away, where scarlet fever was prevalent. The usual result followed in the family she was visiting. Every child in the family—seven—being attacked by malignant scarlet fever. All recovered, however. The disease spread, and was of the most malignant type I ever saw. One bright little fellow died in less than ten hours after he was taken, or at least after he complained of being sick, another in eighteen hours and so on. I hope to be spared from ever passing through epidemics of scarlet fever such as I have mentioned.

It seemed to spare neither age, sex nor "previous condition of servitude." I saw cases that were well-marked in persons as old as sixty years and more, and all ages younger than that.

I never knew a nursing child to die of scarlet fever, and regard the danger, other things being equal, as slight, even when malignant, after the age of puberty. Parturients, however, should be excepted. Since that time I have never had a doubt in regard to the communicability of scarlet fever.

In this connection, it may not be out of place for me to give a short similar testimony in regard to diphtheria. Mr. M. and his wife, parents of a large family, all of them at home, except the two oldest daughters, married, went on a visit to one daughter, married, living not far from Wheeling, West Virginia, taking their youngest child, a boy some four or five years old with them. Whilst there he contracted diphtheria, which was prevailing there, and died after a short illness. The heart-broken parents buried their baby among strangers and returned home.

There had not been a case of diphtheria in this country for a long time, although scarlet fever was epidemic, but in a week or two diphtheria, in its most malignant form, broke out in Mr. M.'s

family, and four out of six remaining at home died. Mr. and Mrs. M. said they brought nothing with them that had been about the first child that died, so that the disease must have been carried in their own clothing.

WM. F. MITCHELL, M. D.

Addison, Pa., June 29, 1885.

Facial Erysipelas.

EDS. MED. AND SURG. REPORTER:—

This disease has long been known by various appellations throughout the civilized world, and yet comparatively little is known of its ætiology, and there is room for improvement in the treatment. It was formerly treated entirely as a local disease; but the old barbarous treatment with caustic applications has deservedly fallen into disrepute. Many are the cases who suffer from the intense burning and disfiguration of the face resulting from facial erysipelas; and in some cases life is destroyed. And yet, many of the sages of our profession seem to regard it of little importance, and lecturers in our colleges give it a mere passing notice. In the REPORTER, February 21, 1885, there appeared an article on pilocarpine in this disease. In another, February 7, a member of the profession reports a case of facial erysipelas cured with local applications of ext. jaborandi, fld. ℥j.; tinct. opii and glycerine, āā., ℥ss: preceded by a purgative, which of, course should always be given when needed. Of course, we cannot doubt the truth of his statement; but that there are cases of this disease not amenable to local applications of any drugs yet employed, is self-evident. It is not my purpose to set forth anything new, or to exhume anything ancient in the treatment of this disease, but if possible to discover some mode of treatment that will arrest the course of the disease more rapidly, and without the deleterious influence on the teeth of tincture of iron, which is now our "sheet anchor." I should be glad to have the experience of any member of the profession who has used jaborandi or its alkaloid in this disease—the dose given, interval between doses, and how long continued. In case of nausea and vomiting, which usually follow large doses of jaborandi, what are we to do? I think we ought to report the failures as well as the successes. I have heard of cranberry poultice being used in this disease. Has any one tried it? If so, is the result due to the heat and moisture, or to some therapeutic property contained in the berry?

I will ask your indulgence for a brief period, while I give my experience with jaborandi in a case of facial erysipelas. Was called to see Mrs. D. about 3 p. m.; age 35, medium height and weight, with neither history of any hereditary disease, nor previous attack of erysipelas. She complained of intense pain in the head, face swollen, discolored, and exceedingly sensitive to the touch. The swelling and discoloration extended from a point just below the left eye, over the entire side of the face and nose. Temperature 105°, pulse 120 per minute. I ordered internally, ext. jaborandi fid. gtt. xx. every hour, and locally, ext. jaborandi, fld. ℥j., tinct. opii, and glycerine āā ℥ss., keeping the face moist with this preparation. I returned about 9 p. m., finding the patient still suffering as before, with the addition of nausea and vomiting. I succeeded in checking the vomiting by discontinuing the jaborandi a short time and using bismuth subnit. I continued this treatment for three days, giving the patient all the jaborandi her stomach would tolerate and applying it locally as at first. The disease continued to spread, now covering the entire face, ears and sides of the neck. The temperature continued as high as ever, and in fact the case began to assume a serious aspect. I ordered tinct. ferri chloridi gtt. xx. every hour. In twelve hours the fever abated a little, and the patient was more comfortable. The interval between the doses was lengthened to two hours. In three days the temperature was normal, and the swelling and discoloration nearly gone.

The iron was continued a few days in smaller doses at longer intervals, and was followed by elix. quiniæ. ferri et strychniæ, as a tonic. The patient made a complete recovery without any discoloration of the face. It is unfortunate both for us and our patients that all cases do not terminate thus happily. While I was treating the case reported, I was also treating a case which finally succumbed after an illness of about eight weeks. This patient was treated with tinct. of iron in large doses from the first. Some cases cannot take tinct. of iron, and pills of "reduced iron" may be used.

J. H. MOORE, M. D.

Spring Hill, Johnson county, Kansas.

NEWS AND MISCELLANY.

Death of Armand Peltzer. (The Finale of a Great Crime.)

A recent number of *La Belgique* records the death of Armand Peltzer, who, along with his brother Leon, was found guilty of the murder of William Bernays, the eminent Belgian advocate. The details of this crime, which was designed by Armand, now deceased, and carried out by Leon, were of the most sensational character, transcending the most exciting narratives of Braddon or of Allan Poe, and were fully described in its pages for February, 1883, p. 106. The two brothers were sentenced to death, but, owing to the insuperable objection of the King of the Belgians to capital punishment, had the capital sentences altered to imprisonment for life. They were employed as bookbinders, and Leon, being of a coarser organization, appears to have reconciled himself to the situation. Armand, ambitious, unscrupulous, crafty, and fond of pleasure, felt keenly the loss of social position and enjoyment; he got thinner and weaker, and gradually fretted his life away. Last week he was attacked with pulmonary hemorrhage, to which he quickly succumbed. Neither of the Peltzers had to complain of material discomfort, and, in fact, their treatment all along and at the close illustrates the present unhealthy moral atmosphere of social life in some parts of the Continent. Here they would have been convicted felons of the more heinous type, known by their prison numbers, dressed in prison clothes, and seeing their families at distant intervals, and separated by solitary confinement.

In the Belgian prison the Peltzers used to see their families whenever they liked, in a comfortably furnished room and in their ordinary clothing, which they used to put on for the purpose (*revetir les habites burgeois pour reçevoir la visite*). Leon had a taste for reading, and in his room were "The Letters of Paul Louis Courrier," "The History of Napoleon the First" by Lanfrey, and a number of works of fiction, travels, and history, lent to him by various private friends. He requested to be supplied with the *Revue de deux Mondes*, but the Director of the prison declined to permit this. In these countries the death of notorious criminals either passes unnoticed, or, at most, is briefly mentioned in the journals. The closing events of Armand Peltzer's life are described at length, and read very like the deathbed scene in "Traviata." All that was said and done by himselt and by the others present, is recorded with much unction, constituting a regular apotheosis of crime. The newspaper account concludes by mentioning that the remains of Armand Peltzer are to be removed from the prison of Louvain (where he died) to Berchem, the fashionable cemetery of Brussels, where they are to be interred in the family vault.

The Waking Power.

The *Popular Science News* tells us that an old problem of the psychologists has been revived by a letter to *La Nature*, written by a French business man, who mentions that for years he has been in the habit of waking himself at any hour in the morning that he wished, simply by impressing upon his mind, before going to sleep, the fact that he must awake at that hour. He says, further, that he seldom varies five minutes from the moment which he has assigned himself. The editor of the journal adds: "We have a distinct recollection of many instances in which we have ourselves tried the experiment with success; and at one time, when it was necessary for a considerable period for us to wake on certain days of the week at a very early hour, to take the first train to the place where our services were then needed, we had an opportunity of studying the circumstances under which this peculiar species of self-control is most easily exercised.

"Whatever part of our mind it might have been that took charge of waking us, seemed to begin its count of the hours from the time at which we composed ourselves to sleep; and, if we did not inform ourselves of this, our conscious reckoning was correspondingly uncertain, and the effort to wake vague; but, if we took a clear note of the time in the evening, we could sleep peacefully through the whole of the allotted interval, sure of being aroused at or near its expiration.

"Another condition of waking we found to be the occurrence of some small external event, through which, as it were, the internal effort could take effect upon our senses. A very trifling circumstance—the flutter of a leaf outside the window, the chirp of a bird, or any other of the unnumbered sounds of early morning—was sufficient, if it happened at the right time, to wake us by a sort of magnifying process, which at that moment gave the power of starting up by a noise which would at other times be unnoticed; but without such sensible impression, we think we should not have waked. In fact, on one or two occasions we remember to have been impressed with a dim consciousness of waiting for something to happen before waking; and a moment later a trifling sound would open our senses with a little shock. To the necessity of waiting for this impression, small as it might be, we were disposed to attribute the variation of a minute or two, either way, from the exact moment assigned for waking, which might otherwise be kept with exact punctuality."

Aunt Betsy's "Simpsons."

A writer in the *Columbus Med. Jour.*, for July, says:

One day, not long ago, I was called to see an old colored woman of the "fo'-de-war" type, black as the ten of spades (which is ten times blacker than the ace), extremely voluble, and anxious to impress me with the importance of her "simpsons," of which she was determined I should have a full and clear understanding before I prescribed.

"My mis'ry, doctor, wuks right up from bofe my legs, an' up through my stummick, and den crosst my bowels, all a shaky an' a wig-waggy! Den my right shoulder, doctor. *Law sakes!!!* Dat yer mis'ry in my right shoulder pow'ful bad sometimes. Den I has shootin' pains all up an' down my spine; dreadful! an' lumps in my flanks, an' a burnin' all over my right side, an' a *roarin'!* yes, honey, an' awful roarin' in my head, an' de bones all loose in my head. Den I has pains in bofe shoulders, an' my insides dey workin' jes' like maggots!! an' I has a draggin' in my stummick, an' my sistum very bad. Ef you b'lieve me, doctor, dar's a patch of mis'ry in de small o' my back, an' when I stan' up 'pears like my insides dey stickin' to my spine! an' a wallowin' in my head, an' I don' got no appetite, an' 'pears like every minute I gwine throw up my insides. I can't drink no fresh water; drinks all my water *biled!* In de night you can hear my head a roarin' an' a buzzin', an' den my bowels gets to workin', an' you can hear 'em a crackin' an' a blabbin', an' dey all a shakin' an' a trimblin'. Den I has a hotness in de bone o' my neck; yes, doctor, right in de bone o' my neck, an' at fuss a *pang* riz up right acrost my neck, an' riz an' *bust!!* I knowed it wa'n't a blood-vessel else I died *sure*."

The Pennsylvania State Board of Health.

At the first meeting of the State Board of Health, held at Harrisburg July 2 and 3, immediately after the organization of the Board was completed, the following resolutions were unanimously adopted:

Resolved, That the State Board of Health desires to express its hearty approbation of the energetic measures now being prosecuted by the health authorities of the cities of Philadelphia, Pittsburgh, and Erie, in order to avert the threatened invasion of Asiatic cholera during the present summer.

Resolved, That in house-to-house inspection, faithfully and fearlessly performed, it recognizes the only reliable means for discovering the actual

sanitary condition of a city, and that the appointment in the city of Philadelphia of an officer who shall devote his entire time to the work of disinfecting such premises as are reported by the inspectors to be a source of danger to the public health, affords reasonable ground for the hope that with proper pecuniary support from the City Councils, these efforts will there be crowned with success.

Resolved, That the Board of Health regrets the suspension of the order of the Board of Health of Philadelphia, directing the disuse of filling up of wells of drinking water in built-up parts of the city, believing that all such wells, if not already polluted, must shortly become so, thus constituting a constant source and menace of disease.

Resolved, That that this Board pledges to the Boards of Health, Health Commissioners and Health Officers of the cities aforesaid, its vigorous co-operation in all action designed to avert pestilence from and maintain a high standard of public health in, the ports of entry of this commonwealth, and will unhesitatingly use for this purpose the powers which the Legislature has conferred upon it, and will also avail itself of such advantages as may accrue from its relations to the National Board of Health and the Boards of Health of neighboring states, to the same end.

Resolved, That in view of the lateness of the season, and the threatening character of the intelligence from the south of Europe in regard to the progress of Asiatic cholera, the Boards of Health or health officers of the aforesaid cities be requested to send at once to the secretary of this Board copies of their regular reports, together with such other information as in their judgment it may be important that this Board should be in possession of, without waiting for the preparation of blanks by this Board.

Medicine in Greece.

The *London Med. Times*, May 16, 1885, tells us that a correspondent of the *Semaine Médicale* (May 6) gives a satisfactory account of the state of medical education in Greece at the present time. The Faculty of Medicine of Athens, he observes, is the most important of the two Medical Schools in the East. (The other, that of Constantinople, is especially devoted to the instruction of military doctors for the Turkish army.) It is well managed, and is provided with clinics for the complete instruction of the numerous students who frequent it, not only from the different parts of Greece itself, but also from the entire East. The old laboratories have been replaced by new constructions; and the Hellenic government has determined upon founding a new laboratory for the physical sciences, and a large establishment for anatomical and microscopical researches. The study of medicine extends over four years, and for the degree of doctor an examination has to be passed at the end of the second year, and another at the end of the fourth year. But the diploma does not confer the right to practice, for which another year has to be passed at the hospitals, and a third examination undergone. Athens possesses two important medical societies, the Society of Medicine and that of Hygiene, while the Parnassus, which is a scientific and literary society, has a section devoted to medicine, physiology, anthropology, and physics. There are two medical weekly journals, and a monthly one, published by the Society of Hygiene. A Greek Medical Congress has also been established. Its first meeting was held at Athens in 1882, and the next is to take place at Constantinople in 1886.

The Yellowstone Park as a Winter Sanitarium

From my own observations, and from inquiries made on the spot, I am of opinion that the Yellowstone National Park possesses, in a high degree, all these essential conditions. In elevation above the sea it surpasses Davos; the great plateau of the park is between 7,000 and 8,000 feet above sea-level, while it is stated that not one of the narrow valleys dips below 6,000 feet. The mountain ranges, partly surrounding and partly within the park, rise to heights of from 10,000 to 12,000 feet. I should anticipate, therefore, that all the advantages which, as a winter resort for invalids, Davos possesses from its elevated position, would be enjoyed even in a greater degree in the Yellowstone Park. The period of permanent snow is longer, so that invalids could remain there probably until the end of April, whereas the melting of the snow generally compels them to leave Davos early in March, when the climate of the valleys is peculiarly unfavorable for chest complaints. It is to be expected, from its greater elevation, that a still clearer sky and a larger proportion of sunny days would be experienced in the Yellowstone Park, while the wholesomeness of the air would be still more marked, owing to its comparatively greater freedom from zymotic matter.—*From "A Great Winter Sanitarium for the American Continent," by Prof. Edward Franklana, in Popular Science Monthly for July.*

Medical Mission Work in China.

From the report for 1884 of the Hang Chow Medical Mission in connection with the Church Missionary Society, it appears that the total number of out-patients attended during the year was 2,920 and of in-patients 235, patients visited at their homes bringing up the total of those who were relieved by the mission to 4,707. Anæmia, as in the case of the Chin-Chew Hospital, the work of which was noticed in a recent issue, formed a large percentage of the cases coming under treatment. It is especially common amongst women, and is easily accounted for by the following causes: Marrying too young, hemorrhagic losses during confinement, suckling their children for three or four years, and their cramped feet, which prevent them taking proper and sufficient exercise. Diseases of the skin and digestive system and malarious fever also each contribute a large percentage of patients. A new hospital, comprising a refuge for opium smokers, which was its *raison d'être* when commenced some thirteen months ago, and a medical school are almost completed, and will, it is expected, be opened in a few months.

Therapeutical Inventions.

The McIntosh Batteries.

The McIntosh Galvanic and Faradic Company,

of Chicago, attracted much attention at the New Orleans Exhibition for their fine display of goods and the improvement they have made in electrical articles generally. They received first medal for fine displays of electrical goods, and first medal for their combined solar microscope and stereopticon. Dr. L. D. McIntosh, the inventor, deserves great credit for arranging and making this display, because he met in competition the electrical inventions of Europe and America and took the first medal.

STAUFFER'S UTERINE EXAMINING INSTRUMENTS.

These instruments are of hard rubber, the specula with a high internal polish, not breakable, admirably arranged for carrying in the pocket without occupying much room, and very durable. We have used them for years, and prefer them to any others we have tried. A descriptive and price list may be obtained of the manufacturer by addressing care of this journal.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended June 13, 1885.

Long, W. H., surgeon. Granted leave of absence for three days, June 18, 1885.

Fessenden, C. S. D., surgeon. Leave of absence extended seven days on account of sickness, June 24, 1885.

White, J. H., assistant surgeon. Granted leave of absence for twenty-one days, June 23, 1885.

Items.

—Pasteur's method of vaccination for cattle-plague has proved completely successful in India for elephants, horses, asses, cows, buffaloes, and sheep.

—Oxide of zinc, according to Professor Peterson, of Kiel, is just as *good as iodoform in the treatment of wounds*, is not poisonous, is cheaper, and does not smell offensively.

—The *Pacific Medical and Surgical Journal* states that the law regulating medical practice is a failure, because juries cannot be found who will convict, "even though they be the lowest Chinese charlatans."

—Nasal polypi, it is said, can be readily cured by the injection of a solution of a scruple of tannic acid in a fluid drachm of water. Ten to twenty minims of the solution are to be injected into the polypus. The polypus shrivels, dries up, and comes away without pain or trouble.

—An unusual bathing fatality is reported from Greenock (Scotland), where a boy, while bathing in a stream, fell on his side against a broken bottle. The abdominal walls were cut through, and the intestines protruded. He was conveyed to the infirmary, but succumbed to his injuries within forty-eight hours.

—Dr. Pasquale Ferraro has recently (*Il Morgagni*, February and April, 1885) conducted a research on the comparative pathology of diabetes, in the Anatomical Institute of the University of Naples, under the direction of Prof. Schrön. It results that diabetes mellitus may develop spontaneously in the dog, and gradually intensify until it becomes fatal. The etiology, clinical course, and histological anatomy of the disease, are similar in the human and canine species.

—Chicago is to have a charity that will be a credit to the philanthropy of its founder. March 7, the will of Mrs. Clarissa C. Peck was admitted to probate. By the provisions of this will, the sum of $125,000 is appropriated to the purchase of ground and the erection and furnishing of a building to be known as a home for incurables, and the balance of an estate amounting to upward of $600,000 is given as an endowment for the same.

—To the Sheffield Medico-Chirurgical Society, Mr. Edward Barber showed a lad, æt. 15, the subject of a most marked form of pigeon-breast; the prominence of the lower portion of the sternum, with its attached cartilages, was extreme. The mother said that the boy was quite right until two years of age, when the breast changes began; they have been rapidly increasing of late. There is no deformity of the spine, and in other respects the boy seems well-nourished.

—Under the name of "Transverse Anterior Club Foot," M. Mollière, of Lyons, has described a deformation of the foot in which the first phalanx of one or several toes is in a position of forced extension, while the second and third are flexed. The arch formed by the heads of the metatarsal bones is flattened in consequence of the relaxation of the ligaments, and the patients complain of much pain after exertion. The symptoms are relieved by the use of an India-rubber pad, placed under the head of the second metatarsal bone, and the toes soon resume their normal position, but the treatment must be continued during several months.

Personal.

—Dr. F. Le Sieur Weir has resigned from the Medico-Chirurgical College of this city.

QUERIES AND REPLIES.

MESSRS. EDITORS:—

Is the common crude petroleum poisonous when taken internally, say in quantity of two or three ounces?

MARCIPAN.

Ans.—If the inquiry means whether it is liable to produce *fatal* results, we believe we may answer in the negative. Petroleum taken in such quantities would be partly vomited, partly passed off by the bowels, and the kidneys.

MESSRS. EDITORS:—

I notice that several prominent makers and venders of disinfectants say their compounds are endorsed by the Public Health Association. I cannot learn what the Public Health Association is. Is this a deception upon the public to boom their compounds? Please advise a reader.

MEDICUS.

Ans.—The title "The Public Health Association" is certainly very vague, and we believe is not the full name of any scientific body; we presume, however, that its employment is rather out of carelessness than an attempt to "steal thunder."

Dr. J. K. R., of Mo.—We should not care to recommend one college above another. There are at least a dozen in the country which stand at the top, and are equally good.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1482.] PHILADELPHIA, JULY 25, 1885. [Vol. LIII.—No. 4.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SURGICAL TREATMENT OF INFANTS.*

BY DEFOREST WILLARD, M. D.,

Lecturer on Orthopædic Surgery, University of Pennsylvania, Surgeon to the Presbyterian Hospital, etc.

Your committee having invited me to speak to you to-night upon the Surgical Treatment of Infants, I purpose to confine my remarks chiefly to personal experiences in the means of relieving the principal surgical difficulties which are met with during the first two years of life. If the subject shall occasionally lead me to mention older children, it will be because the line between infancy and childhood is not a marked and well defined one.

As you are all active practitioners also, it will be unnecessary for me to dwell on detail, and I shall only touch upon practical points in treatment. The surgery of childhood as compared with that of adult life, is, aside even from congenital defects, sufficiently marked and distinctive to entitle it to separate consideration.

First of all, must the children's surgeon acquaint himself with the anatomy of the child. This is rarely done, as the ordinary adult dissections during a college course give little idea of the size and position of the individual elements as seen in the infant. In consequence of ignorance upon this practical point, many grievous failures have occurred. After unusually large opportunities for the study of both normal and abnormal tissues in the diminutive frame, I am still frequently surprised to note the exceeding smallness of different organs and canals.

Another essential element in the surgeon is tact in the management of the little ones, especially when dealing with those between the ages of two and ten. In hospital cases, but little history is attainable, and much depends upon quick perception. Naturally fearful of pain, the patient's mind must be diverted and engaged, or great difficulties in diagnosis will often occur from the fright and struggling. The operator not in sympathy with children, can never secure their confidence. Much will often be gained by quiet observation. It is not a month since my opinion, which in the first few moments of the consultation had been favorable to tracheotomy, was changed by five minutes' close watching, and the result proved the correctness of the procedure. To the person, however, who will carefully study individuality as well as disease, no department of medicine offers so pleasant a return for his labors. My personal experience with children has perhaps made me more hopeful in regard to the power of such individuals to endure pain, shock and disease, than would be indicated by the expressions of other authors; but to me there is no domain of surgery so attractive and gratifying as the treatment of children below the age of puberty. Their natural condition is that of hopefulness, and as soon as the depressing influence of shock, pain or fear is removed, the normal resiliency of mind and body asserts itself with such rapidity that the results are often surprising.

Again, a child has only inherited taints of constitution to contend against; his viscera are ordinarily in a healthy condition: an adult has not

*Read by invitation before the Philadelphia Obstetrical Society, June 4, 1885.

only hereditary, but all the acquired vices occasioned by misuse or abuse of any organ or sets of organs, a circumstance which often turns the scale in the struggle between life and death. Take, for example, the single instance of the outraging of tissues by either the moderate or the excessive use of alcohol, and every surgeon will testify that even slight wounds may, in such an individual, quickly develop a fatal attack of mania-a-potu.

Tetanus is not more frequent in infants than in adults, notwithstanding the tendency of the former to nerve excitability.

In regard to anæsthetics, my experience is that great benefit is obtained by the use of ether when pain can thereby be prevented. In the first weeks of existence, I admit that a feeble vitality would contra-indicate its use, although I have successfully administered it to a three-days' old infant. After the first or second month, I see no reason why we should needlessly inflict pain upon an infant simply because we can control it by brute force. In the examination of fractures great suffering is often inflicted by careless and frequent manipulation, and unless the diagnosis is easy and positive, unconsciousness should be produced. No case of bone injury should ever be passed by undiagnosed, when ether will solve the question.

In the opening of abscesses, the "primary influence" of ether is so readily obtained that it should be brought into use whenever practicable, as keenness of pain can thereby be avoided.

Fear plays an important part, and may depress the child's system even more than pain, hence great caution should be observed that all knowl edge of any operative procedure should be guarded against. When the day for action arrives, let the surgeon quietly and gently state to the little one, if it has arrived at years of reason, just what it is proposed to do, at the same time assuring him that no pain will be experienced; and if such words be followed by firm, speedy, and judicious management, much agitation and fear will be avoided.

All preparations should be made out of sight and hearing of the patient, and instruments need never be seen by him, except when a strong impression is intended to be made upon the mind of a masturbating boy, requiring circumcision, in which case ether may also be omitted.

One word in regard to the method of anæsthetization. It is but natural that a child should be distrustful of any attempt to deprive him of con sciousness, a fear which is greatly increased by the injudicious and greatly to be condemned habit of many parents who systematically threaten their offspring with the expression, "the doctor will come and cut your head off." A few kind words will often quiet the agitation, and simple directions as to the method of breathing will save many minutes of struggling resistance. With very young children, the first smell of ether may be masked by permitting them to see cologne poured upon the towel, after which ether may be quietly added, and they will feel that it is a perfume that they are breathing. This device has frequently served me a good purpose. I always allow a good admixture of fresh air for the first moment, but when the child actually begins to cry, then quick action answers best. The towel should now be well saturated and held firmly over nose and mouth until two or three strong screams and inhalations will yield a full primary impression, which can be gradually followed up to complete anæsthesia with safety.

Should any symptoms of ether narcosis occur, it is so easy to depress the head of a child, or to perform artificial respiration by acting upon the ribs, that serious accidents are infrequent. Subsequent vomiting is very common, but is not persistent, and is easily quieted by a small hypodermic of morphia, a procedure which ordinarily brings quiet sleep to the patient. If the child is feeble, I always allow milk up to within two or three hours of the operation, and then administer wine or whisky in water immediately before giving the anæsthetic. Milk with lime water and whisky is usually retained within ten minutes after the first vomiting on rousing. In tedious excisions, not only should preliminary precautions be taken to secure against prostration by shock, but hot water bags should be ready for use, which with hypodermics of brandy, may succeed in tiding over a temporary depression, which would otherwise end in death. When the loss of blood has been great, especially in acute surgery, important assistance may be gained by transfusion, either of blood or of a warm saline solution.

Under the head of arrest of hemorrhage, I would strongly advocate the use of animal ligatures, since the pain often incident upon the removal of threads, greatly disturbs the needed quietude of wound and mind.

Thorough asepsis and antisepsis are especially valuable, since we not only secure the admirable results that are attainable by their use, but are also enabled to disturb the child with far less frequency. I am now treating a girl with a railroad crush of the leg, which would thoroughly have

justified amputation, yet which under corrosive sublimate dressings has not been touched but six times in as many weeks, even though extensive sloughing has occurred. Save upon one occasion, at the height of the process of tissue-death, the applications have been taken away perfectly sweet, and the child has the promise of a reasonably good limb. In my ante-*septic* days, I certainly was never able to carry a patient through such a process, and keep the temperature as has been done in this case, below 99½° all the time, and usually but slightly above 98°. With infrequent dressings, the irritation of the child is but slight, and if pain is also absent, contentment is the rule, under proper nursing.

I cannot too strongly emphasize the importance of this latter condition. A kind, quiet, gentle nurse is one of the most valuable assistants in the real progress of the case, especially during the first week following the operation. Such care cannot be delegated to untrained and careless people, hence it is absolutely necessary that children should be in separate hospitals or in separate wards, under the best of care-takers. Even in private practice, the mother is rarely the best nurse for a child past two or three years of age, and a skilled attendant answers best. In hospital practice, I have often been surprised to see how contented and patient the majority of children of even three years of age will become, if the mother maintains a judicious absence and the nurse is efficient and kind.

Another point which I wish most emphatically to emphasize to-night is the fact that congenital defects are most inexcusably and persistently neglected by even good practitioners, either under the mistaken opinion that nothing can be done, or that a later period will be early enough. The consequence is that many unfortunates become helpless and hopeless cripples by their physician's advice, since, passing out of his sight and mind, the neglect engendered by his direction, "wait," is fostered by parents, ever ready to postpone a dreaded day.

Turning to some of the special surgical diseases of infants, I would say that it is my intention to simply touch upon a few points of treatment without regard to definite arrangement or order, since to consider almost any one of the conditions in full would require an entire evening's discussion.

In a new-born child, the first most probable trouble, requiring surgical relief or treatment will be *imperforate anus* or *rectum*. Such a condition is not improbable when we remember that the intestine is formed as a closed tube. If the malformation be simply one of occlusion of the anus by a membrane, it would seem to be the easiest of procedures for any practitioner to make an opening; yet I have seen children permitted to die with the entire ischio-rectal fossa and perineum bulging with retained fæces, when a simple puncture through a membrane closing an otherwise normal anus would have given immediate relief. This timidity may perhaps be explained by the fact that occluded anus and imperforate anus are confounded with imperforate rectum, and the case is given up as hopeless. In imperforate anus, the operation is still a simple one, since a crucial incision together with stretching of the mucous membrane to the skin, and subsequent dilatation with the finger or probe, is all that is required.

When the anus is normal and patulous, but the rectum is occluded by a membrane, or is actually absent, then a much more serious condition presents itself, the difficulty increasing in proportion to the extent of the deficiency. Should no meconium be passed within the first twenty-four hours, a careful search should be instituted. The little finger or a catheter passed into the anus will detect the obstruction, or if the anus be absent, the vagina, if present, may be explored for the abnormal fistulæ. As soon as the presence of fæces can be discovered in the fossa, a careful dissection should be made, keeping well backward, so as to avoid the vagina or the urethra and bladder. A catheter should always mark the position of the urethra. There is but little danger even in deep incisions, if the region of the coccyx and sacrum be followed. The gut found should be drawn down as far as possible, and secured, a channel being maintained through the rectal region, if necessary, by the finger or by bougies, the latter of which should not, however, be retained constantly in position. There is much more danger from subsequent hemorrhage if the external incision be free, and no fear need be entertained about the ultimate retention of the fæces; if the child escapes peritonitis and other inflammations, good control of the bowel is always secured, in fact, the chief subsequent danger lies in the formation of stricture. When the length of the bowel will not permit it to reach to the site of the anus, the new opening may be made nearer to the sacrum. Should no trace of the rectum be found within two inches of the anus, it is unsafe to further explore a region where peritoneum would be liable to injury; either left inguinal or left lumbar colotomy should

be performed. The right groin is to be selected if there are evidences of absence of sigmoid flexure. The left inguinal position gives a better subsequent opportunity of passing the bougie downward into the rectum, and thus establishing a proper anus. If the colon is full, it will not be difficult to find. In cases of doubt, its distension by air or water through a hypodermic needle would determine its termination. Abnormal openings into the vagina, bladder, or urethra rarely require early operation, but in non-retention of fæces at a later age, Rissoli's plan of procedure is a good one.

Later in childhood, the surgeon is often compelled to treat another condition of the rectum, namely, prolapse. This, if excessive and non-yielding to replacement, astringent applications, hot water bathings and general constitutional measures, must be cured by the production of linear eschars by nitric acid.

The genito-urinary organs may also require attention immediately after birth. A simple occluded urethra is easily relieved by the careful introduction of a sound or catheter. *Epi-* and *hypo-spadias* and *extrophy* of the bladder should not be allowed to go on to adult life without relief. As soon as the child has passed its dentition period, a plastic operation should be attempted for relief, since the mental and moral effect of such a deformity has often a marked influence upon the lives of the unfortunates. *Adhesion* of the *vulva*, or nymphæ, should not be overlooked, since not only does the nervous system suffer, but the parts may be improperly developed. Separation can almost always be accomplished by the finger or by a probe. An absolutely *imperforate hymen* should never be allowed to exist if discovered, since if permitted to impede the menstrual flow, at a later period, serious and even fatal results may follow its division, if the uterus and fallopian tubes have become dilated by the imprisoned secretion. *Imperforate vagina* should receive at least careful diagnostic attention to detect the presence of a uterus, and if not absent, fuller development will be secured if the passage can be opened during the first few years of life. With a catheter in the urethra and a finger in the rectum, a careful operator can explore safely. I have met with several cases in which the *penis* was preternaturally *short* and illy-formed, the body of the organ during flaccidity being almost entirely concealed in the fatty tissues of the pubis. In such instances I have removed the prepuce during the first three months of life, and have cut away all restricting bands of skin and connective tissue, sometimes even drawing beneath the penis an extra flap of skin when the corpus spongiosum has been short and dwarfed. By such means the fullest amount of growth is encouraged.

Adherent and *contracted prepuce* or *phymosis* has been the subject of much discussion, in regard to its causal influence upon certain nervous manifestations. My views upon this subject have been already published,* and after two years of additional experience, during which time I have been brought daily in contact with this class of cases, I can reiterate what I then stated, namely, that while more or less adhesion is an almost constant and normal condition, yet that when urinary, choreic, paretic, or any other nervous symptoms develop, a careful investigation should never be omitted, since a direct relation will, in a certain number of cases, be clearly evidenced, and removal of the cause will speedily cure the manifestation. The fact that even circumcision does not relieve the symptoms is undoubtedly true in many instances, and I have never claimed that preputial adhesion and narrowing was anything more than one of several factors, which should be carefully scrutinized. I have only urged that its influence should not be overlooked, and when so simple an operation as stripping the prepuce from the glans by the thumbs, or possibly by the use of the probe, is all-sufficient, there can certainly be no argument against removing this one factor. My opinion in regard to the feasibility of drawing back the prepuce in young children, even when the opening seems scarcely pin-hole in diameter, has been greatly strengthened, and circumcision is only necessary when the simpler method described fails to secure a prepuce freely movable over a normal glans. Dilatation even is but rarely required, a few moments of continuous pressure soon revealing the mucous layer, adherent perhaps just above the meatus, which when loosened permits the head to pass through the opening, and the corona is freed with the thumbs. Should temporary para-phymosis occur, two probes or a hair-pin slipped beneath the constriction will easily permit replacement.

Congenital hydrocele rarely requires much surgical interference beyond an evaporating lotion of muriate of ammonia or alcohol, as a few weeks will often close the canal, if hernia does not coexist, a fact which can be determined by non-translucency and capability of reduction. Should the connection with the peritoneum fail to close, puncture with the application of a truss will

*Philadelphia Medical Times, June 30, 1883.

usually complete the cure. A hydrocele with closed canal is better treated by tapping and injection than by seton. The diagnosis between *encysted hydrocele* of the cord, *hernia*, and *undescended testicle*, is sometimes difficult; but if the surgeon remembers that the former is simply a cyst in some unobliterated portion of the peritoneal coat of the cord, that its rounded shape can be detected if it is pulled well down into the scrotum, that it is usually translucent, that the impulse is not as decided as in the case of hernia, that it returns to the abdomen only by being pressed upward, and not with a slip and gurgle, he will rarely be lead astray. A hernia may coexist with either of the above-mentioned conditions, but if non-adherent careful isolation will settle the diagnosis. Should the hernia become strangulated, or the non-descended testicle become inflamed and infiltrated, the most careful examination will be necessary. In retained testicle, its absence from the scrotum will be the first point in arriving at a decision, but even in such a condition, the organ might be within the abdomen and an encysted hydrocele present, or the testis might, as has recently fallen under my notice, slip into the tissues of the perineum, and be exceedingly difficult to discover. In the case just mentioned, it sometimes requires numerous manipulations to cause the missing organ to return to its place in the pouch. Should hernia and retained testicle both exist, a double purpose can be gained by drawing the latter down and pushing the former up, and then applying a truss. The successful retention of the organ within the scrotum is a matter of great difficulty, and removal is scarcely justifiable in young persons unless pain or inflammation ensues. Extirpation, if required in later youth, will probably not interfere with the procreative power of the individual, since one gland will supply all requisite material, and the affected one is practically useless from atrophy, even if it is not devoid of tubular structure. Traction is of little service, as manipulation tends to increase the sensitiveness of the organ. In prognosis it should be remembered that cryptorchism exists in nearly ten per cent. of males at birth, and that descent may occur within the next few weeks.

Simple *umbilical* and *inguinal hernia* should receive early attention, as, contrary to the rule in adults, a cure can often be effected during the first year of life by the persistent use of a truss. In young infants, I prefer the hard rubber variety as more cleanly. The instrument should be applied during the first few weeks of life, and continued for one or more years. The treatment of strangulated hernia does not differ from that of the adult, but in obstruction of the bowels, *intussusception* is so commonly the cause of the blockade, that unless violent peritonitis is present, laparotomy, with careful search for the invagination, offers the best hope of relief, and I am glad to say is rapidly growing in favor.

Meningocele, *Encephalocele* and *Spina Bifida*, are complaints that will early require the surgeon's attention, or at least his expression of opinion and his prognosis. If attached by means of a narrow pedicle, constriction with an elastic band is feasible, but unfortunately this pedicle is but seldom found. Injection of iodine following tapping is rarely successful, yet is worthy of trial in so hopeless a task. In a large hydro-rachis of the lumbar region, lately under my care, which resisted pressure, tapping, injection and constriction, I was strongly inclined to excise the thin sac, and attempt a plastic operation by drawing in toward the median line two flaps of skin from the lumbar region, leaving the vacancies to granulate. Soon after a consultation, in which I was dissuaded from my attempt, the tumor ruptured spontaneously, and death occurred in two days, although frequent tappings had never produced any nervous symptoms. I had then never seen a record of such a plan of procedure, but only last week I noticed in the Journal of the American Medical Association (vol. iv, No. 17, p. 466) that Mr. Robson had performed this operation with successful results in two out of four cases. Strict antisepsis was enforced.

Cephalhæmatomata are usually easily distinguished from encephalocele or meningocele, and also from the simpler tumor, caput succedaneum, the latter being exterior to the periosteum and more doughy. The blood in a cephalhæmatoma is always confined between the pericranium and the bone substance, and increases until the second or third day. The hardened ridge around the border of the tumor may give the sensation of an opening in the bone, but the orifice in meningocele is rarely as large as the base of the swelling mentioned. The peculiar crackling feeling upon pressure at a later period, is due to the new bone deposits beneath the periosteum. Absorption so generally takes place in three or four weeks, that aspiration or incision is unwise, even though antisepsis be thoroughly practised, unless in exceptional cases when suppuration is certainly present. Lotions have a good influence, at least upon the brain of the mother.

(*To be continued.*)

HOW SOON AFTER EXPOSURE TO SEPSIS MAY THE ACCOUCHEUR RESUME PRACTICE.*

BY GEO. F. FRENCH, A. M., M. D.,
Of Minneapolis, Minn.

The term puerperal fever embraces a group of essentially diverse affections, some of which are non-contagious, but the septicæmic variety is one which alone engages us in this discussion. Its formidableness may be inferred from the statement of Barker, that since 1740 there have been more than 200 epidemics of this disease—a humiliating fact when we consider that it is a largely preventible disease, caused too often by criminal negligence on the part of physician or nurse. It is more than thirty years since Semmelweiss proclaimed to the profession that the source of puerperal fever "is decomposing organic matter."

The great Simon sententiously observes, "Contagia are perhaps the most important of all the incidental physical influences which concern mankind."

Hebra says: "The discovery of Semmelweiss as to the chief source of puerperal fever, ranks in importance with that of Jenner."

In October of 1884, I addressed letters of inquiry to some of the most distinguished medical men in America and Europe, as to how far time is an essential factor in the cleansing process. In reply, Heger, Henry Savage, and J. Knowsley Thornton emphasized the importance of time as an element in the process; while Battey, Emmett, Goodell, Marcy, and Thomas, in this country, and Schröder, Martin, Nussbaum, Esmarch, and Volkmann, in Europe, affirmed the possibility of safely resuming obstetric or any surgical work, immediately after a thorough cleansing. The letter of Volkmann is especially significant. Under date of December 5, 1884, he writes:

"A surgeon who disinfects himself *well* can immediately after making a post-mortem or dressing a septic wound, undertake a laparotomy, do a trepanning, or dress a penetrating wound of the joint. Every morning, from six to eight, during the summer, I am obliged to give the students operations on the cadaver, and from ten to three I am busy in the hospital operating and dressing wounds, and I have never yet infected a patient. In the winter I have no operations on the cadaver to make. Comparing my results in the clinic, I can assure you that the mortality in summer is not greater than in winter.

"RICHARD VOLKMANN."

My own experience warrants me in making abdominal section on the day following exposure to sepsis. To show my confidence in the possibility of immediate and complete disinfection, I made the following experiments:

June 21, 1884. After laying open a dissecting abscess of the thigh, in a pyæmic patient, and stripping the limb with both hands till they were offensively drenched with the pus, I three hours later attended Mrs. M. in confinement, having first scrupulously disinfected myself.

July 22. In dealing with a case of pyo-nephrosis, before penetrating the kidney, I came upon a foul peri-nephritic abscess. Passing through this, the kidney was sought, incised, explored, and its grumous contents scooped out with the finger. The hand was so long engaged in this work, a more complete purulent saturation could hardly be conceived. In the afternoon of the same day I confined the wife of a physician, after stating to him the full extent of my morning exposure. In both cases the convalescence was perfectly normal.

February 11. I purposely infected my index finger with the ichor of an erysipelatous case, and after a careful washing with corrosive sublimate, inserted it into a fresh wound from which I had just excised a tumor.

In the rush of crowded professional work, some plead lack of opportunity to carry out the tedious and painstaking details of the disinfecting process; but how valid would such an excuse appear in the case of a wife or sister, or in the eye of the law? The present weight of evidence goes to show that the materies morbi of contagion, whether living or dead, is a non-gaseous material particle, capable of being acted upon and demonstrably susceptible of destruction. Its material nature makes it amenable to material and human influences.

To ascertain what time alone will effect in the destruction of septic matter, we may consider the well known property of contagia, of self-multiplication, and almost indefinite propagation under favoring conditions—a fact too frequently illustrated by the repeated outbreak in certain non-disinfected houses of diseases like diphtheria and scarlet fever after long intervals. Hildenbrand's coat retained its contagiousness for a year and six months. Pasteur has kept spores alive for twenty years. The resting spores of the bacilli are, of all forms of life, the most difficult to destroy, requiring a solution of corrosive sublimate $\frac{1}{3000}$; ordinary spores being killed by a solution of $\frac{1}{20000}$.

Steam or boiling water kills all bacteria in ten or fifteen minutes. Particles of contagion most frequently find lodgment on the hands—particu-

* Read before the American Medical Association, April, 1885.

larly under the finger nails. It is always possible, after the ordinary use of nail-brush or knife, to remove particles of dirt in which the microscope reveals living germs of possible infection. On this account I cut the nails short, and swab under them with a blunt instrument covered with cloth wet with some disinfecting liquid. I formerly used for this purpose five per cent. carbolic acid, but this made the sensitive flesh crack and pull away from the nails. I now use instead corrosive sublimate solution $\frac{1}{1000}$. All instruments are kept scrupulously clean, and the nurse is regarded as one of the instruments.

Volkmann's custom of wearing a linen coat to guard against emanations from the clothing is adopted. Cleanliness is a trait of personal character, and it is as impossible for some men to be scrupulously clean as for them to be orderly or systematic. Such physicians are by nature disqualified for ovariotomy, or even obstetric work. The closing sentence of Esmarch's letter epitomizes the discussion: "Time does not destroy septic dirt."

Hospital Reports.

A CASE OF ADDISON'S DISEASE.

REPORTED BY J. S. HACKNEY, M. D.,

Resident Physician West Penn Hospital, Pittsburgh, Pa.

Frederick Miller, German, æt. 41, an old soldier; occupation, peddler; family history, negative; personal history, while in the army he was wounded twice—once in the thigh and once in the abdomen. The history of the latter is rather uncertain, as there was no scar, and only the patient's friends say he was wounded, but could not define how or where.

Eight months previous to being admitted he began to feel ill, and seemed very weak, especially in the legs, his skin began to assume the dirty yellow color peculiar to the disease, and he looked, upon admission, not unlike an Italian who had been very much exposed to the sun. He continued at his work until three days before admission, June 11, 1885. At that time he took, as his wife expresses it, "a fit," which lasted about fifteen minutes, he being unconscious at the time. She also noticed at this time, while washing him, that in the region over his kidneys he had several brownish looking spots about the size of a silver dollar, to which she called my attention.

On May 11th he walked to the hospital, a distance of two miles. Upon admission he had no well-defined symptom pointing to any special organ being the seat of the trouble, except the discoloration of the skin. He complained of being very weak, and would throw up his food soon after taking it.

Upon examination I found as follows: Lungs and heart sounds normal; liver slightly enlarged, but not markedly so. The spots over his back as his wife had told me. The conjunctivæ were not discolored. Upon palpation and pressure over the kidneys and other organs, I could elicit no pain. He was but slightly emaciated. Pulse weak, but normal in frequency. There was no constitutional disease that could be made out. I ordered his urine saved, and found it negative in character, both as to quantity and quality.

I ordered him a tonic of tr. cinch. comp., before meals, and gr. v. pepsin after meals, with a diet consisting of beef tea, milk toast and a little whisky. In ten minutes after taking the medicine and his food he would throw it off. He thought it was the medicine that caused the vomiting, and to please him, I stopped it for two doses, but with no better results. I then changed the tr. cinch., for tr. iron, with 2 gtt. acid carbol., before eating, but with no better results. I then ordered a teaspoonful of milk with a few drops of whisky every half hour, all to no good, as he would throw it off.

I then ordered him an enema of warm milk; the syringe being hardly withdrawn, when to my astonishment it all came away. This was repeated three or four times with still no better results.

I had now exhausted my remedies, but as the patient was still strong enough to go to the water closet when necessary, I was hopeful.

On the evening of June 26th, I saw him at seven o'clock, when he was sleeping soundly, but somewhat heavily. Thinking it best not to disturb him, I left him without examination. Three hours later (10 o'clock), the nurse came to me and said, "I think that man will die before morning." I replied, "I think not," and went in to see him. I found him drowsy, but answered my questions intelligently. He was breathing rapidly, with a pulse weak but easily counted. I ordered some whisky, hoping he would retain it by giving a very few drops at a time. He said to me, "Let me get on the commode, quick, and then I will take it," and suiting the word to the action, he got up *without assistance* and got on the commode. He sat there about one minute, when he fainted, he was lifted on the bed at once, and in ten minutes he was dead.

Twelve hours after death a post-mortem was held by Dr. M. C. Cameron and myself, with the following results: An incision was made from mid-sternum to the pubis, exposing the whole of the abdominal and thoracic viscera. The viscera were examined as follows: Lungs normal; heart somewhat atrophied, with beginning atheroma of the mitral valves; liver slightly enlarged, but of a normal texture; spleen normal; small intestines normal; pancreas attached to the under and posterior surface of the stomach, otherwise normal; stomach, the mucous membrane indicated a slight but chronic inflammation; left kidney was somewhat enlarged and pale, otherwise normal; the supra-renal capsule was enlarged to the size of a hen's egg, and was very firm and hard in consistence, and was attached to the cardiac end of the stomach, so much so that it had to be dissected away with the knife. Upon cutting it open it grated upon the knife, showing calcareous changes taking place. It contained numerous cheesy deposits, imbedded deeply in a fibro-cellular, semi-transparent cortex. Right kidney the same, with

its supra-renal capsule much larger and firmer, and containing more cheesy and calcareous deposits, and firmly attached to the under surface of the liver, so that a section of the liver had to be cut away in order to secure the specimen. The mesenteric glands in the neighborhood were somewhat enlarged and tuberculous. Both specimens were saved and put in the museum of the hospital.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Discussion on Cholera. (*See page* 1.)

Dr. Bush, of Wilmington, Del., illustrated a point made by Dr. Hunt in reference to the removal of the well from the sick, by the following fact, which occurred in the Wilmington Almshouse in 1849.

The disease made its appearance with much violence and virulence, so that three-fourths of the inmates were attacked, and new cases were daily occurring. The floors of the house, which were old and emitted a disagreeable odor, were scrubbed, and both the floors of the house and the walls were washed with lime and chloride of lime —without effect; the disease went on. The inmates who were well were then removed to some shanties which were hastily put up on a lot across the road, and no new case occurred after their removal.

Similar instances were recorded by the English surgeons in India, where the removal of a camp had the effect of arresting the progress of the disease.

Dr. Bush also said that there was one point connected with this subject of special importance to Philadelphia, as well as to Delaware, viz.: the protection by quarantine established at the Capes of the Delaware. Last year there was a cutter stationed there under the direction of the Marine Hospital Service, also a hospital was erected. Having been removed for the winter, they should be restored early this season, inasmuch as there is such ready communication between all parts of Delaware and Philadelphia, that the protection of the former involves the protection of the latter, and indeed of all the country above. It is not sufficient to arrest vessels from foreign infected ports at the Lazaretto.

Dr. Ludlow described his remembrances of a severe epidemic of cholera which prevailed in Albany when he was a boy 12 years of age. He was also in the epidemic in Philadelphia in 1849, and, in fact, he had had experience with every cholera epidemic which had prevailed in this city. During the last epidemic he had charge of the cholera hospital. This was built in front of the almshouse, and from what he then saw he fully made up his mind that the disease could be prevented. Cleanliness, mental quietude, and absence of fear, are essential for prevention.

In regard to food, he said that in the severe epidemic in Albany, his father's family was permitted to eat everything that they had been accustomed to, with the exception of cucumbers; the reason for this restriction being that if any of them had gotten cholera, the neighbors would have blamed it on the cucumbers, and would have said that they deserved to have the disease. In subsequent epidemics, he had followed the same plan.

Another important point is to keep the system in good condition, and to see that the bowels are not constipated nor exceedingly relaxed, Another great prerequisite to prevention is good water.

If patients would only observe the usual laws of health, and avoid improper food and liquor, and *especially* taking liquor in excess when the premonitory symptoms are upon them, I believe that cholera would lose its dread. Great dram-drinkers afford a large field for cholera subjects.

Dr. Bailhache stated that although the vessel at the Breakwater quarantine had been removed, the hospital had been open all winter. On June 1, there will be placed on duty at this point a quarantine boat for boarding purposes. In order to make the quarantine effective, it will be necessary to have the pilots directed to bring all vessels to anchor during the night, so that they can be examined in the morning, for it is almost impossible to run the station day and night. While it was desirable to take these precautions, he agreed with Dr. Formad in thinking that it was very improbable that cholera would visit this country this year.

Dr. E. O. Shakespeare did not agree with those who were disposed to make light of the danger to which this country may be exposed from the invasion of cholera. It is not necessary to have cholera prevail in the northern countries of Europe to have it come to this country. There are two, perhaps three, instances, in which the infection came rapidly from the Mediterranean. The epidemic of 1865 started at Mecca, only nine months before its arrival in this country, in New Orleans, and avoided England entirely. There are two occasions in which the disease entered New Orleans from the West Indies, where it was not known to prevail.

There is, at the present time, a cholera epidemic in Spain, although the attempt has been made to conceal that fact. He did not think that a false alarm was created by insisting on preventive measures at a time when preventive measures can only be efficient, that is, before the invasion of cholera.

The lecturer had recommended the removal of those still well from the house; he should go further and establish a surveillance upon those removed, for it is well established that those who escape from quarantine may later develop the disease, and serve as sources of infection. There is a difference of opinion in regard to the length of the incubation period of cholera. The reports of the last cholera conference at Berlin bear upon this point. Koch states that in ordinary spring-water, the comma bacillus has been found alive at the end of thirty days; in sewage-water, at the end of seven days; in the contents of privies they have been found dead at the end of twenty-four hours, and from soiled garments germs have been cultivated after four days. Rietch and Nicati, at Marseilles, last summer, found comma bacilli living in the harbor at the end of eighty-one days. In a favorable culture soil, as agar-agar, the bacilli have lived one hundred and forty-four days. If these micro-organisms be the cause of cholera,

this has an important bearing on the length of effectual quarantine.

Dr. H. Hartshorne said that in 1854, he, with other physicians, went to Columbia, Pa., to give voluntary aid during an epidemic of cholera which was prevailing at that place. This town is situated on the Susquehanna river. At that time the weather was very hot, and the river was extremely low. Dead cattle were daily thrown from the railroad trains into the river. Many people received their water supply from the river. His observation of these circumstances led him to suspect that decomposing animal matter was the true promotive cause of cholera. A study of the facts concerning the disease in India, where the Ganges is used as a burying place, and where from the inundations large areas are covered with decaying animal and vegetable matters, had confirmed this conclusion. The facts known to-day have been known for a long time, but they used to be explained from a different standpoint. The standpoint is now that of the germ theory.

He had been much interested in reading the most recently stated views of Pettenkoffer, who holds that cholera is not an endogenous, but an ectogenous disease, and that its great determining causation is connected with locality. Pettenkoffer does not deny, but accepts, the germ theory of its causation, although not the comma bacillus. He holds that cholera is not personally contagious, and this, of course, has an important bearing on the preventive measures to be adopted.

Dr. Hartshorne did not admit the view that there is no occasion at present to consider the question of prevention. The history of cholera shows that there is no certainty about its movements; where it was last summer is no guarantee as to where it will be next summer. When it occurs in western Europe, especially early in the summer, it is likely to come to this country.

In 1866 there was a cholera scare almost as great as now, and our Board of Health was driven to take preventive measures. Although cholera came, and there were 900 deaths from the disease, the total mortality for the year was 300 less than the year before. A mortality of 900 was very small in proportion to the population at that time. The disease is not to be prevented by quarantine, which, indeed, it is impossible to enforce. There are many facts which justify the opinion that the disease is not contagious. The illustration of Dr. Bush, where the almshouse inmates were simply removed across the road and no new cases developed, points in that direction. In the Baltimore almshouse, in 1854, there were seventeen deaths on one side of the house, and not one on the other side. On the former side there was under the windows a cesspool into which the refuse from the dead-house was thrown. Pettenkoffer has shown that in Lyons there has never been a great epidemic, although Lyons is between Marseilles and Paris. In the same way, while cholera was prevailing in Carlisle and in Dumfries, it did not prevail in the intermediate town of Annan.

During a cholera epidemic, there should be houses of refuge for the well. It is inhuman to attempt to remove the sick. If quiet is essential in the early treatment of any disease, it is in cholera. Cholera, Dr. Hartshorne thought, could be stamped out by proper sanitary measures, because it is an ectogenous or extra-somatic disease in its origination, not propagated by personal contagion.

Dr. S. S. Cohen stated that his attention had been called to a pamphlet by Surgeon Jessop of the Indian army, describing an outbreak of cholera in a military camp, situated on elevated ground to leeward of the cholera hospital. After a careful study of all the surroundings, the conclusion was reached by the author, that the morbific elements had been carried to his camp by air blowing from the cholera hospital. It was also stated that all of those affected were individuals who had acquired a personal susceptibility by dietetic errors, especially the habit of eating a certain indigestible compound peculiar to the country. The instance was brought forward simply in connection with the theories of causation and transmission, to which reference had been made.

Dr. Ulrich, of Chester, referred to Dr. Hunt's allusion to personal susceptibility, but nothing would produce personal susceptibility quicker than fear. He thought that in Philadelphia and in the large cities, the popular mind had been drawn so tense with apprehension that it was ready to snap. It was all very well for physicians to talk among themselves and give their experience, but he did not consider it wise to fill the press with cholera alarms. . . . While the influence of the mind is potent for evil, it is also powerful for good. He cited one instance where cholera had broken out on a negro plantation, the well individuals were removed with much ceremony and with the positive assurance that the physician could prevent the disease. They were taken to a woods, without tents, and with only one blanket apiece. No case of cholera developed among them. . . . The public mind should be kept in a condition of as little apprehension as possible.

Dr. Blackwood said that he considered the main thing to be prevention. The practice of his preceptor, in a case of cholera, was to have the stools disinfected at once by the use of chloride of zinc, and the clothing and bedding which was soiled burnt. He adopted the same measures in the epidemic of 1866, and where the instructions were carried out the disease rarely spread beyond the first case. Even if Europe were ravaged from one end to the other, he thought that would be no reason why we should have it in this country. If the discharges and clothing, when the disease breaks out in a vessel, were thrown overboard, he thought cholera could not be brought to this country. There should be careful examination of passengers before starting, and careful supervision during the voyage. In a city like this it would be almost impossible to remove the well from the sick, while to remove the sick would be barbarous.

Dr. Gauntt, of Burlington, N. J., said that he was unwilling to ammit that nothing more was known of the cause of cholera than in 1849, when the most eminent pathologists declared that the causes of epidemic cholera and pestilential diseases are among those whose origin and principle is not given to man to comprehend. "That all was mysterious and invisible, all produced by powers whose *effects* alone are revealed to us."

The conservatism of the physicians of Philadelphia, which he so much admired, would scarcely admit the teachings of that date—that the appearance and disappearance of cholera coincided with violent storms, and while cholera prevailed electricity was retained with difficulty; that the power of loadstone was reduced from 80 to 14 pounds, the electric telegraph remained inactive, and that magnetism was almost neutralized; the only sure principles that we then received were that cholera was caused by a disturbance of the equilibrium between terrestral magnetism and the electric state of living bodies.

Pasteur teaches, by his investigations, that death is the result of life in excess, and reveals facts showing that the diseases he has chosen to find a cause for have been the result of a living specific organism, whose destructive power is only controlled by the exhaustion of the soil upon which it depends for its development and reproduction.

If there be a microbe-anthrax for splenic fever, tuberculosis, swine-cholera, chicken-cholera, small-pox, and others, why not for epidemic cholera? If it be not the comma-bacillus of Koch, it must be some other bacillus, whose life is governed by the same immutable law, and whose living principle is a microscopical exotic plant that is capable of reproducing itself in any locality that favors the growth of our indigenous bacilli, called mould, mildew, must, etc., and in such places as other epidemic plants find most congenial. Localities do not produce epidemics; what is called filth, by the aid of darkness, heat, and dampness, offers a congenial soil for this class of plants, and when not preoccupied by the natives, offers a rich soil for the exotic, be it small-pox, diphtheria, yellow fever, or cholera.

From such places the contagium is carried and spread upon all the articles of food and drink, most, of course, in the immediate vicinity, but everywhere, the grocer, the butcher, the baker, and the visitor, is a common carrier of a prevailing disease.

He favored the publication of discussions upon medical subjects in the secular press, and did not believe that the influence of fear could produce any disease.

He said that the cholera bacillus pervaded the air and caused illness by being taken into the stomach with food, and to insure safety after the disease was introduced to any community, the board of health should direct that no person shall eat anything that had not been recently cooked or subjected to a very high temperature, or drink anything that had not been recently boiled.

He was of the opinion that water-pollution endemics, called typhoid fever, of so frequent occurrence, could be speedily arrested by preventing the use of drinking-water until it had been thoroughly boiled, and that Schuylkill water should never be used for that purpose that had not been exposed to a temperature of 212° F., which would effectually destroy the bacilli of typhoid and malarial fevers that abound in that river.

Dr. Gross, of Camden, had expected to hear some reference made to the medical prophylaxis of cholera by the use of sulphuric acid or water acidulated with sulphuric acid, and used for drinking purposes, instead of ordinary water, the strength of which can be modified by the presence or absence of any diarrhœic phenomena. Dr. Roland Curtin, who had charge of the asylum inmates of the Philadelphia almshouse grounds in 1866, fully demonstrated the value of this prophylaxis, "in its use for drinking purposes," and demonstrated its utility by an entire absence of cholera—or, at least, fatal cholera—among his special charges; whereas in the other departments, upon the same ground, there were numerous fatal cases of cholera.

Dr. Shakespeare said, in regard to the influence of fear, if there was one thing settled about cholera, it was that it is a specific infectious disease. No matter what contributing causes may be present, there must be added to these the one specific cause of the disease before there will be cholera. Fear as a cause of disease has, from the time of Adam, been associated with every disease which has attacked man. Every one admits that the state of the digestive apparatus has much to do with the susceptibility to cholera. The disinfectant and destructive power of the healthy gastric juice is a protective against the effects of the specific cause of cholera. Fear may induce such a condition of the digestive tract as will favor the multiplication and activity of the specific cause of the disease, but to assert that it is a cause of cholera is nothing less than ridiculous.

It has been said that the discussion of this subject should be kept to ourselves, and not allowed to reach the people, and that we should attempt to secure the legislation which is necessary to bring about these preventive measures in a meek and quiet manner, and with bated breath. Every one knows that the only way for raising sufficient money for equipping sanitary departments can be obtained, is by arousing public sentiment; and this can only be done by the spread of information among the people, through the far-reaching secular press.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

(*Concluded from page* 68.)

Osteo-myelitis of the Femur.

Presented by Dr. DeF. Willard.

E. H., aged forty, female, has had trouble with left femur for six years; sinuses forming from time to time and healing after many months' discharge. On admission to hospital, an opening two and a half inches in length and one-half inch in width was found upon the inside of the thigh at the lower third. The bone was thickened to twice its normal size nearly to the trochanters; many cicatrices exist at various points on the thigh. The knee-joint is not swollen or painful, but the foot can only be moved through 40° of the arc of a circle. The discharge from the opening is thin, yellow, and very offensive, but not excessive in amount. This sinus has been open for two years. The patient can walk, but is unable to work, and suffers considerable pain. Injections of solution of chloride of zinc corrected the fetor, and as the former sinuses had healed, it was decided not to amputate, although this operation was carefully considered. The opening was accordingly enlarged, and as no sequestrum was found, but the cancellous tissue was much

softened, it was gouged and a counter-opening was made by boring through the outer shell of the condyle, a drainage tube being afterwards inserted. The wound was thoroughly disinfected, and immediately closed with dry sublimate dressings. The cotton used had been prepared with a solution of the corrosive chloride, 1 pt. to 500 instead of 1 to 1000, as was Dr. Willard's ordinary custom. On the second day, the temperature rose to 101° F.; vomiting was quite constant, and accompanied by great tenesmus and the frequent passage of bloody mucus. Upon opening the wound, it was found that the dressings had vesicated the skin for some distance about the wound. Recognizing the symptoms as probably due to the chloride, iodoform dressings were substituted, with carbolized oil. On the fourth day, possibly by infection from a most virulent and fatal case of erysipelas, a chill occurred, followed by fever, with a temperature of 104⅘° F., and upon opening the dressings, an erysipelatous inflammation was found extending from the toes to the groin. The diarrhœa and vomiting had ceased. At 8 a. m. the next day, under quinine and kairin, the temperature was 98°, but in the afternoon, after a chill, it rose to 103° with a pulse of 160, and death took place on the sixth day after operation. On examination, the femur, from three inches below the trochanters to the condyles, was found enlarged to twice its natural size, the outer shell being firm, but the entire internal structure showing marked osteo-myelitic changes. The articular cartilage of the femur was intact, but a ledge of osteophytes prevented anything more than the limited motion of the knee above-mentioned. There was no sloughing of the wound, and the discharge was odorless. Had amputation at the hip-joint been performed, the result would, probably, have been more fortunate.

Dr. Davis inquired at what part of the limb did the erysipelas start.

Dr. Willard said that the parts being covered he could not say whether the wound was or was not first affected.

Dr. Nancrede referred to the not uncommon occurrence of the rash at a distance from the wound to the previous constitutional and glandular involvement, and said that he thought erysipelas was an eruptive fever, just like scarlatina, etc.

Dr. Parish remarked that he had recently seen a patient whose history bore out Dr. Nancrede's remarks, and where the disease appeared at a still more remote point. The patient was one of Dr. Sinkler's where Dr. Parish had withdrawn by the aspirator through the vaginal wall three pints of pus from a pelvic abscess. Erysipelas attacked the face, while at no time was the skin over the swelling or the mucous membrane affected. At the same time that the first abscess was opened, another, more deeply situated, had been recognized. To show the dependence of the erysipelas on the local condition, as soon as the second abscess was evacuated through the abdominal wall of another three pints of pus, the erysipelas disappeared like magic, clearly demonstrating to Dr. Parish the interdependence of the two conditions.

Encephaloid Disease of the Stomach.

J. K. Mitchell.

The facts of the case from which the specimen presented to the society was taken are as follows:

J. M., an Irish teamster, aged 63, was admitted to the Episcopal Hospital November 28, 1884. His family history was good, and his own, except that he had always been a drinking man, and had had lead-poisoning four years previously. For two months before admission, he had suffered constant pain in the epigastrium. For a week his abdomen had been swelling, and he had complained of a constant ache in the back. No cardiac murmur could be heard. The resonance of both lungs was generally impaired; breath sounds were absent at both bases for a space about four inches deep. There were percussion flatness and marked ægopheny over the same extent of surface. A general atheroma of the vessels was present. His bowels were constipated, his urine very scanty, measuring about eighteen fluid ounces daily, sometimes less, alkaline in reaction, dark-colored, and mal-odorous. Not a trace of albumen could be found after repeated examinations by picric acid, Heller's test, or heat. After several trials, Dr. Lewis, in whose charge the patient was, found pale hyaline casts, containing pus-cells, and made the sketch of them which I have here.

Basham's mixture, digitalis, occasional diaphoresis produced by means of pilocarpin, elaterium to evacuate the bowels, and liquid diet, made up the treatment. The man would take no solid food, but drank large quantities of milk. The œdema lessened for a time, but re commenced at the end of six weeks, and about the same time he began to complain that everything taken into the stomach produced a painful sense of fullness. Nevertheless, he continued to take from three to four quarts of milk daily. A portion of this was given to him pancreatized, and the feeling of distension was thus for a time relieved. At the end of January he had a severe and obstinate seizure of diarrhœa, and failed rapidly.

Autopsy Fourteen Hours After Death.—Frame emaciated, belly greatly distended, right leg œdematous. On opening the abdomen the omentum was found very hard, much thickened, and quite white, and covered with small pale yellow nodules closely packed together; the whole was tightly adherent to the neighboring structures, so that to move it moved both stomach and intestines. The liver was small and pale, but of natural consistence and appearance on section. The gall-bladder was firmly fastened by adhesions to the liver and to the intestines. Both kidneys were small, very little congested, the capsules easily stripped off, and except that in each were one or two small cysts filled with clear watery fluid, showed no signs of disease. The abdominal cavity contained about sixteen pints of clear yellow fluid. The heart was small, its cavities were filled with little red and white clots, and the valves were all perfectly competent. The lungs were much congested at the bases, and somewhat compressed by the abdominal distension, but had no other evidence of disease.

The stomach, which I here present to you, was small, very hard to the touch, and externally felt rough. On opening it, nearly the whole internal surface, but more especially the posterior wall, about its middle, was found covered with masses

of hard elevated nodules, grayish-red or black on their tops, with diffuse inflammation surrounding the base of each. Among these some were softer than others, and in some the most elevated portion was ulcerated. The walls of the organ were very hard and firm.

The appearance suggested to me a diffuse carcinoma, and on making some sections and examining them microscopically, I was still more inclined to this view. Dr. F. P. Henry, who also examined some sections, found no evidences of cancer, and Dr. J. H. C. Simes, after also examining specimens thought cancer possible but doubtful.

The pyloric orifice does not appear closed at all, but there is a slightly increased induration about it which may prove to be the scirrhus from which the formation on the posterior walls has spread. The growth had all the macroscopical appearance of encephaloid, and occupied the more usual seat of that disease. The thickening of the walls of the stomach may too be due to that hypertrophy of the muscular coats which not uncommonly occurs when an extended growth of carcinoma exists, and adhesions such as I have described also are frequently found in such a condition.

I should like to submit the specimen for the consideration of the committee on morbid growths, who will, I hope, determine its character.

May 14, 1885.

Drs. Henry and Simes having both examined sections microscopically, were unable to detect anything beyond atrophy of the glandular elements with hyperplasia of the connective tissue.

Dr. O'Hara asked if there had been any symptoms of stomach disease.

Dr. Mitchell replied that there had been almost complete absence of stomach spmptoms; the patient complained of a feeling of distension after taking food, but vomiting had never occurred except after the administration of jaborandi.

Dr. W. A. Edwards inquired whether the nodular omental masses had been examined microscopically, and also what was the condition of the other glands throughout the body, as a knowledge of the condition of these structures would throw some light on the case.

Dr. Osler said that in the absence of evidence of carcinoma he thought that the case must be referred to general cirrhosis of the stomach, of which he had seen two cases; one involving the stomach alone, the other both that organ with the cæcum and a small portion of the colon. In both cases the actual presence of carcinoma could be excluded. He thought Dr. Mitchell's case was possibly one of this rare disease characterized by atrophy of the glands and increase of the fibrous stroma. He thought, however, that the omental nodules should be examined, for it is well known that in some cases of carcinoma of the stomach, with much thickening around the pylorus, etc., we could only be certain of the diagnosis by examination of the secondary nodules. In his cases there had been no adhesions of the stomach to other viscera.

Dr. Mitchell said that he was unacquainted with cirrhosis of the stomach, but that if his specimen were regarded as one of that disease, it left unaccounted for the actual or impending ulceration of one-third of the posterior wall of the stomach.

Dr. De Schweinitz presented for Dr. Randall a specimen of mastoid disease and meningitis, the notes of which will be published elsewhere.

Dr. E. C. Shakespeare made an interesting report of the facts arrived at by Dr. French and himself during their investigations of the recent typhoid outbreak at Plymouth, Pa.

EDITORIAL DEPARTMENT.

PERISCOPE.

Two Cases of Sudden and Extreme Loss of Hearing Relieved by Pilocarpine.

Dr. Thomas Barr thus writes in the *Brit. Med. Jour.*, June 13, 1885:

Disease of the nervous apparatus of the ear is usually so hopeless, and so little affected by remedies, that cases, such as the following, in which favorable results are obtained by treatment, seem worthy of being brought before the profession.

Case 1. J. M., a ship-steward, aged twenty-two, presented himself for treatment at the Glasgow Ear Hospital, on August 25, 1884, suffering from almost total deafness. He was a man of pale and unhealthy aspect. Six months before, he contracted syphilis, followed by secondary symptoms; for which, however, he was successfully treated. He was also somewhat addicted to alcoholic indulgence. One of his sisters suffered from phthisis pulmonalis, but the other members of a pretty large family were quite healthy.

Inquiry elicited from him the following account of the origin and course of the disease. About six weeks previously, while crossing the Atlantic on the voyage out to Montreal, he was seized with great nausea, vomiting, and severe giddiness. Accustomed to sea-life, he knew that he was not liable in the least to sea-sickness. By the time the ship arrived at Montreal, the sickness had passed away, and the giddiness had become much less. On the afternoon of his arrival, however, while walking in one of the streets of Montreal, the weather being extremely hot, he was suddenly seized with giddiness so extreme that he staggered and fell to the ground, without losing consciousness. After a short time, he recovered sufficiently to make his way, with assistance, to the ship. He was put in bed, and the surgeon of the ship prescribed some form of pills.

Up till this time, his hearing was unaffected; and, indeed, at no time during his past life had there been, to his knowledge, any dullness or other disturbance of the hearing on either side. On the following morning, however, he awoke

from sleep finding that his left ear was apparently totally deaf. As he lay with the right side of his head on the pillow, he could not hear what was said by a man speaking close beside him. But now a loud noise, like the rush of water, was constantly present in the deaf ear, as well as through the head. Towards night, the hearing of the opposite or right ear seemed also to be passing away, and next morning found him absolutely deaf on both sides, so that the loud shouting of his mates close to his head was by him quite unperceived. The extreme giddiness continued, and the loud rushing noise filled his head.

During the whole of the voyage back to Liverpool, he lay in bed in a condition of great dizziness, nausea, and total deafness. When he attempted to walk, his movements were like those of a drunken man; he kept in a straight line for a few steps, then reeled from side to side. Up till his arrival in Liverpool, there had been little, if any, pain in his head; but, while in the steamer from Liverpool to Glasgow, he became affected with severe pain in the back of his head, and very especially in the region behind his ears.

In Glasgow he was placed under the care of Dr. Halket, who shaved the head and applied a cantharides plaster on the surface behind each ear. These were repeated two or three nights afterwards. There was also prescribed by Dr. Halket a mixture containing iodide of potassium chiefly, with good effect, "clearing the head and helping the stomach," as the patient expressed it.

One morning, shortly after his arrival in Glasgow, when he awoke from sleep he experienced a sensation of stiffness in one cheek; and on examination, with the aid of a mirror, he found his face drawn to the left side. The odd appearance which he presented, with shaven head and twisted face, constrained him, even in his sad condition, to smile; this facial movement rendered, of course, the twisted appearance still more striking. In attempting to drink tea or water, the liquid tended to trickle out of his mouth. This facial paralysis of the right side was of short duration, passing away in the course of the same evening.

About this stage of the illness a consulting physician saw the patient, and expressed an unfavorable prognosis. His state, nevertheless, began to improve. Under treatment by iodide of potassium the pain in the head diminished, and the giddiness became much less, although some tendency to stagger still continued. The deafness, however, remained unaltered, and as soon as it was practicable, about seven weeks after the beginning of the illness, Dr. Halket sent him to the Ear Hospital for treatment.

On admission, I found his hearing by both aerial and osseous conduction, almost quite abolished. Words spoken very loudly into his ears could not be understood by him. In the right ear, however, the voice was heard, although the individual words could not be distinguished. He was unable to hear the loud tick of a watch on either side, pressed firmly on the auricle or on the bones of the head. The sound of a vibrating tuning fork applied to the bones of the head was also unperceived. Objective examination of the outer and middle ears yielded negative results; on both sides the tympanic membranes presented quite a normal appearance, while the Eustachian tubes were permeable. He did not now complain of the subjective sounds. The vertigo was much less than at an earlier stage of the illness; but there was still a disposition to stagger in walking. The pain in the head was at times quite absent, but now and then it returned in severe paroxysms.

The digestive functions seemed to be much disturbed; the tongue was thickly coated with a yellowish-brown fur, the bowels were persistently constipated, while an extremely foul odor was exhaled by the breath.

He was admitted to the indoor department of the hospital, and at once treated by pilocarpine injections. One of Wyeth's tablets, containing a third of a grain of the drug, was dissolved in six minims of water, and injected underneath the skin of the shoulder every second day for six days, and then every third day for nine days. Copious perspiration followed every application of the remedy. The first produced very considerable sickness and vomiting; on every subsequent occasion there was some nausea excited, but it was much less than after the first. The patient always remained in bed for a few hours after the use of the remedy.

Improvement in the hearing almost immediately manifested itself. A day or so after the first injection the patient noticed some improvement in the right ear, and this improvement seemed to go on gradually almost day by day. In three weeks after admission, he could hear and understand, with the right ear, conversation in a voice only slightly elevated above ordinary speech. In other respects also his condition improved. He soon afterwards resumed his occupation of steward on board a steamer.

On April 18, 1885, about nine months after the seizure, his state was as follows: On the right side a watch whose normal hearing distance is forty inches, was heard eight inches. On the left it was not heard even on pressure. This does not, however, truly represent his power of hearing speech, which was so good that persons conversing with him did not detect any dullness of hearing. A vibrating tuning fork applied to the middle line of the head was heard better in the right ear.

There were no subjective sounds in the ear or head. The tendency to stagger, which had continued for a considerable time, while in the dark, had passed completely away. The complexion was much healthier looking, the tongue was clean, and the breath was free from the foul odor.

Case 2. R. McG., a laborer, aged 54, was admitted to the Ear Hospital on February 20, 1885. He stated that he had been suddenly affected a fortnight before admission with total deafness while in the act of stooping at his work. He had been out of work for some months, and this sudden loss of hearing occurred just on the morning of his return to work. His bodily health had suffered from the poverty due to the enforced idleness, while his mental condition was depressed, owing to the conduct of a reprobate son. No hereditary tendency to ear-disease, and no syphilitic origin, could be traced. The shock of deafness, he said, was signalized by a sensation as if a pistol had been discharged in the interior of his head, and immediately afterwards he ceased to hear the noises in the ship-building yard where

he was employed, or the voices of the workmen. This was followed by severe pain affecting the whole head, but especially the vertex, and by a sensation in his right ear, "just as if a clock were working inside." There was also slight giddiness.

On admission, it was found that a watch with a loud tick could not be heard on pressure in either ear. The voice could not be heard, although loudly spoken into the right ear; in the left it was heard, but only partially understood. Osseous conduction by the tuning-fork was faint, and the duration of the perception was short. Objective examination of the ear showed a small oval calcareous patch, evidently of long standing, on each tympanic membrane, behind the handle of the malleus. These were probably the results of old catarrhal affections in the middle ears, and had no connection with this attack. Inflation of the middle ears had no effect upon the deafness. A cantharides plaster was first applied behind each ear, without, however, yielding any good result.

Subcutaneous injections of a solution of pilocarpine were then employed. The solution contained at first only one-twelfth of a grain of the pilocarpine; but it was increased, after three or four injections, to one-third of a grain. In the weaker form, they were employed daily; but the stronger solutions were only used every third day. In all, eight injections were employed. The patient remained in bed for six hours after each injection, and free diaphoresis always followed. Slight sickness was excited by the strong solutions. Improvement in the hearing of speech was observed when two injections had been used, and after that there was gradual but steady improvement in the hearing, with disappearance of the subjective sounds.

On April 13, 1885, two months after the seizure, the condition was as follows: The tick of a watch heard, in normal hearing, forty inches from the ear, was heard eight inches on the right side and one inch on the left. Conversation in an ordinary tone of voice was understood without any difficulty. The osseous conduction of sound by the tuning-fork was heard rather better than the aerial—a circumstance which was probably due to the existence of the old catarrhal affection of the middle ear. The subjective sound had completely disappeared.

Observations.—There can be little doubt that, in the two cases here described, the seat of the mischief was in the nervous apparatus of hearing. It is, however, not possible to determine with certainty in what part of the auditory nerve the lesion existed—whether in its roots in the brain, in its stem, or in its complex terminal expansion in the labyrinth.

In the first case, which was clearly due to syphilis, the gravity of the symptoms seems to indicate that the mischief was intracranial. The premonitory symptoms of nausea and vomiting, the pronounced vertigo and staggering, the severe pain in the back of the head, and the temporary affection of the facial nerve, seem to point to the auditory centres in the cerebellum as the probable seat of syphilitic exudation. On the other hand, in the second case, the lesion was probably labyrinthine and apoplectiform in character (apoplectiform deafness of Knapp), and of the nature of rupture of a small vessel simultaneously in both labyrinths, excited by the stooping posture, and predisposed by a generally enfeebled state of the system. The absence of marked vertigo is a somewhat noteworthy peculiarity of this case, and suggests that the lesion was more probably in the cochlea than in the semicircular canals.

When we consider the generally hopeless character of lesions of the nervous structures of the ear, it can hardly be denied that the favorable terminations in both of these cases were due to the action of the pilocarpine. Politzer, who was the first to propose this remedy in ear-disease, believed it to be serviceable chiefly in cases of labyrinthine disease of recent and sudden occurrence, and especially in those of syphilitic origin. My experience, as shown in these two cases, seems to confirm this view of the value of pilocarpine. In several instances of labyrinthine mischief gradually coming on in the course of chronic middle-ear disease, where I have used this remedy, there seemed to be no effect produced. As to the explanation of the therapeutic action of pilocarpine, we can only assume that it has an especial power of stimulating the absorbents in contact with the effused products before these have become organized, and that this resorbent effect has also some connection with its remarkable powers of exciting the cutaneous secretion. It seems to have a more decided action upon the intracranial absorbents; and the vascular and lymphatic supply of the labyrinth is in reality the same as that of the interior of the cranium. If this view of its action be correct, it would be reasonable to employ this method of treatment more generally in cases of cerebral apoplexy.

Recovery of Good Sight, after Twenty Years' Blindness.

Dr. George E. Walker thus writes in the *Lancet*, June 6:

Accustomed as I have been, during some dozen years' practice of the operation, to the great benefits resulting from the severance of adhesions of the iris to the cornea, I confess that the case which I now relate has astonished me not a little.

L. N——, a girl aged nineteen years and three months, was admitted to the School for the Indigent Blind on April 22, 1884. Her right eye showed all the cornea, except a narrow rim round the margin, as one dense leucoma to which the iris was universally adherent. Of course, this was hopeless. The left, in the central lower part, showed a dense leucoma, which shaded off rather abruptly into a fainter one just above, the whole leucoma having a diameter about half that of the cornea. The iris was adherent to the central part of the leucoma, except at the inner side, where a little of the pupillary edge had escaped, so that a very small pin-hole was left; but as it was behind the leucoma and could only be seen sideways, it was not available for vision, and the girl said that she could see no better with the left than with the right eye, nor could she count fingers with either, but had only perception of light.

Thinking that I might give the left eye enough sight to enable her to move about without knocking against chairs and tables, I suggested to her and her father the propriety of treatment; but

when they found out an operation was required, I received a prompt negative. At last the father consented that the girl should please herself, but it was not until November that she asked me to operate on her. On the 22d I attacked the upper part of the adhesion in the way described in the *Lancet* of January 31, p. 197, gaining a considerable increase of pupil. She suffered somewhat from the chloroform, and consented very reluctantly to the second operation, by which, on December 10, the severance of the upper limb was completed. On January 6, I divided the lower limb at one sweep, although it was very broad, and on the 13th I cut the little bit remaining on the outer side. She was so averse to this last operation that I had to pretend an anger which I did not feel, and almost compel her to submit. One would have expected that the great benefit which accrued most markedly after each operation would have made her eager to submit, but the contrary was the case. Her first sensation after admission of light into her eye was one of profound horror. She says now that when she first became conscious of sight, and therefore to some degree of space, her feeling was like that of one who looks over a precipice and fears that he will be impelled to throw himself down, and she, at the time, bitterly repented her consent to be taken out of the darkness which all her life thus far had enshrouded her. By this time, however, the leucoma had cleared up, especially in the upper part, and we found that she had a good-sized pupil, elongated from side to side, the upper, lower, and outer edge ragged from the cuts, whilst the inner presented the normal curve. I had hitherto thought it most probable that the lens had been destroyed, but now I found it existent and transparent, and on testing the eye (January 28) discovered that the long tension of the imprisoned iris has produced a myopia, requiring a 15 D. glass for its correction. The wearing of this speedily caused a change in her state of mind, and she soon ceased to regret her loss of blindness. Under the affectionate tuition of a fellow patient she learned her letters in a day, and to read in a week. Of course this was all the easier from her ability to read with her fingers on Moon's types. Like as occurred in the little boy whose case is described in the *Lancet* of January 31, 1885, a filament of uveal exudation joins the lower edge of the pupil to the cornea, and I shall divide this if I have reason to believe that it keeps up, in any material degree, the over-nutrition of the leucoma. This, however, now deprived of the large blood-supply given to it by the almost universal adherence of the iris, has cleared up greatly, the upper part being almost transparent, and her vision is now (March 2) $\frac{3}{10}$, and she reads pretty easily Jaeger 10, and with some little difficulty Jaeger 8—that is, print about the size of "leading article" type.

The main element of the surprise which I have experienced over this case is the retention of visual acuity by the retina under the twenty years' deprivation of light. I see so many examples to the contrary in the persons who present themselves at the Blind School—as, for example, in cases of neglected cataract, as well as in the more familiar instance of squint, which produces the amblyopia (ex inopsia of the old writers) that I was not prepared to find that in this girl the retina had preserved its sensitiveness so well; for all the want of acuteness now present may safely be debited to the opalescence of the cornea, which still remains. As this, however, is plainly decreasing, I trust that the eye may further improve. Another interesting fact is that the muscular tissue of the iris shows itself to be quite lively, as it responds promptly both to myotics and mydriatics.

I think now that I have said enough to show that this class of case—a more numerous class, probably, than that of cataract—is susceptible, even in the more formidable instances, of beneficial treatment, and that on the whole we may expect results at least as satisfactory as in other grave diseases of the eye.

Two Cases of Raynaud's Disease.

Before the Clinical Society of London (May 22): Dr. Colcott Fox brought two adults affected with this disorder, and read notes on the cases. A woman, æt. 41, of extremely nervous temperament, dated the commencement of the disorder from ten years back, but though this was the period when her attention was attracted by her pain, it is probable that she suffered from slight attacks for some years previously. In the earlier stages all her fingers continually went "like white wax." This condition of recurrent local syncope gradually gave place to local asphyxia, and the feet became involved. The fingers gradually lapsed into a state of chronic asphyxia, which was intensified by frequent attacks of more severity, often leading to "blood blisters and ulceration." The nutrition of the phalanges has suffered greatly, so that her hands are crippled, the fingers are fusiform in shape, livid, shiny, and withered, the nails variously distorted, and the end phalanges much atrophied and almost immovable. The nose and ears are affected to some extent on exposure. Cold and nerve shocks are ready exciting influences. The second case was that of a man, æt. 51, and was of considerable interest, from the fact that, like one of Raynaud's cases, he suffered from diabetes. His hands were not deformed, but he had suffered for several years from "dead fingers." He sought Dr. Fox's advice for symmetrical gangrenous patches on the skin, which recurred, and later for an attack of asphyxgia of one great toe and lower third of the inner side of the leg, and then it was found that he had been attacked in a similar manner, though more severely, in the other toe, and on another occasion blood blisters had formed beneath the ends of his toes. Dr. Fox concluded his paper by giving a reference to some cases which have been recorded as scleroderma of the extremities. A woman with the latter disease was shown to illustrate the difference between it and Raynaud's symmetrical gangrene of the extremities.

Dr. O'Connor would like to ask Dr. Fox if there was any history of phthisis or bloody urine? Last year, before the Pathological Society, he had shown a case of symmetrical gangrene. It was not entirely uncomplicated, but associated with thoracic tumors. He had tried nitro-glycerine in an attack which corresponded with Dr. Fox's case,

and in which the symptoms were materially lessened.

Mr. Harrison Cripps thought the pathology of these cases was somewhat obscure. He was always forcibly reminded of frost-bite and senile gangrene. The former was a local starvation of a part, and the latter wholly due to constitutional causes. Raynaud's disease stood half-way between the two conditions. A tree may carry on its circulation except in the extreme branches, and he thought this was a fair simile. The parts should, he thought, be well wrapt up, so as to guard against the changes in the atmosphere.

Dr. Barlow would like to make a few remarks upon the therapeutic aspects of the matter. He recommended the continuous current. He had determined to try this in some cases. In a very severe case that could hardly walk, and had suffered for two years, he began by treating with the constant current, placing one pole down the spine and the other upon one of the extremities. This did not prove very effectual, so he applied both poles to the affected parts. He galvanized for about twenty minutes every two days. Marked benefit resulted. The patient was able to go about his work, and the result has been permanent. He instructed him to shampoo his feet with oil. In the acute paroxysmal attacks during the intervals the patients are perfectly well, but in cold weather there was always a liability to attacks. The attacks lasted on an average a couple of hours. There was intense pain, the patient could hardly be kept still, the feet were quite black, and there seemed impending gangrene. In one attack after ten minutes he applied the constant current for half an hour. Then the hand became quite right; the other hand remained black for a longer time. He had tried nitrite of amyl in capsules, since by this remedy the arterioles were relaxed, and it had exerted physiological effects. If it had been administered earlier it might have succeeded better. The constant current, if used at all, should be employed every day, with the addition of vigorous shampooing.

Mr. Bryant said that he would like Dr. Barlow's remarks to be embodied as a communication to the Society. This had been done before.

Dr. Fox, in reply, said there was no hemoglobinuria; the agonizing pain felt is the attack is going off. The gangrene unquestionably was not due to diabetes. He had tried the constant current with great benefit.

Abscess of the Brain.

Dr. W. F. Westmoreland thus writes in the *Atlanta Med. and Surg. Jour.*, July, 1885:

W. C., age 26 years, presented himself to the clinic, October 13, suffering with severe pain in the head, well-marked stupor, and disposition to coma. He gives the following history: Four years ago, in a fight, he was struck on the head with a hoe. The blow fractured his skull, and rendered him senseless at the time, and for two weeks he was unconscious. He says that after that time he began to grow better, and was soon able to attend to his duties, but that the wound made with the hoe never healed. He says there has been a constant discharge from the wound all the time, but there has been very little pain until recently. It is a well-known fact, gentlemen, that abscess of the brain sometimes comes on a considerable time after injury. Horner mentions an instance where there was an interval of nearly twelve months from the infliction of the violence until the abscesss appeared. Sir Everhard Home mentions a case where nineteen months elapsed. There are examples to be found in Gross' Surgery where three years elapsed from the time of injury until the abscess appeared. In this case it is a little over four years since the injury was inflicted, and he has been suffering for a few days only with well-marked symptoms of abscess of the brain. There is one thing that may possibly influence this trouble. The patient had syphilis, and was treated for it before the reception of the injury to the head, and that may possibly influence the trouble and prevent the healing. There may be a piece of necrosed bone that has kept the discharge up. We will cut down upon the bone, and then we can determine whether we have necrosis or not. We simply make the existing opening in the scalp larger, and we find an opening in the cranium that has existed from the time of injury. A probe is now introduced into the opening and carried towards the centre of the brain, following a fistulous track: now with the probe introduced to the depth of four inches, you will notice that the pus flows freely. The treatment will consist in keeping the wound in the scalp open, and keeping the abscess well drained, and in consequence of the old syphilitic trouble, we will direct for him thirty grains of iodide of potash, to be given after each meal. The potash should be given largely diluted with water.

October 17. The patient is suffering to-day very greatly as the result of a closure of the scalp wound and a want of free drainage. We reopen the wound and make it larger, and direct that the wound be kept dilated with an elm tent.

October 24. Patient doing very well; abscess discharging freely and the patient free from pain; treatment continued. From October 24 to November 28, the discharge kept up; the patient was kept on same treatment.

November 28. Discharge has almost ceased; the probe can be inserted only three inches, showing a filling up of the cavity at least one inch.

December 12. The patient has been improving constantly, and the cavity in the brain is gradually filling; it measures only two and a quarter inches to-day.

January 12. Patient says he is feeling very well. He is wonderfully improved; is gaining flesh daily. The cavity has filled so much that the probe will only pass in one and a half inches. There is still a slight discharge.

February 6. Patient says he has felt perfectly well until a day or two ago, when some slight pain began at the old sore. The wound has healed entirely. We make an opening through the scalp to relieve this pain, and find a slight amount of pus tinged with blood. The probe that once could be introduced four inches into the brain will not pass in at all. We have every reason to believe that the patient will soon be well.

February 20. To-day we find the wound entirely

healed, with no pain at all. Every symptom has subsided. There has not been the slightest trouble since his last appearance; we therefore dismiss the patient as cured.

Syphylitic Hepatitis.

Dr. Robert S. Young thus writes in the *North Carolina Med. Jour.*, June, 1885:

On June 15, 1884, I was called to see a ten-year-old white girl, suffering from abdominal enlargement and dyspepsia, with the following history: Both parents living and in good health. The patient has been remarkably free from the ordinary diseases of childhood, and seemed to enjoy better than the average health until about one year ago. She then began ailing, without being actually sick. Her appetite failed; she lost flesh: had some eructations; her bowels moved sluggishly, and a general lassitude came over her. She was treated for scrofula, dyspepsia, and worms; tried a change of climate and the numerous mineral springs; nor did she escape the trial of every "patent medicine" which was recommended and urged by her many friends; she was kept from school and placed upon all kinds of diet, all to no good. The abdomen began to swell, and continued from day to day to grow larger; her strength completely broke down at last, and she could no longer leave her bed. This was the history of the case up to the time of my first visit. When I saw the little girl I at once noticed her cachectic appearance; her wrinkled face; the dull, listless expression of her sunken eyes; the peculiar dirty-yellowish hue of her skin; her emaciated body, and the prematurely old expression of countenance so often met with in children suffering from hereditary marasmus. The organs of the chest were normal. The abdomen was greatly enlarged by serous effusion. The fullness of the superficial abdominal veins denoted a congestion of the portal circulation. The great amount of the effusion and the tympanites above, effectually prevented me from determining the size of the liver with any degree of accuracy. Her tongue was pale, flabby, and covered by a whitish coat, and was indented by her teeth, which presented the characteristic notching of the central incisors first described by J. Hutchinson, which is of great significance in the diagnosis of retarded hereditary syphilis.

Remembering that ascites is rare in children, and that, when it happens, it is generally caused by tubercular peritonitis, or by cancer of one of the abdominal viscera, I made, more by exclusion than anything else, and by reflecting upon the failure of all kind of treatment tried so far, the general diagnosis of retarded hereditary syphilis, and the special diagnosis of syphilitic hepatitis. If success of treatment can verify a diagnosis, then mine was correct. Paracentesis was performed, the effusion and tympanites seriously threatening a fatal interference with the action of the heart, and nearly a gallon of a slightly opaque, yellowish fluid, containing a large percentage of albumen, was slowly withdrawn.

Mercurial inunction into the abdominal walls, and gradually increasing doses of the iodide of potassium, formed the treatment, and I had the gratification of seeing the child in good health by August 10, a little less than three weeks after beginning these therapeutic measures.

Immediately after the performance of paracentesis the liver was found to extend down to within an inch of the ilium; the organ was soft, tender, and its margins smooth and even. The spleen was also slightly enlarged. The fluid never accumulated again. The patient was afterwards placed upon a tonic treatment, and when discharged the liver still extended two inches below its normal position.

Several months later (December 6) I saw her again; she seemed in excellent health, and there was no trace left of her former illness, except the notches in her teeth. The liver and spleen promptly returned to their natural size. The urine had never contained albumen in abnormal quantities, but for a short time there was present therein a trace of the coloring matter of the bile.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The value of electricity in various reflex neuroses is illustrated by a number of clinical cases in a communication reprinted from the *Virginia Medical Monthly*, by Dr. J. J. Caldwell, of Baltimore, Md.

——A discussion of Vitiligo, by Dr. R. H. Reed, of Mansfield, Ohio, has been reprinted from the Cincinnati *Lancet and Clinic*. It is a careful summary.

——The annual announcement of the department of the University of Pennsylvania devoted to biology will have a special interest for scientific men. The director is Dr. Joseph Leidy, than whom a more competent master of the subject the world does not offer.

——The announcements of the medical departments of the Jefferson Medical College and University of Pennsylvania for 1885–6 have been issued, and show both those institutions in a flourishing condition.

——Dr. Wm. C. Wile, of Sandy Hook, Conn., has reprinted, with illustrations, a number of surgical cases which will be read with interest by those studying that branch.

——We have received from the Illustrated Medical Journal Co., of Detroit, Michigan, several sets of their Perforated, Adhesive Medical Journal Labels. The list includes besides the journals of the United States that are devoted to Medicine, Pharmacy and Hygiene, those of the Provinces of Canada, as well. Complete sets will be mailed postpaid for fifty cents on addressing the publishers above named. They are just what every physician needs for addressing his Reprints for journal notice, and Medical Colleges for addressing their Announcements for a similar purpose.

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TREATMENT OF DYSENTERY AND SUMMER COMPLAINT.

Dr. Geubin, in Russia, had considerable experience in the treatment of cases of dysentery and of cholera morbus. His results have been so uniformly good that the Medical Society of Kaluga requested him to communicate to them his mode of treatment. The report is published in the *Wratsch*, 12, '84.

Instead of the usual procedure of combining purgatives with opium, G. administers castor oil followed by oleum terebinthinæ, which latter he gives in doses varying from that of ten drops to such of a fluiddrachm. In almost every case thus treated an amelioration of the symptoms almost invariably at once set in, though some cases later suffered from disagreeable secondary effects, viz., affections of the kidneys, due to the large doses of oil of turpentine. In the adoption of G.'s treatment, caution is therefore necessary.

Probably the best treatment thus far known in dysentery consists first in the administration of a large dose of castor oil, then of repeated doses of ipecacuanha and opium—both in rather decided doses—and finally in the injection of large quantities of water containing chloride of sodium and in the, if possible, local application of nitrate of silver. If the ulcer can be seen, the solid stick is the best; if too high up, solutions are better, and these may be made of considerable strength without causing disturbance.

In the summer complaint, as so frequent amongst children in our own country, we generally have found the following treatment to answer best:

The child must receive no nourishment, with the exception of small quantities of rice-water, for the first twenty-four hours. At night, before going to bed, the child is placed in a warm bath, and afterwards wrapped up in blankets. When the perspiration, thus caused, has ceased, the child is carefully dried, dressed in its warmed night-clothing, and put to bed, the linen of which, as well as that of the child, must be changed twice daily, or oftener. In the early morning the child is taken to some sheltered, cool place, either in the country, or if possible in a boat on the

water, or an island in the middle of a large river, or, best of all, kept at the seashore. Internally, small doses of sulphite of sodium (not enough to cause in a healthy child diarrhœa), and of aqua chlorine are administered, and if the little patient has been nourished with its mother's milk the result will always be favorable, while in children artificially fed, the main necessity consists in their being at once removed to the country, or, still better, to the seashore. If such children, who have been brought up by aid of the bottle, are left to remain during the hot season, while suffering from cholera infantum, in the city, our experience has been that most of them will die, notwithstanding the most careful treatment. Many cases do not recover from want of pure air, and of cleanliness, this being the reason of the many deaths amongst the children of the poor.

A DANGEROUS ACCIDENT.

Some time since, Dr. J. C. Biddle, the Surgeon-in-chief of the Pennsylvania State Hospital for Injured Miners, in Ashland, Pa., performed the operation for resection of the head of the femur. The operation had become necessary in consequence of a badly-cured fracture of the surgical neck, which had been of nearly a year's standing and received no correct treatment until the patient came under Dr. Biddle's charge. An immense quantity of pus had accumulated. After Dr. Biddle had laid bare the bone, he took hold of a large syringe containing a solution of corrosive sublimate, and thoroughly cleansed out the cavity. While so doing, he stood in such a position to the patient as to turn his right side to him, while his assistant was looking at the wound more with his left eye. There was a good deal of splashing of pus at the time.

Three days later, Dr. Biddle's *right* eye suddenly commenced to inflame, and about ten hours after his assistant's *left* eye. As usual with physicians, they did not attend to it in the right way, or rather they neglected what in others Dr. Biddle would have at once rigorously treated. Nearly two weeks later purulent ophthalmia was fully developed; granular lids threatened, and the assistant's other eye commenced to inflame. They hesitated no longer, and, what they ought to have done at the beginning, came to Philadelphia and have visited the most experienced specialists. The cases looked exactly like those due to gonorrhœal infection, but Dr. Biddle was positive that he had no case of blennorrhœa in the hospital for over a year. Besides, the history was too clear, the fact of the right eye in the one and the left eye in the other patient suffering also pointed to the real cause, and lastly, the small period of time intervening between the times of outbreak and the equal period of incubation in both.

For almost two weeks the eyes were under the personal charge of one of our most eminent ophthalmologists. Then they had so greatly improved that Dr. Biddle and his assistants are permitted to return home. If we consider how necessary is the presence of the surgeon-in-chief in such a hospital—Dr. Biddle had once to perform about thirty amputations in one week, not counting all the other grave accidents, many of them too late for such an operation—we can imagine how serious was the loss of the use of his eyes for so long a period to Dr. Biddle, not at all to think of the possible dangers of granular inflammations in the eyelids. As very strong solutions of nitrate of silver had to be used in the treatment, the procedure also was a very painful one; the severe ache generally lasting for three hours after each daily application. For yet some time to come both patients will have to visit Philadelphia once a week to consult the specialists.

These cases are besides of great interest from the fact that there is no case on record where a surgeon had met with such an accident from a non-specific purulent discharge, and for this reason alone they are well worth being added to medical literature. Generally in hospitals, where so many operations are performed, specific cases also are abundant, and if the surgeon had to suffer from such inflammation, he was in the position positively to deny the possibility of a specific infection. But the Ashland Hospital admits *only* accidents, and in this case Dr. Biddle was certain that for over a year no patient in the hospital had

been affected with any disease of this kind. That the solution of corrosive sublimate could not have caused the ophthalmia has long been proven.

Notes and Comments.

Oleate of Manganese.

Dr. Franklin H. Martin thus writes in the *Med. Record*, June 27, 1885:

Since manganese first received notice in this country as a menstrual stimulant, and as a remedy in functional amenorrhœa, menorrhagia, and metrorrhagia, it has been a formidable problem to the minds of therapeutists and pharmacists to get it into an acceptable shape for administration. The permanganate of potash, the original peparation used for experiments and administration in any form, is liable to act as an irritant to the stomach, and is very objectionable to many on that account. It has in many ingenious ways been made into pills, but as these pills must of necessity have for their basis kaolin, or some other inorganic substance, the drug is not satisfactorily observed. The compressed tablets of Wyeth & Brother and others, are objectionable in many cases of irritable stomach, because of the irritating and undiluted drug coming in direct contact witb its mucous membrane. The binoxide of manganese has, on account of its insolubility, proved to be almost inert. On account of the many difficulties of administration, therefore, this valuable drug has not met with the warm reception that is its due. Through a suggestion of Dr. S. S. McArthur, I have succeeded in having an oleate of manganese prepared.

Method of Application.—Of a twenty per cent. solution of the oleate, I should recommend that one drachm be applied to the abdomen of the patient, and its absorption promoted by friction produced by vigorous rubbing of the surface with the palm of the hand or with the fingers. The rubbing should be continued until the oil has entirely disappeared by absorption.

In cases where it is found impracticable to apply it to the abdomen on account of tenderness, it may be applied to the spine or the inner surfaces of the thighs.

In cases of amenorrhœa it should be applied, if possible, every night for a week preceding the expected menstrual period, or at the time the menstruation is due, and until it makes its appearance. In cases of menorrhagia or metrorrhagia it can be applied in smaller quantities every night until the desired effect is produced.

I am very anxious to see the profession give this preparation a good trial, because if there is any great value in this drug, it can only become popular as a remedy in some such unobjectionable form.

The oleate was prepared as follows: A solution of sulphate of manganese was made in distilled water, and to it a solution of sodium oleate was added. On mixing these two solutions gradually and with constant stirring, a precipitate of oleate of manganese resulted. This precipitate upon heating changed to a putty-like mass. This was thoroughly washed several times with warm distilled water, to remove the sodium sulphate, and the resulting putty-like mass was the pure oleate of manganese. This oleate, when dissolved in oleic acid to the required per cent., is ready for use.

Direct Inoculation of the Human Being by Tubercle.

Dr. E. A. Tscherning (*Fortsch. d. Medicin.*, 3, 1885,) reports the following almost unique case:

A healthy female cook, æt. 24, served with a gentleman, who soon died of acute tubercular consumption. While staying with him she one day injured herself on the palmar surface of the first phalanx of the right middle finger by a broken piece of his cuspidor entering her finger. The sputum, which was then in the spittoon, was examined by T., and found to be full of tubercle bacilli in almost their pure culture. About a fortnight after the injury the first symptoms of panaritium developed themselves in the finger. Suppuration did not ensue, but instead of it soon after a nodule of the size of a split pea could be felt in the subcutaneous tissue. An incision was made, and lying between the sheath of the sinew and the skin was found the granulating growth, which was destroyed with the sharp spoon. The wound healed within one week.

A few weeks later patient complained of pain on flexing the finger. The parts then appeared swollen, and at the same time the axillary glands were enlarged, but the lungs apparently healthy. These glands now were removed and the finger amputated below the affected part, and the sinew also extirpated. Cured within two weeks; patient discharged. A microscopical examination showed that where the first growth had been removed new granulations had formed. These and the destroyed sinew, as well as the axillary glands, which had been extirpated, were found to contain a considerable number of tubercle-bacilli. They mostly were met with alone, here and there

two and three were found together, and many of them were provided with spores.

Several months later the patient was still in perfect health; the stump was in excellent condition, and, notwithstanding the most thorough physical examination, no disturbance whatever could be detected in the lungs.

The case is decidedly interesting. As far as we know, the pus from a panaritium has never been examined with a view to discover micro-organisms. The co-affection of axillary glands in the case of inflamed fingers is by no means a rare occurrence. We must, therefore, express our doubt, if the direct infection in T.'s case was proven. The girl may have had a common felon, and the latter may be caused by bacilli, *looking* very similar to those of tubercle; for already three such kinds of bacilli exist (glanders, tubercle, and anthrax,) which can only be distinguished from each other by pure culture and study of their different behavior while thus developing. Still, it is possible that a panaritium is always due to tubercle-bacilli of a separate species.

Cocaine in Acute Affections of the Upper Respiratory Passages.

Dr. J. Strahan thus writes in the *Brit. Med. Jour.*, June 13, 1885:

The fact that Jellinek has produced complete anæsthesia of the larynx by the application of cocaine, points to a vast field of usefulness for that drug, not hitherto explored. To secure anæsthesia of the larynx, epiglottis, palate, and pharynx, must prove an invaluable boon to the profession and the patient, in the immediate future. Even the action of carbolic lotion or lozenge in throat affections, as an anæsthetic, is by no means to be despised; so that we can easily imagine the comfort, relief of pain, and even avoidance of danger to life in cases of spasm of the glottis, likely to result from the use of cocaine. It has been used with perfect success in operative procedures about the larynx, but has not yet been tried for either diphtheria or croup. It is obvious what a boon the addition of cocaine applications would be to any plan of treatment. It could be applied either by ordinary swabbing with a four per cent. solution, or by insufflation with the dry powder; or the solution could be sprayed when we wished to reach far down. Even if the applications had to be made as often as every half hour, for a little, the trouble would be as nothing compared with the ease and safety of the patient. In case of necessity, the nurse could apply it perfectly well in any form, if taught. The addition of a couple of drops of chloroform (a solvent of cocaine), to the ounce, would prevent the formation of fungus in the solution, as it does in the case of solutions of atropia, morphia, strychnia, tartarated antimony, and indeed all solutions usually spoiled by fungi. This would conduce to economy, as the solution without any preservative soon spoils, and is then liable to excite acute inflammation in mucous membranes instead of curing it. Of course the chloroform must be dissolved in the alkaloidal solution, by agitation in a bottle not more than three-quarters full. This amount of chloroform causes no irritation, even in the eye, as I constantly use preserved solution of atropia, without causing the slightest pain.

We have now evidence that a four per cent. solution of cocaine painted on the nasal mucous membrane, besides causing anæsthesia, contracts the capillaries, drives out the blood, and causes a membrane swollen and red to become shrunken and pale. In coryza, even where the nares are obstructed by swelling, a strip of lint, soaked in the solution and pushed into the anterior nares, speedily removes the swelling, permits the passage of the breath, and, repeated once or twice, even permanently cures the disease. From these considerations, it seems to me that cocaine is destined to become an indispensable aid in all acute inflammatory diseases, of the upper respiratory passages. In laryngitis, croup, diphtheria, scald of the larynx, simple or reflex spasm of the glottis, and even in chronic laryngeal affections, life often depends on the absence of fits of spasm; and the only remedy, when it occurs often enough or severely enough to threaten life, is tracheotomy. If cocaine, by inducing complete anæsthesia of the parts, prevents these spasms even in part, it will be an invaluable addition to the treatment of these diseases. We have some evidence that it will do so, from the fact that the imperfect means on which we have hitherto had to rely for anæsthetizing the larynx, pharynx, etc.—namely, bromides and chloral—do very markedly diminish the tendency to spasm of the glottis in croup, for instance. For that reason, among others, I am of opinion that a combination of bromide of potassium and hydrate of chloral constitutes the very best treatment for croup—at least, so far as systemic remedies go. The bromide diminishes the number and intensity of the laryngeal spasms. The chloral, in addition, acts as perhaps the most powerful antiphlogistic we have in such cases; it greatly reduces arterial blood-pressure, diminishes body-temperature, and acts as a powerful germi-

cide, both generally and locally. The local use of cocaine, and the constant inhalation of some efficient antiseptic vapor, such as that of eucalyptus-oil, or of turpentine and tar, in addition to the internal treatment described, and with proper attention to alimentation, would seem to me to be an almost perfect therapeutic plan for diphtheria, croup, and many other diseases of the respiratory passages.

Anomalous Coronary Artery of the Heart.

To the Academy of Medicine in Ireland (April 24) Dr. Brooks communicated a case of anomalous coronary artery of the heart, which occurred in a subject in the dissecting-room of Trinity College, towards the close of the winter session, 1884–85. A large branch arose from the right coronary artery, about one-third of an inch from its origin, and passed behind the root of the aorta and pulmonary artery; here it gave off three branches, which ran upwards on the trachea; it then divided into branches which anastomosed in a complex manner with an abnormal branch, which arose from the right anterior sinus of Valsalva of the pulmonary artery. From the anastomosis so formed, two branches ascended in a tortuous manner in front of the bifurcation of the pulmonary artery and the transverse portion of the arch of the aorta, and united into one trunk, which joined an abnormal branch arising from the left subclavian artery near the origin of the vertebral. The three branches mentioned above as ascending on the trachea, after inosculating very freely, gave off a branch to the right bronchus, and then joined a branch arising from the posterior aspect of the arch of the aorta, close to the termination of the transverse portion.

Dr. Purser said that it was difficult to say how the blood flowed in this complicated arterial arrangement. One thing was clear—that, in a case of direct communication between the pulmonary artery and the aorta, the current must be from the latter into the former.

Dr. Heuston thought that the vessel described was a vein conveying the blood back from the junction of the normal and abnormal coronary vessels into the pulmonary artery.

The Production of Phantom Tumor.

The *London Medical Times*, June 13, 1885, says that Dr. Krukenberg, of Bonn, contributes to the *Archiv für Gynäkologie* (Band xxiii., Heft 1,) an article on this subject. In a case of the kind under his own care—a case, that is, of apparent enlargement of the abdomen which disappeared entirely when the patient was anæsthetized—he examined the patient very carefully to find out how the swelling of the abdomen was produced. He came to the conclusion that it was due to lordosis of the vertebral column, this lordosis being dependent upon weakness of the spinal muscles due to anæmia and debility. By the lordosis, he thinks, the space in the abdominal cavity is lessened, hence the pressure within it raised, and the anterior abdominal wall thrust forward by the pressure of its contents. Acting upon this theory of the disease, Dr. Krukenberg treated the patient by keeping her at rest, with pillows, etc., so arranged as to support the pelvis, and thus counteract the lordosis; and under this treatment the abdominal protuberance disappeared. He candidly admits that his theory does not account for the persistence of the apparent tumor in such cases where the patient is lying down, unless hysterical contraction of muscles be assumed; nor, we may add, does he explain why similar phantom tumors are not a regular accompaniment of the lordosis due to progressive muscular atrophy, a condition which suggested to him the theory that weakness of the spinal muscles was the cause of the disease in his case.

An Obscure Popliteal Aneurism Simulating Sarcoma.

The diagnosis of popliteal aneurism is not generally a matter of great difficulty, still some of the cases of aneurism simulate other diseases so closely that mistakes are occasionally made. Many able surgeons have opened aneurisms, supposing them to be abscesses, and others again have tied the femoral artery for malignant growths, mistaking them for aneurisms. There are not a few cases recorded where an old consolidated aneurism has been mistaken for a sarcomatous tumor. In the January issue of *The American Journal of the Medical Sciences*, Dr. Francis J. Shepherd, of Montreal, reports an obscure and instructive case of popliteal aneurism, which was under observation for several weeks, and in which there was a total absence of aneurismal symptoms, and the rational symptoms pointed to sarcoma, either of the periosteum or the parts about an old popliteal aneurism, for which the patient had been successfully treated some years before. Amputation was performed, and an examination of the tumor showed it to be solid throughout and composed of fibrin, solidified *en masse*. The orifice of the aneurism was at the distal end of the tumor, and the blood therefore flowed from below up, with, of course, a lessened

stream; the circulation, owing to the obliteration of the femoral above the tumor, being carried on by collateral branches. As there was no cavity in the tumor, the absence of pulsation and bruit is explained. As there was not a single symptom which pointed to aneurism, an accurate diagnosis seems to have been impossible.

Œdema of the Glottis in Tabes Dorsalis.

Any phenomenon may be met with in the course of tabes dorsalis; at least, this statement would seem to be a warrantable conclusion from known facts. We must not lose sight of the circumstance that accidental phenomena also exist and may occur in tabes dorsalis, as in any other disease, without any special significance. M. Huchard read at a recent meeting of the Société Médicale des Hôpitaux (*La France Médicale*, June 2) a paper on a case of œdema of the glottis, following the administration of iodide of potassium in a patient the subject of tabes dorsalis. There was no history of syphilis or alcoholism, and no evidence of Bright's disease. The man was treated on account of the locomotor ataxy with four grammes of iodide of potassium per day. The treatment had to be suspended owing to the induction of iodism. After some days the medicament was given in smaller doses. This renewed treatment was followed by grave attacks of dyspnœa, which threatened suffocation. M. Gougenheim detected œdema of the arytenoid region by laryngoscopic examination. During one of the attacks the "interne" was obliged to perform tracheotomy. The patient ultimately did well. M. Huchard thought that the grave result was largely due to the influence of the iodide of potassium, whilst admitting that a sensory disturbance in tabes dorsalis may have played a part in the occurrence of the phenomenon. Chemical examination of the iodide of potassium showed that it was impure and contained a certain amount of iodates.

CORRESPONDENCE.

The Alcoholic.

EDS. MED. AND SURG. REPORTER:—

Drunkenness is a disease as well as a sin, and this fact explains the effort which the drunkard usually makes to conceal his habit. A guilty conscience forces him to the expedient of concealment and deception, until his mind becomes so ruined by the action of alcohol that he grows more and more without hope or regard, and finally makes his appearance as the despicable sot. The expression of his face is a distortion of God's image, the burden of his frame is the embodiment of disease, and the sin of his soul is the measure of the eternal curse of God. In his rapid progress towards disease, death, and everlasting condemnation, he has always many chances to reform, and many opportunities to return to rectitude and sobriety; but an effort at self-restraint he will not, as a rule, make; and his habit hurries him down, down, through pain, vice, and sin, to a premature grave. In his progress towards destruction, he becomes the pest of society, and his hand more than all others most frequently dyes the earth with the blood of his fellow-man. He commits *five* of every *six* of the murders of a community. The alcohol which he drinks makes him crazy, and an impetuous feeling of wildness takes possession of his poisoned brain, and causes him to be uneasy, impatient, and restless. If not too drunk to walk he cannot remain long in any one place, and his restlessness heedlessly drives him along, to wander in a manner that renders him unconscious of where he is going. Women and children flee affrighted from his approach, and, like a strange beast in the streets, he will stop and stare with wild eyeballs upon the objects that he meets, and then stagger on in the way the maddened caprice of the moment may drive him. The alcohol inflames his brain to acute insanity; and he will shoot or stab his father, mother, brother, sister, wife, child, or any one, who may give the least cause of irritation to his excited passions. Every community has its supply of such alcoholics, and every legislature has passed laws for their arrest as soon as they make their appearance publicly drunk; but the law is not enforced; and it is but *barbarity* to allow them, thus insane, to go wildly through the streets, without an arrest which would rescue them from the fate that might befall them, or the acts of violence that they might commit.

THE INUTILITY OF ALCOHOL.

If there could be found in the habit of drunkenness power to arrest disease, or force of a medical nature to cure disease when present, then a great demand might arise among a people to encourage the habit by a perpetual legislative license to publicly sell the compounds of alcohol as an indispensable necessity to maintain health; but no such plea can be put forth to sustain the popular use of alcoholic drinks; for of all the causes of disease and death, in a community of mature life, the habit of drinking stands far above any other. Retrospection will confirm this conclusion. Let any one review the adult deaths around him, and he will find, in a large majority of cases, that drunkenness, directly or indirectly, was the prime cause of many an untimely death.

ALCOHOL IS NOT A FOOD.

Alcohol was thought at one time to be a food and was supposed to possess nutritions properties; but this was soon found to be a mistake, and it was justly concluded that a substance capable of producing, when taken into the stomach, such destructive effects on the functions of the organs of the human body could in no manner be regarded as a food, and it is now rightly classed among the poisons. Scientific experience has recognized the fact that under no circumstances,

or combination of circumstances, can alcohol be made a necessity to life; and its thoughtless and indiscriminate use as a prescription or medicine has worked harm in every community.

TRANSMISSION OF ALCOHOLIC DISEASES.

I believe it to be the duty of the physician to discourage the use of alcohol at all times, within and without the medical profession; and the cases are so rare in which it is really needed, and is truly of much actual service, that it could be readily expunged from the list of medicines with great advantage to mankind; and I further believe that the physician cannot too often or too forcibly impress upon the minds of those with whom he may be brought in professional contact the facts in relation to the diseases produced by the habitual use of alcoholic drinks; for as a man and a Christian, no subject connected with the fate of society is more worthy of his serious and solemn consideration.

God will not prosper a people who habitually practice the sins that He has cursed; and this decree is carried out by nature in causing physical vice to descend in line from parent to child. This is the most fearful and lamentable physical evil of the drunkard's life. The morbid degenerations of his body and the deteriorations of his mind, produced by the use of alcohol, are transmitted to those who descend from him, and, as a consequence, the offspring comes into the world afflicted. Therefore, the individual who inflicts upon himself all the mischiefs produced by alcohol, and transmits to his progeny not only his disposition to drink alcohol, but the diseases engendered by it in his own body, is clearly a fit subject for legislative investigation, and every Legislature should make him a more serious matter of deliberation than the passage of the license act that tempts him to get drunk.

It is the result of daily observation that the persistent effects of alcohol on the mind and body of the drunkard are noticeable in his appearance and evident in the weakened mental and bodily nature of his children: for it has been decreed that neither the drunkard nor his offspring can possibly escape the force of the curse which the Bible pronounces against drunkenness.

SANITARY LEGISLATION.

It is but brazen mockery for Congress and the legislatures of the States to pass laws creating Boards of Health to investigate cholera, smallpox, and yellow fever, while such legislative bodies pass laws to license the public sale of the compounds of alcohol, and by such proceedings encourage drunkenness, which kills annually thousands of times more men and women than the three terrible diseases combined, and more than all other causes associated, produces the greatest predisposition or fitness of the human body to take and to die from such diseases; but outraged nature always avenges itself, and drunkenness is ever present and ever by the side of the legislator, with its staggering step, palsied hand, maniacal mind, wild eyes, and puffed and reddened face, to jeer him for his lack of legislative care and discrimination, and to mock by disappointment his efforts, with short sighted plans, to improve the sanitary condition of communities.

It is probably not all superstition to believe that the epidemic diseases which now and then visit mankind with terror and death are visitations of God's providence, for they come when we know not, from where we know not, and go when we know not, to where we know not; but it is the sum of all sensual and vicious promptings for the legislator not to believe that drunkenness, which is of man's invention and perpetuation, is not the most fearful and destructive curse of the community that tolerated it; for were it not for the diseases, poverty and filth, engendered by drunkenness, there could exist but little fear of the spread of epidemic maladies. Then why should legislators blindly stagger, like drunken men, in the passage of laws in reference to the preservation of the health of the people, or physicians anywhere hesitate to declaim against a legislative act, the evil influences of which renders the most arduous portion of their endeavors often unprofitable and nugatory?

J. B. JOHNSON, M. D.

Washington City, D. C.

How to Take a Pill.

EDS. MED. AND SURG. REPORTER:—

Not wishing to give a history of the pill, let me say that the pill has been rapidly gaining ground—and deservedly so. In the pill we have the exact dose always at hand, it is cleanly, and we need not trouble with spoons and bottles; it is a preserver of drugs, especially in the easily soluble sugar-coated form. Further, the bad taste and disgust left behind by some medicines, as also the discoloration and bad effect on the teeth are entirely avoided.

The pill takes the medicine where it belongs, to the stomach and intestine. In my opinion, the pill will push to the wall a great many of the liquid forms in which some drugs are dispensed to-day.

A very large class of persons cannot swallow a pill of any description or make; to this class I belonged until last winter, when I had occasion to take chininum sulph., and by a simple method that Dr. E. S. Hanna told me of, I was enabled to take pills as easily as the most confirmed pill-consumer.

Another class of persons succeed in taking pills but by a mighty effort, sometimes hours before taking the dose they begin to make up their minds, as we say, to swallow it without any ado, but as the hour for taking the dose draws near they think of jellies, preserves, prunes, etc., in which to more easily swallow the pill, and even then how often does it end in failure?

The modus operandi of Dr. Hanna's method which I had tried with complete success on many patients, who were taught by their former experience that it was impossible for them to swallow a pill—at least, in the ordinary way—*is to place one or more pills under the tongue.* I repeat, to place one or more pills under the tongue, then take a mouthful of water or other liquid and swallow (just as in the act of drinking); this done, look for the pill. Invariably the "I-can't-take-a-pill-patient" is astonished, and sometimes he investigates the mouth with his fingers to reassure himself if he has really swallowed the pill.

The success—secret—as you wish, lies in the fact that in the act of drinking the tongue curves

back upon itself, the pill, taken by the force of the current, is imperceptibly washed down the œsophagus.

I suggest that the druggists in this as in other countries will have the directions, as above, "how to take a pill," printed on every prescription label intended for pills.

Further, for this country, I would propose these directions be given in German* as well as in the English language.

Further, I suggest that every editor of a newspaper in this, as well as in other countries, under whose notice this may chance to come, will give this simple method, how to take a pill, a space in their paper, and thereby do a large class of readers a real service, which they will receive with grateful recognition. H. Asthalter, M. D.

3716 *Butler street, Pittsburgh, Pa.*

News and Miscellany.

Proceedings of the Kentucky State Medical Association.

REPORTED BY ALLEN KELCH, M. D.

(*Continued from page* 55.)

THURSDAY FORENOON.

Dr. M. F. Coomes read a paper on

THE VALUE OF LOCAL AGENTS IN OPHTHALMOLOGY.

He spoke highly of atropia in the treatment of iritis, both as an anæsthetic and a mydriatic, favoring its combination with morphia, especially in phlyctenular inflammation. This solution in the cases of children should, however, be carefully watched; he had known alarming symptoms to manifest themselves after the use of one drop in the eye of a child of an $\frac{1}{8}$ grain solution. Its value is less since the introduction of the hydrobromate of homatropia. Comparison was instituted between the individual agents of the legion that have been used and recommended as local applications. Out of all the number the speaker had derived excellent results from the application of the muriate of ammonia, either in solid stick or saturated solution, to the conjunctiva in cases of sluggish hypertrophied papillæ of long duration.

Dr. L. S. McMurtry, of Danville, read a report of a

CASE OF LIGATURE OF THE SUBCLAVIAN ARTERY,

in the third part of its course, for traumatic axillary aneurism, with subsequent incision of the sac and recovery. The patient was a robust man, aged 30 years, who, thirteen months previously to the operation, received a pistol-wound of the shoulder, the ball passing deep in the vicinity of of the shoulder-joint. In a few weeks a small lump appeared in the axilla, increasing in dimensions until at the time of operation it had reached the size of a child's head. The tumor occupied the entire axillary space, burrowing up beneath the pectoral muscles; paralysis of the arm, forearm, and hand resulted from pressure exerted by it upon the brachial plexus of nerves. The operation was performed two days after the patient called for advice. A silk ligature was thrown around the subclavian at the external border of the anterior scalene muscle. Pulsation at once ceased in the tumor and never returned: the radial pulse, which had been feeble and fluctuating, was annihilated.

The patient made a prompt recovery without complication. On the twenty-first day the ligature came away. One month afterwards the patient returned to his home, and was not seen for four months. Then the tumor had materially decreased in size, without pulsation and tenderness. The paralysis remained. A ligature was now applied to the axillary on the distal side of the tumor to control hemorrhage from collateral circulation; the tumor laid open, the clots removed, and the patient is now making a good recovery and will soon be able to resume his occupation as a farmer.

It is not surprising, said the speaker, when the conditions are considered, that ligature of the subclavian for axillary aneurism is followed by the frightful mortality of forty-eight per cent. Although embodying the principles of the Hunterian operation it is not far removed from the method of Auel. Indeed, when, as in the case reported, the aneurism extends above the acromial thoracic branch, the circulation through the sac is completely arrested by the ligature. Hence, suppuration of the sac from the loose formation of the clot and secondary hemorrhage are to be anticipated. Again, the ligature is placed in the vicinity of large branches. These facts explain the high death-rate. The case is illustrative and the type of a class circumscribed traumatic aneurism. In these cases it approaches in character the pathological form of the disease, with this important exception—the coats of the artery above and below the tumor, are not involved, and are free from disease. It is this feature which makes this class of cases distinct from idiopathic aneurisms, so far as prognosis and treatment are concerned. In eight cases of this class of aneurisms of the axillary resulting from stabs and gunshot wounds treated by ligature of the subclavian cited by Mr. Erichsen, not one fatal result occurred.

In discussing the paper, Dr. W. O. Roberts cited a case in which the subclavian was ligatured by him three times in succession, at intervals of two weeks, on account of secondary hemorrhage, death finally taking place in spite of everything.

A report was next made on

ORTHOPÆDIC SURGERY,

by A. M. Vance, M. D., in which he advocated the resection of joints in cases of infantile paralysis, with the view of producing bony anchylosis in the best position for use and appearance. He accepted the prevailing view of most authorities, that the results following treatment of infantile paralysis occur spontaneously, the treatment instituted simply preventing deformity and assisting locomotion. This he recorded as his experience in the effort to revive the muscles lost. He referred to the unsatisfactory results of apparatus on account of the difficulty of harmonizing the weight of those sufficiently strong with the weakened condition of the patient; yet without their use deformity is certain to occur as the

patient grows older and heavier, and hopeless crippling is inevitable.

In order to accomplish without artificial bracing a degree of support sufficient to prevent deformity, it has been suggested that the residue of the paralyzed muscles have a section removed, thus gaining by an inelastic band better control of the joint below; and in some forms of talipes, calcaneous for example, that the tendo Achillis be resected to gain an inelastic band for support.

A third suggestion, to excise the useless joint, producing bony anchylosis, I have taken the opportunity to put into practice. The hopelessness of these cases otherwise, coupled with the fact that the bone in young subjects readily heals, renders the prognosis far less grave than in the operations performed where bone disease already exists.

Such operations should not, however, be undertaken without the consent of the parent, after a full knowledge of its import and possibilities. Volkmann suggested such operations in 1881. It was not, however, till May, 1882, that your committee found opportunity to put the suggestion into practice. The operation was then performed upon a boy nine years of age, having a history of infantile paralysis since two years of age. The case was one of extreme valgus, in which the apparatus had been used for several years with unsatisfactory results. The bony anchylosis produced secured good locomotion. An incision was made three inches long, widening midway between the internal maleolus and the tendon of the tibialis anticus muscle in the axis of the extended foot, the center of the incision being over the annular ligament. The joint was opened and the foot broken off the tibia, the ends of this bone and the fibula being removed with the ordinary saw. The upper surface of the astragalus was shaved off with a strong bistoury, the bones brought into contact, the wound closed with stitches, and a counter-opening made for rubber drainage tube, no hemorrhage occurring except from the shaved surface of the astragalus; this was controlled by bruising the surface with the handle of the bistoury. Surgical fever reached 102° F. In three weeks the external wounds had healed, though this had been delayed by the excessive secretion of synovia. This boy has now been walking three years, with three-fourths inch shortening of that limb.

In a second case, the knee was excised in a boy aged seven, where paralysis had existed six years. Locomotion entirely by crutches. An incision was made along the inner border of the patella, having the joint for its center. The patella was removed, the ligaments divided, and the ends of the bones easily exposed and sawed off. The external hamstring was left unmolested, it being the only muscle of the thigh which had any vitality left, and which by its contraction had produced luxation and rotation of the tibia. In ten hours after the operation the temperature had risen to 105° F. Reasoning that nothing but malaria developed and rendered active by surgical procedure could produce such a temperature in so short a time, quinine was given liberally and continued for some time with the desired effect. In eight weeks he was out of bed; in three months the wound and counter-opening reopened completely, following the formation of pus. Firm bony union, however, now exists, and the boy can walk quite well. This operation was done in October, 1884.

In another case the ankle-joint was excised in a young woman æt. 25, the subject of talipes equino varus. In this case correction had been completely made by tenotomy and retentive apparatus four years before. In this case there being complete relapse before the operation, there has been a good recovery, the progress of which was interrupted about the third week by diffuse cellulitis of the anterior part of the calf, which yielded readily however to treatment. She can bear her weight upon her foot, but is not yet allowed to walk.

In a fourth case, subcutaneous osteotomy of the femur below the trochanter relieved an angular deformity of the thigh from hip disease, the femur standing at an angle of less than 90° to the pelvis, the deformity being greater because of high dorsal disease preventing lumbar compensation. Patient could stand only with great difficulty, his mode of locomotion being on-all-fours. After the osteotomy was complete, tenotomy was performed upon the muscles going to the anterior superior spinous process. The wounds were dressed with compresses of absorbent cotton, and the case treated as simple fracture, the boy being able to walk at the end of the fourth week.

In a fifth case of deformity, in a boy seventeen years old, the result of knee-joint disease, the joint retained but little motion, the leg being fixed at an angle of 135° and much rotated upon the thigh with marked genu valgum. This was overcome by osteotomy of the lower end of the femur. He now walks with a comparatively comely limb, a compensation of one and a half inches being added to his shoe.

Thursday Afternoon.

Dr. Dudley S. Reynolds read a paper on

Some of the Causes of Failure in Operations for the Correction of Squint.

After the introduction of the subject, said he: "In 1862, Donders gave the first hint at the real causes of convergent and divergent squint. Before that time, central lesions of the nervous system, traumatism, and habit were regarded the most common causes. Graefe was quick to apply the optical principle suggested by Donders. Others took up the subject, and in 1864, when Donders wrote his great work on the anomalies of accommodation and refraction for the New Sydenham Society of London, he presented to the world a clear and well-nigh complete analysis of all the varying forms of squint demonstrating the causes both predisposing and exciting, and showing wherein Dieffenbach's already universally adopted tenotomy had not been attended with that degree of success necessary to establish it as a universally-justifiable operation.

"What Graefe regarded as lost physiological sensibility through psychical exclusion Mooren correctly interpreted as deficient refraction. Strangely enough, however, Mooren did not establish the relations which abnormal refracting power sustains to the accommodative function."

Further on, Dr. Reynolds said:

"To be plain, the world now recognizes in all

the various forms of squint a certain relation to the acuity of vision depending upon irreconcilable obstacles to the harmonious fixing of the two eyes upon a single object. The focusing power and the accommodative power are not the same, yet they are intimately associated with each other, and any disturbance in their normal relations may create the predisposing cause of some form of squint; active accommodation implies the power of harmonious convergence of the optical axes of the two eyes, and a normal power of fixation. The fixing power will depend mainly upon the state of the perception, while the converging power will depend upon the normal state of the recti muscles, and these in turn upon normal nerve and blood supply as well as constitutional vigor. Central nerve lesions may, by disturbing motor branches, create spasm in the muscle or paresis. The pressure of morbid growths may exercise similar power."

As a conclusion, later on, the speaker said:

"I am persuaded that the first step in all cases should be directed toward the correction of errors of refraction; first to the acuity of vision, and subsequently to the inharmonious muscular action."

This done, in a later paragraph the following occurs:

"If the subject have no organic defect other than the insufficient refraction, the squint may be corrected by suspending the patient's accommodation, and correcting the error of refraction. If organic change has occurred, this must be corrected by tenotomy, carefully done, the error of refraction being at the same time overcome by the use of suitable glasses."

The speaker then traced the deleterious effects upon the mental development of children the subject of these deformities, and showed how many cases of that chain of nervous phenomena, now called neurasthenia, are the results of errors of refraction and deficient accommodative power, suggesting, of course, for their relief the correction of these abnormal conditions.

In a brief summary, said he:

"Failures in the attempt to correct squinting are to be attributed to neglect on the part of the surgeon to rectify at the same time deficiencies in the refractive and accommodative powers of the eye; neglect of the patient to observe the rules laid down for this purpose, and more rarely, perhaps, to bungling and unskillful execution of the tenotomy."

The paper was not discussed.

Dr. Wm. Cheatham read a paper on otology, in which he confined himself to a few points in the proper management of acute catarrh of the middle ear. He said the treatment of these affections had recently become simplified and more efficacious. To their bad management many cases of intractable chronic ear suppuration can be traced. Four cases were reported, showing the efficacy of proper treatment, which consists of leeches, hot-water injections, and a dose of calomel and soda, with a chlorate of potassium gargle. At the end of three or four days' inflation, by Gruber's method, is also employed. If there is much pain, opium is also used. Poultices, he said, were injurious in this class of cases, the hot water and leeches being far more beneficial.

This paper, also, was not discussed.

STRYCHNINE AND MERCURIC BICHLORIDE IN THE TREATMENT OF PHTHISIS

was the title of a paper read by Dr. T. D. Fink. After reporting five cases treated in this manner, all of which did well, Dr. Fink spoke as follows:

"Bichloride of mercury in the treatment of tubercular phthisis is in part based on the theory of Koch as to its pathology, a theory that might well be graced with the term fact, for there is none more clearly demonstrated nor so generally accepted as this.

"In treating tubercular phthisis a medicine must be sought that will antagonize its cause, one that will destroy the germ. Must we needs look beyond bichloride, the greatest germicide, the king of antiseptics—an agent that has so won the confidence of its advocates that many, notably Schaede, of Hamburg, since using it regards a compound fracture with but little more concern than a simple one. But should we deny it first rank among germicides, there is still a plea for its use. It has been established that the bacillus flourishes in the strumous subject. Bichloride changes the soil, so to speak, rendering it less favorable to the development and multiplication of the germ. It promotes absorption of the organic element of the tubercle. It hastens the elimination of effete matter, which, remaining in the system, would itself, through diastatic properties, incite rapid oxidation, hence tissue waste.

"Strychnine proves a most valuable congener. On account of its effect on the sympathetic ganglia it arouses the *trophic* nerve, so to speak, to proper performance of function. Under its influence the demand for nutriment on the part of the individual tissues is expressed in an augmented appetite, and the food taken is digested and assimilated, thereby preventing the vomiting. By checking night sweats and colliquative diarrhœa," said he, "we meet two of the most important factors in the case, and two of the most persistent ravishers of the patient's strength.

"Yet while extolling the influence of the bichloride and strychnia, I do not," said he, "forget that other important factors are to be taken into consideration, and that the cough must be allayed, fresh air supplied, and that animal food is a desideratum not to be by any means ignored in the management of these melancholy cases."

Dr. J. P. Thomas, of Pembroke, committee on Pharmacy, had found kairine undoubtedly antipyretic when a dose of 12 to 15 grains was reached, but in sufficient quantities to lower the temperature it had in his hands produced such profound depression of the heart as to require cardiac stimulants; its antipyretic effect proved to be short-lived, also requiring frequent repetitions of the dose. Paraldehyde he classed among the mild soporifics.

(*To be continued.*)

A Dutch Account of Hottentot Pathology.

From a foreign exchange we learn that a Dutch practitioner who has lived for twenty years in South Africa, sends to an Amsterdam medical journal some particulars of native customs and beliefs. The uterus is supposed to have a great

tendency after parturition to fly upwards, and consequently after the second stage of labor the funis is carefully tied to one of the woman's great toes, so as to prevent the placenta from slipping away, and as soon as the third stage is completed she is tightly bound with a cloth or a cord at the level of the umbilicus, for if not the restless uterus would ascend into the breast. After the birth of a stillborn child nothing can prevent the womb from betaking itself into different regions, and then performing unpleasant and painful gyrations. The writer mentions an old native woman who came to him with a scirrhus of the mamma. She complained of occasional pain in the abdomen, but was not seriously concerned about it, for, said she, "I know what that is; it is the womb going round; have I not had a stillborn child? From that time there can be no rest for the womb; he (the womb) keeps springing round and round, not always, but at times, perhaps for three months, and then for a fortnight he is still. Sometimes he sits here (indicating the spleen); sometimes here (touching the right breast); sometimes he sits behind my shoulder-bone, and then he burns like a coal of fire." The uterus has to answer in the native mind for most of the ills to which female flesh is heir; has she a colic, sickness, or any abdominal trouble, it is always the old story—"the womb is going round." When listening to a gesticulating patient describing her malady, and enunciating her diagnosis of the case, it is frequently somewhat difficult for a medical man to keep his countenance. It is utterly useless for him to attempt to reason with the woman or explain to her the absurdity of the position she has taken up. She will only doubt his skill, and scornfully reply, "Doctor must not say it is not so, for I know that it is." Amongst the natives the new-born babe is treated to a purifying draught of the father's freshly-passed urine. The whites, some of whom are nearly as ignorant and superstitious as the natives, employ a quack "wonder-essence" as a substitute.

Items.

—At the recent meeting of the American Climatological Association Dr. William Pepper, of Philadelphia, was elected President.

—Chloral hydrate has been used by Dr. Rodriquez, of Brazil, in gr. 7½–10 to ℥i. of water three times daily as an injection in gonorrhœa.

—In ganglion of a tendon, Dr. Nancrede (Polyclinic) finds the best results for subcutaneous evacuation of the gummy contents of the cyst and then free incision of the sac. The sensitiveness of the skin is first reduced by the rhigolene spray.

—A gentleman made the following return to the Income-tax Commissioners of Calcutta: "For the last three years my income has been somewhat under £150; in future it will be more precarious, as the man is dead of whom I borrowed the money."

—The latest method of applying a mustard poultice is by means of a sponge. The plaster is prepared in the usual way, the sponge is dipped into it, then wrapped in a soft handkerchief, and applied to the part. By simply warming the sponge again and moistening it afresh, it may be re-applied, the strength being perfectly preserved.

—The physician is frequently asked by lady patients for something that will remove "moth" and freckles. A writer in the *Pharm. Zeitung* says that a wash consisting of equal parts of lactic acid and glycerin will do the work, and is harmless when applied to the skin.

—A new idea in quack medicines is threatened, says the London *Globe*. Hitherto one medicine has been put forward as a cure for all maladies; the new idea is to have a separate nostrum for each disease. Instead of a panacea, we are offered a specific. The only precaution is not to take the hydrophobia pill when one merely has the toothache.

—Dr. Hitchcock, President of the State Board of Health of Michigan, claims that 49,000 Americans die each year from the direct and indirect effects of alcohol. He shows the fearful percentage of idiocy, insanity, and criminals from this source, and the money value of health and life sacrificed. The cost of maintenance of the sick, the idiots, insane, etc., the cost of funerals, etc., reaches the enormous sum of $200,000,000 each year.

—Dr. Morse, of San Francisco (*Pacific Med. and Surg. Jour.*, May, 1885), reports a case of ligature of the common carotid artery prior to removal of a growth from the pharynx. Fearing the use of anæsthetics, he injected over the site of ligature three-quarters of a grain of cocaine and a quarter grain of morphia. The artery was ligated, then, beneath the omohyoid, without the patient feeling any pain.

—Apropos of German surgery, an exchange says that some one, imbued with the spirit of the Arabian Nights, has observed that there are men walking about in Germany without viscera, or with but a fractional part of the proper anatomical amount. Metres of their intestine have been resected; their spleens have been removed; one kidney has gone; they have neither pylorus nor gall bladder.

—The *National Druggist*, May 22, 1885, says that the oldest medical work extant is that known as the "Papyrus Ebers," a papyrus roll found in the necropolis of Thebes a few years ago, and which is now known to date back to the sixteenth century B. C., or nearly 3,500 years ago. The manuscript is singularly complete, not a word or letter being missing, and the inks, which are black and red, being as clear and bright as though written only a few months or years ago. It was written by the priest-physician Nebsecht, and treats of the preparation of medicines, etc. Professor Ebers has recently published a complete translation of the manuscript, which is of intense interest to physicians and archæologists.

MARRIAGE.

HARRIS—MARTIN.—March 11, 1885, at "Marengo," the residence of the bride's parents, by Rev. W. A. Boyingham, assisted by Rev. A. Broaddus, D. D., Dr. J. T. Harris, of Hedgesville, West Va., and Miss R. Lewis Martin, of Caroline county, Va.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SURGICAL TREATMENT OF INFANTS.

BY DEFOREST WILLARD, M. D.,
Of Philadelphia.

(*Continued from page* 89.)

Hare-lip will early require the careful study of the surgeon, situated as it is upon the portion of the body that is most regarded in the *cosmetic* point of view. Its proper relief therefore becomes not only a matter of surgical skill, but of surgico-artistic taste. The time for the performance of the operation is a point upon which there is a wide diversity of opinion. My rule is to relieve the deformity within three or four days if it interferes with the proper nursing of the child. Practically I must confess, however, that by the end of the operation the milk has left the mother's breast, unless there is some other baby to maintain the flow. My preference is to wait about three months, until a full, vigorous activity of growth and cell-action is at work, and before the process of dentition has commenced. This period is selected not only for the reasons mentioned, but also because the child cannot use its hands as freely as at a later period of infancy, thus avoiding risk of injury. In one patient, a year old, diphtheria appeared on the day following operation, and in his convulsions all the pins were twice torn entirely from their fastenings and the fresh wound became implicated. In spite of such complication, an excellent result was obtained by holding the parts in position for days with adhesive plaster cut in the form of a triangle, sufficiently large to cover at its base the area from in front of the ear to the corner of the hyoid bone, with its apex prolonged at the width of the upper lip to meet a similarly shaped piece from the opposite side. These sections were united by a small elastic ring, which maintained a constant pull upon the tisues of the cheek, and controlled spasmodic muscular action. In fractious children I have now abolished pins and have substituted catgut sutures for the mucous surfaces, which, if of small size and tied in three knots, will remain in position until union occurs. For the skin edges I use carbolized, interrupted silk sutures, my reason for stitching the surfaces separately being that there is less linear depression of the cicatrix, and less constriction of tissues is thereby exercised than by pins and figure-of-eight, while if each set penetrate half-way through the lip antero-posteriorly the sphincter is thoroughly controlled. One of the stitches should pierce the coronary arteries. To prevent any pouching of the flaps or separation of the deeper parts by oozing, horse-hair drainage for a few hours answers the best purpose. Additional control of muscles should be given by adhesive plaster prepared as above indicated, or by strips, which should not only be applied transversely, but, in order to prevent strain, should commence upon the neck on either side, in front of the sterno-mastoid near the cornu of the hyoid, and run thence just above the angle of the mouth across the opposite malar to the front of the ear. If these are all put in position while the surgeon pinches the cheeks well together, he will find upon releasing his grasp that the minimum of tension is exerted upon the stitches. A still better plan is to have the nurse regulate this

muscular action for the first few days by pressure whenever the child cries or eats. Only by securing union by the first intention can we hope to have a narrow cicatrix; hence, I do not allow the child to suck, as is the practice with some surgeons, but prefer spoon-feeding as producing less disturbance. For the same reason, anodynes should be employed to control pain and keep the little one for a few days in a quiescent state. The child should be in the best possible condition physically, as quick union is desirable. To avoid the marginal depression so commonly seen and which is inevitable if the simple inverted-V incision is used, I never sacrifice any portion of the paring; but commencing the incision at the apex of the cleft, it is stopped just before it reaches the border of the lip, thus leaving a base of supply to nourish the flap which remains on either side. These two flaps, when the parts are brought together, project downward and form a fleshy prominence; but, if stitched nicely together, will unite, and from subsequent absorption during the next year will give a slight projection. Even should this be larger than desirable, it is far preferable to the ugly notch which cannot be corrected, since a simple scissor-cut will remove all redundancy and give a nearly normal lip. The same rule in regard to utilization of tissue holds good in complicated cases of hare-lip when it becomes necessary to save as much of the alveolus as possible. Broken or cut, it can often be worked to advantage in bridging the chasm or supporting a fallen nasal septum.

If *cleft-palate* co-exists with hare-lip, an additional necessity for early treatment is present, since the closure of the lip will tend greatly to lessen the gap in the hard palate. Dentists realize more fully than surgeons how slight is the pressure required to act upon a tooth or upon the alveolar process; but a moment's reflection will convince any practical man that such narrowing can be accomplished, even if he has never witnessed it. In these instances, as in hare-lip and many other deformities, neglect is often as much the fault of the physician as of the family. An early operation upon the lip, strong pressure upon the maxillary bones, followed by the use of a Hainsby's compressor, will in a few years bring the cleft so closely together that a simple operation will unite the edges.

These are the considerations which influence me in advising that, while the lip should be closed early, the cleft-palate operation should be deferred until the plan has been tested. Few children from five to ten are tractable enough to endure the pain of a staphylorraphy without ether, which is desirable, and I see no particular harm in delaying the procedure until the latter period, save that the unused or malused muscles will require a longer period of education after closure. In a recent staphylorraphy upon a boy of sixteen, the letters of the alphabet could, however, all be correctly pronounced in three weeks, except the k and hard c sounds. If a good velum and uvula can be secured by union, the hard palate can be admirably assisted by an obturator. Only last week, by preliminary touching and the use of cocaine I was able, in a child of five years, to make the parings without pain, and thus avoided anæsthesia until hemorrhage had ceased; ether being employed for stitching only.

Tongue-tie is a condition that exists more frequently in imagination than in reality, yet the operation for its relief need be no more than the most trifling nick of the frænum, the finger completing the work. If the organ can be protruded to the red border of the lip, no operation is necessary.

Club-foot is a deformity which is frequently neglected, not alone from the apathy of parents, but, as is shown by the cases which come under my notice, far more frequently from the incomprehensible advice of the family physician, who has counselled that "nothing shall be done for the present." Weeks slip away into months, and months into years, during which time one set of muscular fibres and one set of ligaments have become elongated, while the opposite ones are atrophied, condensed, and shortened. Bones, too, have become distorted and wedge-shaped, and the difficulties have of course increased fourfold with each advancing year. I have never been able to comprehend any reason why delay should be countenanced a single day after birth, since manipulation and subsequent fixation can easily be accomplished at the first dressing of the child. I know of no words sufficiently strong to characterize such neglect of duty as is seen in numerous instances. Twice in the last three days have I had this matter brought before me by parents who have come to the office and who have given as the reason of their inaction that the physician had directed them to wait. Even before the age for walking, great condensation of tissue will take place, and increase of deformity will occur from simple pressure of clothing, but as soon as the weight of the body is brought to bear upon these misshapen members the change will be rapid. The secret of cure of club-foot lies not in operation, but in careful attention to all the means of relief.

At the first hour of birth, as I have said, manipulation should be commenced by bringing the foot from the abnormal into a normal position, or as near it as possible, and confining it there by wood, felt, binder's board, or leather splints, rightly adapted. At the next visit, leather, gutta-percha, or preferably, printer's blanket cinctures (*a* and *b*), should be laced upon the foot and leg, and connected by an elastic strap. The two-ply printer's blanket, with its rubber face, does not slip even when applied with only moderate tightness, thus being superior to other materials. Hook-eyelets are easily inserted by any shoemaker, and the lacing need not impede circulation. Manipulation can be practiced twenty times a day without taking off the apparatus, while removal at night gives opportunities for massage, frictions, etc. If co-operation of parents is wanting, plaster-of-Paris can be employed with excellent advantage for fixation, a gain being effected with each month's renewal of the dressing. Leather, felt, sheet-lead, and silicate of soda are of use, but do not permit removal for manipulation, and are, therefore, inferior to the bands already mentioned. Those bands, which permit of constant elastic traction day and night, are very inexpensive, if remnants are bought. Their use puts the successful early treatment of any case of talipes in the hands of the ordinary practitioner for the first few months of life. In cases which are of a severe type a subsequent operation is usually necessary, but the manipulation which has been practiced up to the time for tenotomy stretches condensed tissues and increases nutrition, so that relapse after division of the tendons will not occur if the same measures be continued subsequently. Failure after tenotomy is nearly always due to the neglect of manipulation. The special form of apparatus is far less important than a strict attention to details. The chief advantage of the shoe which I employ lies in the fact that it permits manipulation and stretching without removal, owing to its flexible sole-shank of upper leather, which acts as perfectly as a ball-and-socket joint, the force being exerted by an elastic strap (*b*) operating upon the foot through a cat-gut cord passing through the eye (*a*) attached to the upright (*c*). The eye-bearing arm is ordinarily constructed with too little of an outward bend. If I can control the patient, I rarely operate until the tissues are thoroughly stretched; but if the foot cannot be placed upon its plantar surface at eight or nine months—that is, when the age of walking arrives—tenotomy should be delayed no longer, since each step will increase the deformity. In operating, I divide every tissue that interferes with perfect straightening, whether it be tendinous or fascial. The tendon of the posterior tibial is an exceedingly difficult one to sever in a fat infant with poorly-developed heel. The puncture should be made just below the malleolus, and having placed the back of a tenotome towards the artery, division can be safely made. Tenotomes, as found in the shops, have too long a cutting-surface for infantile work, as the sharp edge will frequently enlarge the external wound unnecessarily. It is my practice to leave the tendo-Achillis until the end of the operation, in order to gain its fixation lower in the leverage required for stretching the parts into position—a procedure which is best accomplished at the time of operation. The amount of power which should be employed in this process is governed by the degree of resistance and the caution of the surgeon, especial care being taken that the force be expended only on the resistant tissues. In the class of cases with which this paper deals—namely, young infants—it is scarcely possible that tarseotomy could be called for, although an English surgeon has thus operated upon a sixteen months' old babe. I now use the gypsum-dressing entirely after tenotomy, since it is not only less expensive, but chiefly because it holds the foot and heel in much better position than is possible by any apparatus, and is less liable to produce sloughing, since the pressure is exerted over the entire surface. The instances where plaster produces a slough are always due to faulty application, mainly caused by some indentation produced during the setting process. If the bandages are smoothly and rapidly applied (salt having been been added to the water in which they are immersed), the surgeon can, by grasping the knee, hold it steadily in place, while with the palm of his other hand placed against the plantar surface

of the child's foot, complete rectification can be maintained until the plaster hardens, and without danger of depressing any region of the cast. A dossil of curled hair placed over the ball of the great toe, and over the prominence of the cuboid or astragalus, when confined in position by the flannel bandage enveloping the foot, will also assist in averting any harmful pressure.

I cannot too strongly emphasize my appreciation of plaster-of-Paris in the treatment of *fractures* in infants, giving, as it does, a perfectly-adaptable material, and yet, when hardened, securing an immobility of the injured part that permits free handling, provided the articulation both above and below the injury is included in the dressing. This is feasible even in fractures near the hip, since the splint can be made to encircle the thorax, and thus prevent the great motion that is always present if only the pelvis is fixed. No risk of injurious swelling need be feared, if a flannel bandage or a thin layer of cotton is first applied to the limb. It is better to saw open a dressing at the end of two weeks, and either tighten it or apply a new one. Silicate and other rigid dressings harden so slowly, the displacement may occur during the process. The fractures occurring during birth are often overlooked for several days, and the fact that the child moves a particular portion of its body freely is not proof that lesion of bone has not occurred. I have seen several instances of fractured clavicle in which the child indulged in most vigorous movements of the arm. These collar-bone breaks are quite common, either from falling out of bed or from careless handling, or from the playful jerking of other children. The under-waist of an older child placed in proper position over the well arm, and pinned tightly around the body so as to include the injured member, often keeps in place better in fat babies than a Velpeau bandage, especially if the hand is secured with a loop. Borated cotton should be placed in the axilla.

Green-stick fractures are best treated by etherizing the child and slowly straightening the bone by hand-pressure. Even should complete solution occur, the result will be good. A slight curve can be reduced by splint and bandage. Separation of epiphyses are practically fractures, and should be treated as such.

Dislocations do not differ from similar injuries in adults, save that they are even more readily replaced by manipulation.

The resultant deformities of *infantile paralysis* are numerous, and are frequently passed over by both physician and parents, under the erroneous impression that nothing can be done for the relief of these poor weakened members. Recognizing that restoration is best accomplished by massage, electricity, etc., and particularly by action, it is my rule never to assist a muscle if it is capable of permitting locomotion, or unless deformity is being produced by non-support. The following are considerations that determine the necessity for apparatus. If a bone is bending, or an articular surface becoming distorted, or a ligament yielding, or muscles becoming atrophied from excessive stretching, or if by applying a support the child can be made to walk, then I always order an apparatus which shall not take the place of the enfeebled muscles or put them in splints, at rest, but which shall render just enough assistance to enable them by hard contraction to accomplish the desired purpose. If rigid steel is used, they will soon relinquish their attempts at assertion of power and enfeeblement will increase. By a judicious adaptation of mechanical appliances, many who are now condemned to chairs and beds can be placed upon their feet. The advisability of tenotomy will depend upon the benefit to be gained by such a procedure. In many cases it will assist greatly in placing limbs in proper position for locomotion, and for this reason its mechanical effect should be thoroughly studied. My observation leads me to believe that it is employed too seldom. The excision and shortening of tendons by suturing is often of advantage. Any irregularity in the length of limbs should be counteracted, lest lateral curvature result.

Nævi, if situated upon exposed portions of the body, must be cured early in life if rapidly increasing in size, and in the majority of cases should be attended to before six months is reached. The question of excision, ligature, subcutaneous ligature, injection, electrolysis, or sun-heat, will depend upon situation, size, etc.

Webbed fingers and supernumerary toes and fingers will yield smaller resultant scars, if operated on during the first half-year of life.

Wry-neck may follow injury to the spinal accessory nerve during labor, or it may be found as a result of some of the exanthemata. If resistant to local and constitutional remedies, myotomy should be performed at the end of a year.

Spinal caries in young children can be retarded by placing the sufferer upon its back between two sand-bags, while passive motion is employed to develop muscular power. A jacket or cuirass may be added if bone-death is rapid, or if difficulty of retention is experienced. Horizontal extension is rarely necessary. I have occasionally seen

lateral curvature in weak infants, caused by the mother's habit of always holding them in one position, the reversal of which custom has, together with constitutional remedies, completed a cure. It may also be the result of a rachitic tendency, which will necessitate the appropriate medicinal and hygienic management. Simple posterior curvature and also lordosis are sometimes found, and should be closely watched, as other symptoms of that disease of malnutrition, rickets, may soon present themselves. Dorsal decubitus should be maintained until the proper treatment has had time to strengthen the child.

Rickets, fortunately, is seen upon this side of the Atlantic far less frequently than on the Eastern shores, and, I am thankful to say, is seldom found in Philadelphia even as compared with New York. In fifty thousand cases in our hospitals, I find that less than fifty are enumerated under rickets and its results, including knock-knee, bow-legs, etc. Its onset is usually within the first six months of life, but unfortunately many cases are not brought to the notice of the surgeon until one or two years have elapsed and great deformity has already resulted. When pronounced, the most rigid care should be taken to prevent the distortions from which no bone in the body seems exempt. The effects upon the female pelvis are most disastrous, as life is thereby endangered. The recumbent position is the only safe one, and must be maintained until the general remedies have time to act, passive motion meanwhile taking the place of active. The *tibial curves* are the most common defects. Very slight bowing is sometimes corrected in the growth of the individual, but we have no more right to expect that such a result will spontaneously occur than that a crooked tree will be blown into the upright position by chance winds. The proper means should always be used to compel rectification. If the bones are springy, then much can be expected from manipulation, pressure, and apparatus properly constructed. During the first two years of life we may confidently hope to accomplish a good result by such means, but in later childhood or adult life, if the deflections are great, the bones rigid, and especially if the curve is anterior, but little can be gained by these means, and osteotomy is the more certain and speedy means of relief. The risks of this operation, if done antiseptically, are but very slight, as the case, if sealed, becomes one of simple fracture. Plaster-of-Paris again gives us the best fixation after operation, and is very comfortable to the patient.

I approve of instruments in lateral bow-legs, but when they fail to secure straight limbs in the class of cases above mentioned, I firmly advocate operation. To permit the deformity to continue is not only unsightly, but also interferes greatly with the locomotive powers. It is not true that a bow-legged man is strong. He has, on the contrary, to use his limbs at a disadvantage, and if he is vigorous it is in spite of his complaint.

The question of *tracheotomy* in *young infants*, with whom our present discussion chiefly deals, is one demanding the gravest consideration, whether the dyspnœa originates from diphtheria or from true croup. So fatal are the results, that the mortality in babes below the age of six months is placed by some writers as high as ninety-five per cent.; and even taking all cases under two years, we cannot expect to save more than from ten to fifteen per cent. When we consider, however, that some English writers place the mortality of croup without operation at ninety per cent., we cannot believe that the operation has at least increased the number of deaths. Moreover, when cases are taken at the most favorable age and the most favorable conditions, we can scarcely hope to save more than twenty-five per cent. of all cases operated on. I have spoken thus in regard to prognosis, since some surgeons absolutely condemn the employment of tracheotomy for these young cases. I cannot feel, however, that they are absolutely hopeless, and if surgery can relieve them from the horrid death by suffocation we should not hesitate to give them the aid of science, although a true tracheotomy is well-nigh impossible in a young, fat infant, owing to the exceeding shortness of the trachea and the great size of the thyroid body. It is usually best to do an inferior laryngotomy (or crico-thyro-laryngotomy), making the opening through the crico-thyroid membrane, and also through the cricoid if necessary. The risk of hemorrhage is thereby greatly diminished, since while the crico-thyroid arteries may be cut, they will be far less troublesome to secure than will the vessels about the thyroid body or the middle thyroid artery, which often lies in front of the trachea. Again, the innominate artery may rise high in the neck, or a wound of a vein near the innominate may speedily kill the little one, as has happened in a number of instances even when the operator has been experienced. The fact that surgeons who have opened the wind-pipe several hundred times look upon this operation as an exceedingly difficult one, is proof that the utmost care is necessary. The danger of wandering from the median line may be partially obviated by having the child's head kept perfectly straight and

by placing the body in an exact line with the table. The trachea is sometimes missed because it has not been thoroughly cleared of everything before attempting to open it. The puncture should be made firmly but guardedly. The size of an infant's trachea will surprise one who has never studied it. Although I had given large and special study to the anatomy of childhood, both from the cadaver and clinically, my first tracheotomy case died on the table before I could insert the tube, my error being in trying to push the canula too far back. Unless the urgency is great, ether should be given in moderate amount and the operation carefully performed. A plunge into the trachea is never good surgery; in infants it would be worse than folly. If a circular piece is taken from the crico-thyroid membrane and cricoid, and a pilot used, introduction will be rendered more easy. In fat necks, the windpipe may be brought nearer the surface by extending the head far backward and by grasping the tube on either side and dragging it forward. If fixed thus in the median line, and retained continuously by an assistant, much time will be gained. In a recent case I found it wiser to go above a large thyroid body, even in a five years' old child, and insert the canula in the crico-thyroid space. There was afterwards a slight burying of the upper edge of the plate, owing to its high position, but a strip of sheet-lead obviated this difficulty. To arrest the venous hemorrhage, just before puncture, hot-water sponges answer admirably. After operation the temperature of the room should be kept above 80°. I have never opened the larynx to remove a foreign body in a very young child, but the universal habit of making the mouth the general receptacle of everything makes the introduction of such substances exceedingly probable at from one to two years.

Foreign bodies in the nose which cannot be seized, if not removed by sternutatories, should be always sought for with the aid of anæsthetics.

In the ear the opposite rule holds good, since consciousness of pain will often prevent an unskilled practitioner from doing great injury to the membrana tympani.

Joint-diseases are best treated by recumbency, with fixation or extension.

Excisions are rarely performed at this early age, and need not, therefore, be discussed.

I omit strumous and syphilitic diseases, and a score of other conditions which might well detain us for hours, since time forbids.

I have thus, gentlemen, hastily touched upon only the more frequent of the surgical maladies met with in daily practice among infants. Many of the suggestions may be already familiar to you, but even the brief mention which I have been allowed to bestow upon each subject may possibly have served to revive in your minds old and forgotten experiences, and thus be helpful. You will at least see that the field is a wide one, and that results are most encouraging.

1818 *Chestnut street.*

DISEASES OF THE SPINAL CORD.*

BY PHILIP ZENNER, A. M., M. D., OF CINCINNATI,

Clinical Lecturer on Diseases of the Nervous System, Medical College of Ohio.

The reason for preparing this paper was the great frequency and the difficulty in many cases of diagnosis. He thought frequent errors in diagnosis often due more to absence of knowledge of the leading factors upon which the diagnosis is based than to the obscurity of the symptoms.

In proof of this, and to present the subject in a practicable manner, he presented cases selected from his case-book. In these cases errors in diagnosis had been made by men of prominence. We can see in these cases the salient points in the diagnosis, and illustrate the ease with which mistakes are made.

Case 1. Mr. W., æt. 38, had been treated for rheumatic pains. History of frequent paroxysms of severe lancinating pains in the lower extremities for several years; also, various anomalous sensations, numbness, and fomication in the limbs, a sense of constriction about the waist, etc. Found some impairment of sensation in the lower extremities, a degree of insecurity on the feet when the eyes were closed, an absence of the patellar tendon reflexes, and impairment of the gait, which was worse at night. The symptoms in this case were so pronounced that there was no excuse for an error in diagnosis. The diagnosis of locomotor ataxia is based upon the history of characteristic lightning pains, peculiar sensations, and difficulty of walking at night, with localized anæsthesia, inability to stand firmly with closed eyes, and absence of patellar tendon reflex.

Yet cases occur in which the diagnosis cannot be so readily made. The following symptoms, even at an early period, will enable us to make a positive diagnosis. There are the characteristic lightning pains, the absence of the patellar tendon reflex, and certain ocular symptoms. These latter are transitory paralysis of some of the ex-

* Abstract of paper read before the Ohio State Medical Society at Dayton, June 4, 1885.

ternal muscles of the eyes, causing double vision the so-called Argyle Robertson phenomenon, the pupil being small, not responding to light, but contracting during the act of accommodation, and more rarely atrophy of the optic nerves. One other early symptom to which probably too much importance has been attached is the Brach-Romberg symptom, inability to stand firmly with closed eyes.

Case 2. Mr. K., æt. 35. Difficulty in walking for six years past, also slight bladder symptoms. Locomotor ataxia had been diagnosed, but the conditions presented were quite different from locomotor ataxia. The gait was feeble, not ataxic, with often a feeling of stiffness in the limbs. Patella tendon reflexes exaggerated, also the foot clonus could be elicited. The three cardinal symptoms in locomotor ataxia were not present. The swaying of the body when endeavoring to stand erect with the eyes closed was present. This is, however, often misleading. In locomotor ataxia the posterior columns are the seat of disease. In this patient the changes were in the antero-lateral cords, the disease usually termed lateral sclerosis. Its symptoms are motor paralysis, rigidity or spasmodic contractions of the muscles, and exaggerated tendo-reflexes. You may say there is little practical difference, and nice diagnoses are not necessary, but the difference is of considerable consequence. The subjective symptoms of locomotor ataxia are severe, those of lateral sclerosis insignificant, while the prognosis of the latter is decidedly better.

Case 3. Mrs. U., æt. 30. Observed weakness in lower extremities four years ago, was unable to lift her feet in walking as well as formerly, nor rise easily from a sitting to a standing position. Weakness later invaded the deltoid, biceps and quadriceps femori of both sides, as well as many of the muscles of the back. The patient's manner of attaining the erect position was especially noticeable. To extend the knees, she pressed the hands upon the thighs, then raised the trunk by means of a chair. This effort produced a remarkable curving of the spine in the lumbar region. One physician suspected disease of the vertebræ.

In this case there was, in addition to the paralysis, atrophy of the muscles and loss of electrical excitability. This latter is a point of much importance. These, together with the history of gradually extending paralysis, are quite enough to diagnose progressive muscular atrophy, though in this case the development was an unusual one.

Case 4. Mrs. L., aged fifty-two years, had been operated upon for carcinoma of the mammary gland. Eight months later, severe pain like that of intercostal neuralgia occurred. Subsequently, severe pain in the lower extremities, hyperæsthesia of the surface, and paraplegia, with some atrophy of the muscles of the legs. Myelitis had been diagnosed. Author emphasized the gradual access of the symptoms, the severity of the pain seldom, if ever, found in ordinary myelitis, and the history of previous malignant disease. Upon these facts he made the positive diagnosis of malignant disease within the vertebral canal and prognosis of a fatal issue within a year. The subsequent history strengthened the diagnosis. Patient died in nine months. Post-mortem showed numerous carcinomatous nodules both in the vertebra and in the cord. The earlier manifestations were quite sufficient to make a correct diagnosis. Paraplegia, with pain so severe that paraplegia dolorosa has been used to designate it, is rarely, if ever, found, excepting with malignant disease. A previous history of this disease should leave no doubt of the diagnosis.

A few cases of neurasthenia would contrast well the functional and organic diseases of the cord, but would occupy too much time. The essential thing is to exclude organic disease. If a patient comes to us with a history of pains, weakness, or anomalous sensations pointing to the cord, we should examine as to the presence of ocular symptoms, as to the condition of the cutaneous sensibility, as to the tendon reflexes, and the action of the bladder and rectum, and the kind of gait, to know of the presence of locomotor ataxia. We should then examine further to see whether any motor paralysis, with increased tendon reflexes and rigidity of muscles, point to disease of the motor columns of the cord. Or paralysis and atrophy of the muscles, with altered electrical reaction, point to affection of the gray matter. If all these symptoms can be excluded, we are probably in the presence of only a functional disease, which, with time and proper treatment, can be entirely removed, and whose positive diagnosis will bring immediate mental relief to an anxious, perhaps despondent sufferer.

—In the *Brit. Med. Jour.*, June 6, Dr. J. Fourness-Brice says the number of cases of ague and insanity which make their appearance in the emigrant ships crossing the North Atlantic is simply astonishing. If latent in any individual, they almost always develop themselves at sea; and practitioners on shore do not appear to be aware of the fact, as he finds that in nearly every case the patient has been recommended to "try the effect" of a sea-voyage by his medical attendant.

Hospital Reports.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

CLINIC OF PROF. J. E. GARRETSON, M. D.

Reported by THEODORE STANLEY, M. D.,

Resident Physician to Medico-Chirurgical College Hospital.

Ablation of Half of Tongue.

The disease affecting the patient now in presence of the class is epithelioma located upon the side of the tongue, and, as it is proposed to remove the lesion by an operative procedure, it is desirable that the class appreciate the indications and justification of such a performance; this, particularly in face of the undeniable fact that few operations for cancer of the tongue result in any good.

On extrusion of the organ by the patient, it is seen that while the ulceration involves a large part of its right side, there is a ridge-line of demarcation which has entirely prevented encroachment upon the oral floor. It is to be noticed, further, that there is absence of the diffusive expression; that is to say, the ulcer seems to contain the whole manifestation of the disease. Still, again, feel where we may about the neck, no enlarged glands are found. Once more, there is absence of cachexia; the face of the man blooms in healthful ruddiness, his limbs are round in their paddings of fat.

I now contrast the condition of the present patient with two other cases which happen to be in the hospital.

* * * The three men are now before you. The one whose condition has been considered is young. The two just brought in are old. Epithelial cancer is malignancy itself, and it is common in the aged. In the young, the condition is rare, and it is abeyant. The cases of the two old men are helpless and hopeless; surgery is without power to do more than ease the way. The passage from Carneades applies—

> "Nature did make me, and she does together keep me still,
> But yet the time does come when she will pull me all to pieces."

The pulling to pieces has commenced. Observing diagnostic and prognostic features, you will remark that neither old men can respond to a request to project the tongue. Both speak with an indistinct mumbling utterance. Both show large and hard swellings below the jaw. Both have cachexia, manifested in a cadaverous expression.

Looking next within the mouth, it is noticed that specific ulcers exist which involve the tongue, oral floor, tonsils, and soft palate; no lines of demarcation are anywhere to be seen; infiltration is without boundary.

If these two old men, worn out and suffering, were philosophers of the academic school, it would be an occasion of rejoicing with them to learn that an end was drawing near—end which is ever the beginning of a new end. What a good to these two old men would it be if we could make them comprehend the remark of Plato: "From the dead, Clebes, living things and living men are produced."

Once upon a time I wrote, myself, something to the same effect. "Hard is the fate of mortals," sighed a locust, as he felt his efforts all too feeble to resist the unseen something which was thrusting him out from what he called himself; but on another day coming back and beholding the dry shell that still adhered to the tree—the old shell which had grown so crusty, and hard, and colorless, and which had so cramped and so constrained him—he said to a companion, "How great a fool is a locust?"

Ovid puts into the mouth of Pythagoras some meaning lines in the direction of our digressing thoughts:

> "Death has no power the immortal self to slay,
> That, when its present body turns to clay,
> Seeks a fresh home, and with unminished might
> Inspires another frame with life and light.
> So I myself (well I the past recall),
> When the fierce Greeks begirt Troy's holy wall,
> Was brave Euphorbus, and in conflict drear,
> Poured forth my blood beneath Atrides' spear;
> The shield this arm did bear, I lately saw
> In Juno's shrine, a trophy of that war."

I see the direction in which your eyes are turned. You conclude right. Coca and morphia, not philosophy, will best meet the indication as to euthanasia. It is, I accept, a truth, that only the initiated of the Epictetian school may comprehend the truth that "*the body is an external.*" Truly is ignorance the evil, the only evil of the world. There is little difference between our ignorant man and a locust.

Yet how comparative a thing is learning: euthanasia in the present example for the old men, immediate cure for the young man. Knowing no specific for cancer, we are at absolute loss when the vice lies hidden in the deep parts. We are able alone when the length of a knife-blade can reach the extent of a lesion. We have no help for the old men here in our presence because the disease lies deep. We will cure the young man, because the trouble limits itself to the surface.

Understanding why we operate or refuse to operate, I proceed to the treatment of the young man. An ablation of the tongue, or any part of it, is accomplished by means either of knife, scissors, ecraseur, or ligature. In the present instance I will employ both of the latter named means, with a view of exhibiting the ease with which a comparatively complicated thing may be done.

The intention is to remove one half the tongue. In my hand is a heavy and curved needle of blunt point having a large eye. Here is a stout and waxed thread, having attached, near the end which I shall relate to the eye of the needle, the chain of an ecraseur. The probe-pointed needle being threaded, I take up a long and curved bistoury and pass it through the tongue from below upward and backward until it emerges at the root of the organ. This knife held in place, I follow the line of its blade with the curved needle, and as this emerges at the dorsum, the blade is withdrawn. Next, chain and ligature are pulled through, the needle being unthreaded and the ecraseur detached from the twine. Let it be now observed that a double means of strangulation is possessed, namely, ecraseur and ligature. As it is a succeeding intention to cut with these means at right angles (with the ecraseur longitudinally

from base to apex along the median line, and with the twine from base to side), it becomes necessary to secure fixedness to the chain and thread, which object is attained by the use of needles in positions indicated, the strangulating means being cast over and to the outside of these.

* * * Things being now in condition for the ablation, a loop is threaded to the apex of the tongue, and as the organ is pulled forward out of the mouth, you are to observe that there is included within the ligatures just one-half the body. So far, we have little blood and less trouble. The completion of the operation consists in the gradual tightening of chain and thread and a consequent slow separation of the parts. * * * The portion is away. Two unnecessary spurtings of blood confront us. The time has been ten minutes; it should have been twenty. The object of strangulation is to crush, not to tear; we have done part of both. The operation is complicated by a necessity for ligating two vessels, a matter not difficult of accomplishment, however.

After-treatment of the case will consist simply of a mouth-wash, pretty constantly employed, made up of equal parts of phenol sodique and water.

Amputation of Breast and Removal of Seventeen Axillary Glands.

The lady lying anæsthetized upon the table, is afflicted with a tumor of the breast, diagnosed carcinoma. The diagnosis of a neoplasm lies with the process of exclusion, while the use of this process lies, in turn, with the possession of an understanding which enables one to say positively what a thing is not. This patient having had the benefit of a consultation with a number of the members of the faculty, none of whom find explanation for the presence of the lesion in familiar derangements or perversions, a conclusion as to its cancerous character is to be accepted as irrefutable.

A neoplasm is a new formation, that is, it is a formation out of correspondence with normal histology. Tumors having their existence in anatomical or physiological perversions, as for instance the head of a bone out of place, or a cyst of retention, have in themselves their own explanation; this not only as character, but as requirements for cure, are concerned. A neoplasm is an arcanum; what surgeons know of it relates simply with crude matters of clinical signification and histological appearances.

It is unsatisfactory not to know all. It was a remark made by Galen that the cause of toothache is known alone to God. Here it is that surgery stands in relation with carcinoma; there is not a single solid reason existing with the profession that casts any light on the subject; cancer is cancer; treatment is mechanical or it is nil.

A class of inexperienced students has very much to learn, however, about phenomenal expressions associated with neoplasms. Some are quickly fatal, others are slowly progressive. Some are hard, some soft. Some are acutely painful. Some poison to the point of death, a local existence all the time undiscovered, perhaps unsuspected. Some run pus, some blood. In some is heredity. Some attach themselves to the healthiest families and constitutions. In a word, rule is absent.

Cancer is studied clinically, as diagnosis is concerned, only in estimating properly the value of the process of exclusion referred to. We say that a tumor is a cancer by demonstrating that it is not anything else. Yet it will be comprehended that the ability to say what a tumor is not, implies necessarily a knowledge of all the known possibilities of a part. It is the manner of the process, however, which makes the matter easy. If, to make an example, a tumor be situated upon a toe, we begin by satisfying ourselves that it is not a common corn, and so on to the end, by exclusion.

As a rule, cancer is to be removed in its very infancy or it is to be let alone. The track by which a neoplasm finds its way into the system, is that laid by the lymphatics. When a gland is found enlarged it is well to accept that the original tumor is no longer a boundary of the disease, and when once the original boundary has been passed, it becomes all guess-work to say where it has even temporary re-establishment. Not long since I followed a chain of these lymphatics from a breast to the axilla, and from here to the subclavicular region, and after removing twenty-three lost them, as they disappeared in the bronchial region, the patient dying later from cancer of the lungs.

In removing the mammary gland, where probable pathological relation with the lymphatics exist, note is to be made of the fact that the vessels run from the gland to the axilla, and that the incisions are to be in consideration of this anatomy. In the present instance I start my cut at the sternal aspect of the tumor, and carry it outwardly and upwardly to the axilla. A second cut, made after the same fashion, exposes the breast in an ellipse. I proceed now to turn out the gland from the sternal side, including in that which I turn out even the superficial pectoral fascia.

* * * Remark now that I have lifted the gland from its bed, but that it is related with the axilla by a confused mass of string-like tissue. Here are lymphatic vessels, and now that a finger can be carried deeply into the arm-pit, I am led to understand by the marble-like bodies felt that I am not to cut away the mamma, but am to follow the lymphatics until I shall pull out and remove every enlarged lymphatic gland felt.

Please notice that, with the aid of my clinical assistant, I am bringing out gland after gland. * * * * Until now we count seventeen, which completes the operation.

Caries of Both Tibiæ.

Our next case is a patient kindly directed to our care by Dr. Prince, where the heart and a portion of the shafts of both tibiæ are involved in specific caries. Constitutionally the cure of the man lies with the gentleman sending him to our clinic. Our office is with the local disease, and the opportunity provides further display for the capability lying with the surgical engine.

NOTE.—Cure of this case was so rapid that the patient was able to leave of himself the hospital on the succeeding Thursday, the operation having been done on Saturday.

NOTE.—This young lady went to her home, unattended, in the State of Maine, at the end of three weeks.

The patient being etherized, I now proceed to expose the affected bones by slits made in the soft parts. Next, using a bur, I open into the tibia, finding, as you see, a honey-comb mass of diseased bone. With the means at command, nothing is easier than the removal of this mass. Note that I am using a bur made up of twenty blades, and which is being revolved at the rate of ten thousand revolutions to the minute. You will observe that even with this immense speed of the instrument, I direct the mandril which holds it precisely as one writes with a pen.

I complete the operation by the free use of a syringe, which, as you see, brings out of the holes quantities of bone debris and dust.

Broken Humerus.

A broken humerus, uncomplicated, needs scarcely more than the show of a chance to come to speedy cure. The indications are, as the class well understand them, to approximate the ends of the bone and retain them immovably in apposition.

This boy broke his arm last night, as he tells me, by a fall from a hay-mow. You observe that there is no swelling, no complication, but that the arm is broken I determine by the crepitation which all hear by listening.

I dress this arm in a simple fashion that any one can imitate. First, I straighten the part, which means setting the bone. Second, I throw around the injured part the turns of a roller. Third, I cut and fit two pieces of wet pasteboard, composing a ferrule to the part and which I bind in place by a second roller. Fourth, I bind the arm against the side. Fifth, I put the forearm in a sling. This last completes the dressing, and I will leave it undisturbed for a week, provided no undue swelling takes place. Next Saturday I will re-dress the case, with a view to showing some other equally simple manner of accomplishing an end. The less frequently a fracture dressing is replaced, the better is likely to be the result.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, April 23, 1885. The president, Dr. E. O. Shakespeare, in the chair.

Notes on the Morbid Anatomy of Pneumonia.

Dr. Osler read a paper summarizing his experience while Pathologist at the Montreal General Hospital. Of 105 autopsies in cases of lobar pneumonia of which notes were available, five were discarded for various reasons. The mortality at the hospital is high on account of the large percentage of grave cases which are admitted, very many in persons debilitated and dissipated.

Of the 100 cases, 70 were males and 30 females. Of 94 instances in which the age was given, there were 11 cases under 20 years, 12 between 20 and 30 years, 18 between 30 and 40 years, 21 between 40 and 50 years, 12 between 50 and 60 years, and 20 cases over 60. In 51 cases the right lung was affected, in 32 the left, in 17 both. Other details were given of the various lobes affected. The heaviest lung weighed was 2303 grammes, and in eight instances the affected organ weighed over 2000 grammes. In about 50 per cent. of the cases there was red hepatization, in 30 per cent. mixed red and grey, and in about 20 per cent. grey hepatization. The condition of the pleuræ, air-passages, bronchial glands, and unaffected portions of the lung tissue, were described. Among the terminations there were four instances of abscess formation, three cases of gangrene, and one in which there was a process of fibroid induration beginning in the lung. This case was a man aged 55, admitted with pneumonia of the right lung, five days after the initial chill. Resolution did not occur, and he died in the fifth week.

Post-mortem.—The right lung was found solid, greyish in color, and in many areas the tissue had a smooth, homogenous, translucent aspect, and in these a fibroid change was going on; the alveolar walls were thickened, and the fibrinous plugs in the air-cells seemed undergoing transformation into connective tissue (a slide was shown illustrating this). There were no caseous portions, and no tubercles.

As to the other organs, the frequency with which large, firm clots were found in the heart was specially dwelt upon. In only 35 instances was the spleen much enlarged. In one it weighed 670 grammes. In 25 per cent. there were marked fibroid changes in the kidneys. Of the complications, there were 5 cases of pericarditis and 16 cases of endocarditis. In 8 instances the meninges of the brain were inflamed, in 5 of them associated with ulcerative endocarditis. In 5 instances there was acute croupous or membranous colitis, and, in one instance, croupous gastritis.

Dr. Tyson, in the discussion of Prof. Osler's paper, said that he had been rather incredulous of the termination of croupous pneumonia in fibroid induration, but the specimen exhibited by Dr. Osler demonstrates conclusively that such a condition exists. The facts presented in the paper are such as are not generally collated. Collective reports of autopsies in cases of particular forms of disease would be of great value in the study of pathology.

Dr. Formad asked Dr. Osler why his was not a case of acute phthisis. Croupous pneumonia is a very common accident in acute phthisis. It is croupous pneumonia which causes death, which is well shown by recent investigations of Mercur, of the University of Pennsylvania. Dr. Formad did not believe that croupous pneumonia can last five weeks.

Dr. Shakespeare said that the remarks of Dr. Osler about the frequent existence of very firm clots in the right heart, extending into the ventricles, can be corroborated by any one who makes autopsies of cases of pneumonia at hospitals. He had seen them in cases of phthisis quite as extreme and firm, reaching into the vessel going to the affected part of the lung. It is interesting to note the systemic involvement of these cases of croupous pneumonia and the affection of internal organs as well as lungs in the process which has been regarded as a local disease. We have to do with a general, wide-reaching affection rather than local inflammation. The opinion was advanced by Dr. Osler that the exudate in the air-cells organized, that the process in the organization of the croupous exudate is similar to that in the clot in arteries after ligation, and that com-

parison was the point which Dr. Shakespeare wanted to bring out. Dr. Shakespeare said that he did not believe that a blood-clot in a vessel ever organizes, and his opinion is based on facts detailed in an investigation which he has published on the healing of arteries after ligature. The vessel healed not by the agency of the white cells caught in the meshes of the reticulum, but by proliferation of the endothelium of the tunica intima and subjacent connective tissue cells. He thought there was reason to believe that there is in this process in the lungs an analogue of the process after ligature.

We have to do with an outgrowth of the interalveolar walls. The ground which Dr. Shakespeare takes is purely that of analogy to the process in a blood-clot in a ligatured artery.

Dr. Osler, in closing the discussion, said that it was well known that croupous pneumonia might persist five or six weeks, or even longer, before resolution took place. It was difficult for any one who had not had the experience to realize the anxiety which such a case would cause. He had reported two such cases of delayed resolution, one in the fourth week and one in the eighth, both with perfect recovery. He was quite aware of the difficulty in distinguishing certain cases of acute phthisis from pneumonia, and had seen a case with Dr. Ross, in which the diagnosis was for some time in doubt; but in the case in question, the person had been under observation from the outset, and the symptoms were those of ordinary pneumonia.

Post-mortem.—There were no caseous masses, no miliary tubercles; only the condition already described. The termination in fibroid induration, though rare, was perfectly well recognized. In Cornil and Ranvier's Manual, as well as in Green's Pathology, was a figure which might have been taken from the slide under the microscope.

Dr. M. H. Fussell, of Manayunk, presented specimens from a case of

Primary Tuberculosis of the Kidneys.

The reporter never saw the subject alive from whom the specimens were removed, having performed the post-mortem examination for a friend.

Case of Edward B., æt. 40, single, by trade a paper-maker. In following his calling, he was forced to stand in a dust-loaded atmosphere from morning until night. He worked at this trade from boyhood, steadily, with the exception of four years during the late war. His grandfather died of bladder trouble; his father died of apoplexy; his mother, brothers, and sisters are all living and healthy. He was always a robust man; his weight was 170 pounds, and he never had any serious illness; he had gonorrhœa during the war. Four years ago, while in camp, he made a misstep and fell. The next morning he passed much blood in his urine; previously to this he was perfectly well. From this time until death he was troubled with slight pain in his loins and with frequent micturition; his urine was sometimes bloody, sometimes milky. The patient's bladder finally became incontinent, and he was forced to wear a urinal.

The patient's general strength did not seem to suffer until the past six months, when he began to lose flesh and strength, and at death he was much emaciated. He had never had any cough or diarrhœa. Two weeks before death he began to vomit; this increased in frequency until he was unable to retain anything on his stomach. Just before death, the breathing was rapid and full. The patient was very restless, vomited, and passed urine freely. The pupils were dilated.

Dr. Fussell examined the urine several times The sp. gr. ranged from 1.002 to 1.010. Large amounts were passed. Albumen was present. The microscope showed pus, blood, and granular epithelium. Many of the cells were irregular in shape, the pyramidal form predominating. No casts were found at any time. Unfortunately a critical physical examination of the patient was never made. At different times surgeons had sounded him for stone, and had failed to find any.

Post-mortem.—Nothing especial noted on the exterior of the body.

Thorax.—Heart about normal in size. The muscle looks normal, and contains a large amount of fluid blood and currant-jelly clots. A small decolorized clot on the left side. Valves normal.

Lungs.—Both pleural cavities obliterated. The pleuritic adhesions were tough, the lungs being with difficulty torn from the cavity. In places, the pleura was much thickened. The surface of both lungs was studded with miliary tubercles. On section, the lung substance was crepitant, and studded with myriads of miliary tubercles. No caseous masses nor cavities were found in either lung. The bronchial glands were enlarged, not caseous.

Abdomen.—Viscera in normal position. Peritoneum free from tubercles, and of a healthy look.

Liver, of normal size and color. Over the surface a few stellate cicatrices noted, but no tubercles seen on the surface nor on section of the organ. The bile ducts free.

The *stomach* contained greenish-black fluid; the mucous membrane of a greenish color corresponding to the contained fluid. The rugæ were much enlarged, especially at the cardiac end. Near the pylorus there was a small injected spot.

Kidneys.—The right measures six inches in length and three in width, and is of a reddish hue; the surface is studded with tubercles; on stripping off the capsule, the larger of these remain with the kidney structure, while some of the smaller ones are torn off. On section, the cortical substance is seen to have a thickness of about one-third of an inch. Numerous foci of softening are seen. Three are of the size of a nickel five-cent piece. There are very many smaller ones, situated mostly in the pyramids. Numerous miliary tubercles throughout the substance of the kidney. The foci of softening are evidently due to breaking down of the tubercles. The ureter is dilated, measuring half an inch across in some portions. The mucous membrane is ulcerated. The pelvis of the kidney is not dilated, and shows miliary tubercles.

The left kidney is large, and is converted into five or six cysts. There is but little kidney substance remaining. The surface of the kidney is studded with a few tubercles. The cysts are lined by a thick leathery membrane, which can be stripped from the kidney substance. On puncturing the cysts, a perfectly clear serous fluid at

first escaped, soon followed by a milky substance containing some cheesy masses. The pelvis is smaller than normal, the ureter entirely occluded.

The supra-renal capsule had undergone degeneration, and is of a uniform yellowish-white color and presented tubercles.

The *bladder* was slightly contracted; the mucous membrane ulcerated; the muscular coat being exposed. The vesicle trigone was of vivid red color, and studded with miliary tubercles.

The *intestines* were normal; no enlargement of lymphatic elements. The mesenteric glands were slightly enlarged. The prostate gland and spleen were not examined.

Prof. Wm. Osler kindly made sections of the kidney and supra-renal capsule, and the REPORTER is indebted to him for the following report:

1. Extensive, widespread, small-celled infiltration between tubules and malpighian tufts.

2. Distinct miliary tubercles, with centrally-placed giant-cells.

3. Areas of softening and disintegration. Tubercle bacilli carefully sought for, but only two undoubted specimens found.

Supra-renal capsule showed miliary tubercle with centrally-placed giant-cells.

Dr. Formad referred to a similar specimen which had been exhibited by Prof. Tyson at a former meeting of the society.

Dr. Osler remarked that Dr. Fussell's case corresponded in all essentials to what we know as tubercular nephritis. The bacilli, however, were scarce and difficult to find. Since the report of Dr. Tyson's case a few weeks ago, he had had occasion to look over the notes of several cases, and found that they formed a complete series, from cases of unilateral disease to instances with tuberculosis of the entire urinary tract, and general infection. The condition was not infrequently met with accidentally in persons dead of other affections.

Tubercle Bacilli in the Urine.—Dr. Osler showed a slide of pus from the urine in another case of tuberculous kidney, with the tubercle bacilli stained.

The president, Dr. Shakespeare, reported a case of

Intestinal Stricture.

The patient was admitted to the Philadelphia Hospital one week previous to her death, under the care of Dr. Evans, the house physician. She had obstinate constipation, followed by stercoraceous vomiting. She suffered acutely, lapsed into an unconscious state, and died, all treatment proving ineffectual.

At the autopsy, the thoracic organs were found apparently normal. In the right iliac fossa a lobulated tumor was apparent on opening the abdominal cavity. The colon was distended with gas in the transverse portion, and in the descending portion was narrow. The ascending and transverse portions had hardened fæces. There was a double twist of the intestine, and two strictures—one in the ileum, two inches above the ileo-cæcal valve, and one two inches below the valve. They would not admit the finger. There was a ring of hardened tissue in each stricture. There was congestion of the mucous membrane in the small intestine, and adhesion of the first part of the ascending colon on its under surface to the abdominal parietes. The kidneys were normal. A large tumor of the right ovary was also present, attached to the uterus.

Dr. Formad, who made the autopsy, remarked that acute peritonitis had in this case become chronic, and that it was the contraction which made the strictures. The cause was probably the abdominal tumor. He was not aware that there was a case on record where a tumor produced stricture. The donstriction was due to outside pressure.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, June 26, 1885. In the absence of the President and Vice-Presidents, Dr. Charles K. Mills occupied the chair.

Dr. D. M. Barr reported a case of

Carcinoma of the Uterus,

in which the patient had resorted to the "faith cure."

Early in January, 1879, I was called to see Mrs. S., aged forty-six years. She had been suffering at intervals for the last few months from severe uterine hemorrhages. On examination, per vaginam, there was found a cauliflower excrescence involving the posterior, and part of the anterior, lip of the os uteri, but not involving the vagina. An operation was decided upon, and in the presence of Drs. C. A. Groff and J. G. Heilman, the cervix uteri was removed, close to the body, by means of an ecraseur. The wound healed kindly without leaving any trace of local trouble. For two years and a half the patient enjoyed good health, having no evidence of trouble, but she always had some mental forebodings. At the end of the third year some hemorrhage occurred, and examination revealed granulations of a specific character apparently involving the entire endometrium. An application of Vienna paste was made, thoroughly cauterizing the whole surface; the symptoms were thereby arrested, and the patient enjoyed good health for another year, making *four years* of good, vigorous health, when hemorrhage again occurred. Examination now revealed a marked epithelioma, involving the vaginal walls, the body of the uterus was enlarged, and evidently, also, involved in the trouble. Palliative means were resorted to, but there was no hope of eradicating the disorder. The patient became greatly alarmed, and although there was but little hemorrhage and no pain, she sank rapidly, refused all nourishment, and gave every evidence of a speedy dissolution. At this point she made arrangements for the "faith cure"—sought the prayers of a circle and was anointed, after which she declared herself cured. Her general condition improved, and when I met her three months later I did not recognize her, so much better was she looking.

For about a year her health seemed good, and she was able for almost any exertion, but at the end of that time she began to experience some languour, was more easily fatigued, and gradually failed. One day after she had been suffering very severely, I was called to her; found a distended bladder, and upon passing the catheter the patient was relieved. Upon investigation, I found the cancer had never been healed, nor its progress

in any way arrested; it was now filling the pelvic cavity, and the enlarged uterus reached above the umbilicus; this great increase in size having occurred in about two years, the growth having steadily gone on, notwithstanding the apparent cure, and the really vigorous life which the patient had enjoyed during the past year. She died soon after I was recalled. The tumor in itself was painless throughout the entire period of its growth, death being induced chiefly from its pressure upon the neighboring vessels, firm adhesions being formed between the two.

In the discussion which followed, several cases were related by different members of the society, in which persons had resorted to the "faith cure," some of whom were *apparently* cured, or at least relieved for a time.

Dr. Charles P. Turner said that he had known of several cases of nervous inertia which seemed to be cured by the influence of a strong will over a weak one; many of these cases, however, had gone back to their former condition, as this influence wore off. He would believe in the "faith cure" when he saw a case of tuberculosis or cancer cured by that method, and not until then.

Dr. Edward Montgomery said that the cases were of a nervous or hysterical character; such persons come under the influence of some one who has a powerful influence over them, and are made to "arise and walk," and are then reported as *cured*. He related the case of a lady having some organic heart trouble, who wished to try the "faith cure," but the examining physician told her that such cases were not benefited by that method of treatment. So it seems that the cases which Dr. Turner wishes to see cured in order to be convinced of the efficacy of the "cure," are the very ones which are not treated in that way.

Mary Willits, M. D.,
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Editorial Department.

Periscope.

Case of Eczema Following the Course of the Small Sciatic and Short Saphenous Nerves.

Dr. Frank Shearar thus writes in the *Glasgow Med. Jour.*, February, 1885:

This eruption is a very interesting one, because of its exceptional character, its evident neurotic origin, and its lengthened duration. It is essentially eczematous in its nature; it extends, as a continuous ribbon-shaped band, from the left buttock to the base of the little toe; it corresponds, to a considerable extent, with the courses of the small sciatic and short saphenous nerves; it has been in existence, in part at least, for nearly eighteen months; it began without any apparent cause, and it has not been associated at any time with neuralgic pains, or with any alteration in sensation.

November 27, 1884.—The subject of this peculiar eruption is a thin, but fairly healthy, boy of thirteen, who has never hitherto suffered from any neurotic affection. Nearly eighteen months ago he noticed that the skin behind the knee-joint had become thickened and roughened, and that it was red and itchy. This condition slowly extended downwards to the prominence of the calf and upwards to the buttock, and latterly, within the last six months or so, it has spread still farther downwards to the little toe, and for four or five months it has undergone little or no change. As it spread, it was red, itchy, and leeted a good deal.

At present the appearance of the eruption is very striking. It is dark red in color; it is covered in many parts by thin scales or scabs; it is distinctly raised above the general surface of the skin; its margins are well defined; it extends as one unbroken band from the buttock to the toe, and the neighboring skin, except at a few points, is perfectly healty. Its breadth varies from three-sixteenths of an inch to two inches. It is broadest on the most prominent part of the buttock, and here its appearance suggests the idea that it has become frayed out into three diverging portions, each little narrower than the parent stem, and separated at their upper extremities by little V-shaped patches of healthy skin, the outer division reaching higher upon the buttock than the middle one, which, in its turn, extends higher than the inner one. At the margins above there are some smaller isolated patches. From this head, the stem of the eruption extends downwards, with a slight inclination, at first inwards, and then slightly outwards, along the inner aspect of the back of the thigh to the popliteal space, and in its course is gradually narrowed till, at the middle of the thigh, it is about three-fourths of an inch broad, and so continues till the knee is reached. It now broadens out somewhat irregularly till it reaches the prominence of the calf, when it begins again to narrow, and forms a regular curve at first downwards and inwards, almost to inner aspect of leg, and then downwards and outwards to a point over the insertion of the tendo Achilles, reaching its narrowest at the point of greatest convexity of this curve. It then bends sharply round the heel, and passes along the outer margin of the foot till the proximal end of the metatarsus is reached, when it curves upwards on to the dorsum of the foot, and ends abruptly at the base of the little toe, where it is about one-half an inch broad.

Immediately below the knee, where the eruption broadens out, the margins are broken by little detached points, and there are two quite separate portions external to and parallel with the main band of the eruption. The superior of these two is in the lower part of the popliteal space, and is a narrow line about one and one-fourth inches long; the inferior is on the prominence of the calf, and is more irregular and patchy but its long axis corresponds with the commencing curve inwards of the main line of the eruption, and it measures three inches in length.

On the buttock, as elsewhere, the eruption consists in a considerable thickening and elevation of the skin; it is deeply furrowed in all directions; the upper portion consists of irregularly circular patches of a dark red color, and of a slightly raw appearance, whilst the other portions and the margins of these patches are covered by thickish white patches of dead epidermis. On the back of thigh the eruption is very regular, and has hardly any outlying portions: the furrows are nearly all transverse; there are fewer patches of red unprotected epidermis, the most of the eruption being covered by a thin scale of yellowish scab, which, at the margins and transverse furrows, has partially separated, and there presents a narrow irregular white line. Below the knee the scabs are somewhat thicker, in the upper portion they are quite unbroken, and the transverse furrows and markings are very distinct, but in the lower parts, here and there, large patches have been denuded, and the markings are rather indistinct. Along the outer aspect of foot the eruption is less vascular; where the red base is exposed, it is much paler, and, for the most part, is covered with thickish scales, at parts yellowish in color with white markings, but towards small toe with white, dry, and almost silvery scales like those on a patch of psoriasis. The margins of the eruption are nearly everywhere marked by a narrow bronzed line of discoloration.

The patient complains only of itchiness, especially at night when he takes his stocking off and in the morning when he rises, and of the stiffness of knee, arising from the thickened and hardened state of the epidermis. There is at present very little leeting.

17th December, 1884. Since last note the patient has been under the care of Dr. Richmond, in the Paisley Infirmary, and the eruption, in spite of varied treatment, essentially retains the characters described above. There are now, however, here and there along a large part of the margins of the eruption, small isolated patches, irregularly circular or linear in form. The small detached portions on buttock are now somewhat larger and more irregular, and have become attached, in all cases, to the main mass of the eruption. For about two inches above the heel the eruption has assumed a warty character, and immediately above the insertion of the tendo Achilles it is very much elevated, dried, and cracked. Looking at the eruption as a whole, one is struck with its regularity except, speaking roughly, in its middle third, where its outer margin is complicated with the detached portions above described.

Two days ago an attack of herpes zoster began to develop on the opposite thigh. Near the sacral end of the cresta ilii, and parallel with it, is an oblong patch of characteristic vesicles, two inches long and one broad. A similar patch is situated five inches vertically below the great trochanter. Another broad patch extends almost continuously downwards and inwards for seven inches, from a point four inches below the anterior superior spine of the ilium; and a smaller patch, arranged in a parallel line to this, is placed over the lower part of Scarpa's triangle. The patient says that the eruption on the other leg commenced in the same way, but asserts that it was not accompanied, as in the present case, with burning pain; and he is quite confident that it was not at any time scattered over the surface of the thigh.

This interesting case differs from one of herpes zoster not only in its character and lengthened duration, but also, and that very essentially, in the relation of the eruption to the nerves affected. In herpes the eruption corresponds with the cutaneous distribution of certain scattered twigs, whilst in this case it corresponds, in a rough way, to the course of the main trunks of the nerves. For, whilst both in the thigh and in the leg a considerable portion of the eruption is decidedly internal to the usual course of the nerves, which may be supposed to be affected, those portions on the buttock and behind the knee correspond, the former with the external cutaneous branches of the small sciatic, and the latter with the lower branches of the same nerve, and that portion on the outer aspect of the foot with the last part of the short saphenous nerve. It is more difficult to understand, in this way, how it could have been brought about. It would almost seem, indeed, as if the cutaneous twigs were not in themselves primarily affected, but were influenced in some way by the altered molecular condition of the nerve trunks acting directly through the subcutaneous tissue on the nerve endings in the skin. The disease was apparently confined at first to the small sciatic nerve, but afterwards attacked the short saphenous nerve, and so may be supposed to be dependent on some central changes in the ganglia of the cord. The recent occurrence of herpes zoster on the opposite leg forms an instructive sequel to the case, and no doubt throws some light upon its true nature, whilst it affords an interesting contrast to it.

The occurrence of eczema in connection with injury to nerves is, of course, not unknown, but the principal literature of nerve or skin disease does not bear evidence of the frequent occurrence of such cases as the above, and hence it may be thought worthy of record.

Cerebral Localization.

From the *Cinn. Lan. and Clinic*, February 7, 1885, we note the following abstract of Dr. Zenner's paper on this subject, read before the Cincinnati Medical Society:

There are a variety of methods of research which have assisted us to our present knowledge of the function of the brain. In the first place the study of comparative anatomy has been one of our greatest and most valuable aids. It has shown us that the seat of conscious intelligence is in the cortex of the hemispheres; this is proved by the greater development of the cortex in man as compared with the lower animals; and again, in the higher races of man the cortex is more fully and elaborately developed than in the lower. The highest power has been proved to reside in the frontal lobes.

Another study which assists in the proper understanding of the functions of the different parts of the brain, is the science of morphology. In the central convolutions of the cortex we have large cells, those of the type supposed to characterize motor cells; while in the occipital regions

we have small cells which in all probability have sensory functions.

The third science which assists in arriving at proper conclusions in regard to the functions of the several parts of the cerebrum is the study of anatomy.

We have very accurate knowledge of the various peripheral parts of the nervous system; if these parts could be followed to their origin our knowledge would be complete; but this is impossible. Yet we have assistance through other means. Prominent among these stands the study of those degenerative changes which result from disease. We have found, for instance, that when the function of a nerve is lost, the nerve itself undergoes various pathological changes. This matter was investigated especially by Turck and subsequently by Goodin. The subject was still further pursued by Flechsig, who studied the natural development of nerve tracts and systems.

But by far our most important factor in reaching a proper conclusion in cerebral localization is experimental research.

To Flourens belongs the honor of advancing science most decidedly in this direction; his work was done early in this century, in the second or third decade. He demonstrated clearly, as it was believed, two vital points: First, that the cerebral cortex is the seat of the will and of consciousness, and second, that all parts of the cortex possess the same functions—though, perhaps, with slightly varying power. This was the doctrine universally upheld for half a century. Then new investigations brought to light facts which showed that Flourens' results were not altogether accurate.

Broca, in his researches in regard to aphasia, came to the conclusion that the seat of speech had a definite situation in the brain; this he demonstrated by various experiments. Some doubt, however, was thrown upon the value of the work of Broca through the negative results obtained by Trousseau. He proved that in at least some cases of aphasia no structural changes of the brain occurred. Yet further study has shown us that Broca's views were correct as far as they went. Soon after Broca came Meinert, who very materially advanced existing knowledge of the cerebral functions, through most careful and painstaking study; his researches are of great value to us today. He held that the cortex is the seat of conscious intelligence, and that all our knowledge is derived from external impressions; all impressions pass through the crura cerebri—except those which we derive by means of the optic and olfactory nerves.

The relative development of the crusta and tegmentum indicate the degree of intelligence which belongs to the being; in man alone are the crusta and tegmentum of the same size; in lower animals the tegmentum greatly exceeds the crusta in size; in young children a similar disproportion exists, which disappears entirely when adult age is reached. The crusta is traced to the corpus striatum, and is connected with motion; the tegmentum is in relation with the thalamus opticus and corpora quadrigemina, and is connected with reflex functions; it is especially developed in infants and the lower animals.

The conclusions reached are that the thalamus opticus is the seat of reflex activity; and the other parts of the crura convey motor impulses.

Shortly after Meinert's researches, Fritsch and Hitzig published the valuable results of their experiments upon animals; they observed that by irritation of certain parts of the brain, there could always be produced definite movements; and these movements were not of the simplest character only, but in some instances were complicated, and were such as required the coördination of several muscles. Objections were raised against these views, but it was clearly shown in the first place, that movements could be affected only when the irritation was applied to a definite part of the cortex. And secondly, though the irritation were applied at other points, however near the corpus striatum, no movements followed. And in the third place, in new-born animals, in which as yet there was no connection between the cortex and the corpus striatum, irritation was not followed by the movements.

Other experiments have been made by the removal of the cortex.

Dr. Hughlings Jackson has shown that the so-called "cortical epilepsy" consists in movements caused by the irritation of a certain part of the cortex.

The seat of the sense of smell is supposed to be situated in the gyrus hippocampi; but we have as yet very little evidence of the accuracy of this supposition. The only experiment bearing on this point is one of Monck; the gyrus hippocampi is situated at the base of the brain, and is consequently inaccessible. Monck observed in a dog, in which inflammation had destroyed this part of the brain, that the sense of smell was entirely lost.

The same investigator locates the seat of hearing in probably the second or third temporal lobe; his experiments were made on the dog.

Ferrier locates the seat of this sense in the first lobe. In the human being, the so-called word "deafness," seemingly dependent upon changes in the left temporal lobe, points to this as the seat of hearing; numerous instances have been recorded of deafness following disease in this region.

With reference to the seat of vision, experiments have more positively established the situation of this sense than of almost any other; numerous cases point to its location in the occipital lobe.

With regard to the seat of motion, experiments and physiology both go to prove that for the mouth and tongue the seat is in the lower part of the central convolutions; for the arms, the middle of the central convolutions; and for the legs, the upper part of the central convolutions.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Two reprints by Dr. J. W. Gleitsmann, of New York city, connected with the German Dispensary, have considerable interest to students of diseases of the throat and nose. One is entitled

"Laryngeal Hemorrhage," the other, "Deviations of the Nasal Septum."

——Dr. David Prince, of Jacksonville, Illinois, has added to the already long list of his valuable contributions to medical science three with the titles: "The Pulley Modification of his Limiting Tenotomy and Advancement of the Rectus Operation," "An Accidental Divulsion of a Pterygium Leading to an Improvement in the Regular Operation," and "Floating Minute Organic Matter in the Air, and its Management to Prevent Disease and to Mitigate or Control it, with a New Device for Atmospheric Purification."

——A curious anatomical case is reported in a reprint by Dr. Wm. A. Edwards, of Philadelphia, entitled, "An Anomalous Human Lung, having Four Lobes on the Right Side."

——The Proceedings of the 12th Annual Meeting of the Alumni Association of the Albany Medical College contain the Alumni Lectures of 1885, and will be found an interesting pamphlet. (Published by Burdick & Taylor, Albany, N. Y.)

——The *New York Nation* printed in its issue of June 25 a retrospect of the twenty years of its existence which were completed with that number. The *Nation* was founded in July, 1856, in recognition of the new order of things which was sure to follow the end of the war and the abolition of slavery. It has been conducted, in its two leading departments, politics and literature, by the same editors from the first number, and holds to-day, as for the past twenty years, the first rank in each. Its foreign correspondence is unrivalled. Its book reviews possess the highest authority. Each number contains a careful news summary, and the bound volumes are prized as the best obtainable chronicle of current history. 24 pp., quarto. 10 cents a number; $3 a year. 210 Broadway, New York.

BOOK NOTICES.

Transactions of the Medical Society of the State of Tennessee. 1885. 8vo., pp. 144. Nashville, 1885.

The usual proceedings, constitution, code, etc., are given in this volume, and also a number of original articles, most of them of solid value. We have been especially interested in one by Dr. Daniel F. Wright, of Clarksville, on the therapeutic effect of the ligation of great arteries. This procedure, first recommended by Dr. Daniel F. Wright, of Georgia, is intended as a remedial measure in traumatic gangrene, erysipelas, and other sequelæ of traumatic inflammation. The main artery of the limb is tied with beneficial results in cases otherwise hopeless. The article deserves the careful consideration of surgeons. Dr. J. W. Penn, of Humboldt, discusses epidemic cholera, and finds its cause in the alkilinity of the drinking water. Dr. T. K. Powell, of Dancyville, urges the value of veratrum viride in puerperal convulsions. This is, however, not a new suggestion, as he seems to think. When veratrum had its great run, some twenty-five years ago, it was used for this and nearly every other disease, but for some reason has "lost its grip" on modern therapeutics.

Cholera: Its Origin, History, Causation, Symptoms, Lesions, Prevention, and Treatment. By Alfred Stillé, M. D., LL. D., etc. 8vo., pp. 164. Philadelphia, Lea Bros. & Co.

This timely little work is full of the learning and good judgment which marks all that comes from the pen of the distinguished author.

Dr. Stillé does not accept the doctrines of Koch and the German school, while he fully recognizes the specific nature of cholera, and its propagation by a peculiar poison. He condemns in severe but just language the official assertion of English physicians that it can originate *de novo*, and also the repeated and dangerous doctrines of those who oppose quarantine as useless. His statements on this point particularly deserve the careful reading of every medical man who has to do with public health.

What he has to say on treatment is characterized by his usual caution and his well-known preference for a rational system which relies on general measures and distrusts specifics. Altogether the monograph is one which will have an excellent influence on the professional mind.

A Treatise on Practical Chemistry and Qualitative Inorganic Analysis. By Frank Clowes, D. Sc., etc. From the fourth English Edition. 8vo., cloth, pp. 376. Philadelphia, Lea Bros. & Co., 1885.

The author has intended this volume to be a laboratory guide and a text-book for students, and that he has succeeded in providing them with a highly acceptable work for the purpose is shown by the rapid dissemination of three editions in England and two in this country. The present one appears with a close revision, bringing it up to the latest acquisitions of the branch to which it is devoted. Its pages are freely illustrated, and both those already acquainted with its merits and those who have that acquaintance to make will not fail to be pleased with the completeness of the treatise in its present shape.

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RUNNING TO CATCH THE TRAIN.

Within a few months past the writer has noticed several papers upon this subject, two of which were in the REPORTER. As this is the time when travel on railroads is, perhaps, at its height, a few remarks upon this matter may not be amiss, as every one must know that desperate, at times frantic, efforts are daily made to catch the train. To a certain extent, as when important business must be transacted at a certain period, or when various events of public, or social character occur, some allowance must be made for injudicious haste. But, however frequently such emergency may arise, it oftener happens that no pressing necessity exists to justify efforts not only injurious, but, at times, actually fatal. Here, however, it must be confessed, that to arrive at a station just in time to see the train start is, to almost every one, provokingly annoying, and well calculated to disconcert the most impassible.

In many cases the efforts to catch the train cannot well be exceeded by the professional runner, whose reputation and pecuniary interest are at stake in a race. The danger of sudden death in these cases may not be great, and, if fatal, would probably not be made known in many instances, while a death from lightning, or hydrophobia, would be noticed by the papers generally. The danger is chiefly in regard to those who are either prone to affections of the heart, or who have, in fact, symptoms of some of the various maladies to which it is subject. In such cases a single effort of tbe kind alluded to may prove to be the efficient cause of a most serious aggravation of the affection, and may terminate suddenly in death, or greatly increase the trouble, that may continue for months or years. If a record of all such cases could be made, it would probably be found that the deaths, or serious injuries, occasioned by lightning or hydrophobia, so much spoken of and dreaded, would bear but a small proportion to those resulting from the daily, incessant, desperate efforts to catch the train.

In this connection, an instance of sudden death, occurring within the knowledge of the writer,

may be alluded to: A gentleman, aged forty-eight years, in company with his two nephews, went to Atlantic City on Saturday, intending to return by the early morning train on the following Monday. Some delay prevented their going to the station earlier, and, as the time of departure was near at hand, they walked rapidly. Another man ran past them, and, looking back, said "they would miss the train unless they ran." They at once began to run with great rapidity, but arrived only in time to see the train move away. The uncle, whose family the writer had attended during many years, and who had never had any sickness, sat down, but in a moment he arose, drew forth his pocket-handkerchief, wiped the sweat from his brow, saying "he would not like to run that way again," and instantly fell down, and in less than a minute life was extinct.

It should, however, here be stated, that although remarkably healthy, he was excessively fat, and, unfortunately for him in this case, was exceptionally active—capable of running very rapidly.

In view of the fact that instances of injury of a serious character must be of frequent occurrence, and at times of fatal import, it would seem to be of importance to remind the public, either by medical or other publications, of the danger to be incurred by these rash efforts to catch the train.

Notes and Comments

Poisoning from Chloroform.

Dr. Llewellyn Eliot presents a case of poisoning from chloroform taken internally, and adds a table of the reported cases (*N. Y. Med. Record*, July 11, 1885).

The table shows that death resulted in 16 cases; of this number but 6 died in twenty-four hours; the other 10 surviving various periods until the eighth day. The mortality was 26.78 per cent.

The mortality of chloroform is 1 to 5,860; that of ether, 1 to 16,542; that of nitrous oxide, 1 to 100,000; we see that chloroform is not an agent to be used indiscriminately nor in the absence of proper antidotes. Deaths are rather due to paralysis of the heart and respiratory organs. When administered internally, the symptoms produced are of the same character, only more intensified and more lasting than those following inhalation.

It is impossible to state with exactness the amount of chloroform that can be administered by inhalation. In a case of puerperal eclampsia that E. brought to a successful termination, one and a half pounds were administered in thirty-six hours. The same holds good in regard to doses by the mouth; recorded cases show quantities varying from ʒss to ʒvj. The symptoms of the toxic action of a fatal dose, in addition to general muscular relaxation, perfect anæsthesia, and insensibility, are cyanosis, convulsions, jaundice, sudden paleness of face and lips, stoppage of the pulse and respiration, involuntary passage of urine and fæces.

In treating cases of internal administration, the first indication is evacuation of the stomach by emetics or stomach-pump. Fresh air, sinapisms, flagellations, cold douche, strong coffee, with ammonia, strychnia, digitalin, or morphia sulphate hypodermically administered, are the measures to be adopted; artificial respiration, lowering the head, drawing the tongue forward, lifting the chin, hot applications and inhalations of nitrite of amyl should be employed.

Electricity is advocated upon theoretical grounds. Dr. Reuss recommends subcutaneous injections of apomorphia. Spence prefers ammonia to alcohol as a stimulant, on account of alcohol increasing the already increased amount of carbon in the blood, while ammonia acts merely as a powerful stimulant. The post-mortem appearances are not pathognomonic. Fifty-seven cases are recorded in the table, extending from 1851 to date.

Double Infantile Spastic Hemiplegia.

In the January number of *The American Journal of the Medical Sciences*, Dr. S. J. McNutt reports a case of double infantile spastic hemiplegia, with carefully recorded notes of the post-mortem appearances, illustrated with seven cuts exhibiting the lesions found. This is believed to be the third, or, at the most, the fourth case of its kind upon record. Yet these cases do not appear to be so very uncommon, since four others presenting similar symptoms are known to be now in New York city. As a distinct condition, even simple infantile spastic hemiplegia has but lately received attention in text-books. For this reason, and on account of the difficulty of obtaining any comprehensive information on the subject, the collection of facts and theories presented in Dr.

McNutt's paper is of great value, and must lead to a further study of this interesting condition. Dr. McNutt has collected and tabulated 34 cases in which autopsies have been made, and each of them presented atrophy of the cerebral cortex, near the fissure of Rolando.

The subjects of infantile spastic hemiplegia may live to old age. The inception of the disease, however, always dates back to early childhood, or to intra-uterine life. At whatever age seen, its victims are characterized by more or less complete hemiplegic motor inability, atrophy, and contractures, with or without aphasia, monosyllable utterance, dysphagia, dyspnœa, and idiocy, the latter being especially characteristic of the double affection.

The etiology of infantile spastic hemiplegia has been defined as primitive defect, arrest, encephalitis, and hemorrhage.

Clinically, the cases may be divided into three classes, those in which the inception of the condition precedes birth, those in which it occurs after birth, and those of which parturition is the cause. The paper concludes with a careful study of the differential diagnosis and treatment.

Treatment of Neuralgia by Neuber's Method.

Dr. Schapiro recently read a paper, at the Medical Society of St. Petersburg, upon the results of researches on treatment of neuralgia by Neuber's method of hypodermic injections of a solution of osmic acid. His observations include eight cases of trigeminal neuralgia (three males and five females). The age of the patients varied from thirty-eight to sixty. In every case the disease was of a very severe type and of long-standing. The result of the treatment was complete cure in five cases (three females and two males), great alleviation of the pain in two cases, and no success at all in one case (female). The number of injections made in each case was from one to twelve (twenty in one case), five to ten drops being injected every time. The duration of the treatment was from one to sixty days. Dr. Schapiro adopts a modification of Neuber's 1 per cent. aqueous osmic solution on account of the osmic acid soon undergoing decomposition in a watery solution. After a whole series of combinations, he concluded that an addition of glycerine to the watery solution prevents for a long time osmic acid from undergoing any change. In not one of the cases treated by him was an injection followed by any ill effect. The patients are now under the author's observation (two to six months after the commencement of the treatment).

Fracture of Humerus by Contro-Coup.

Dr. Geo. E. Monette, of New Orleans, thus writes in the *Texas Courier-Record of Medicine*, June, 1885:

Fred. C., of New York, an exhibitor and visitor to our great Exposition, met with the above accident during December last. While riding in our street cars (*en route* to the Exposition), sitting carelessly in the car, with his elbow as far out the window as he could protrude it, the result was that his forearm met an obstruction in a projecting seat of our ordinary wood-carts used in the city, striking the ulna, about four inches from the olecranon, with such force as to fracture the humerus at the deltoid insertion. The fracture, as also the contusion, did well, until the fourth week, fortunately after union of the fracture, when the most violent periostitis developed at the seat of contusion of ulna. There was an evident exfoliation of the bone, which seemed to have undergone suppurative degeneration, and resumed its normal condition with very little irregularity of its surface. There were a number of sinuses communicating with the contusion and a slight abrasion, which terminated in an ulcerative condition. These were broken up by lotions of tinct. iodine co. and carbolic acid (℥j. āā ad. Oj.). Recovery was good and complete at the expiration of two months.

Cocaine in "Snuffles."

Dr. Zemshchenko has treated seventeen infants from two weeks to eleven months old with coryza by means of cocaine dropped into the nose. Two drops of a two per cent. solution were thus applied from four to six times a day with remarkably good results. In only one case was any increase of secretion observed. He has also made use of a four per cent. solution for older children. As, however, there is some risk of the solution being swallowed and producing vomiting, he finds it best to apply the cocaine by means of an ointment. In one case of suspected "snuffles" in a child three weeks old whose mother was syphilitic, the writer painted the nares with a two per cent. solution with a satisfactory result.

Acute Albuminuria of Possibly Traumatic Origin.

Dr. W. F. Morgan (*New York Med. Record*, July 11, 1885,) writes that he was recently in attendance upon a boy, aged seven, and had considerable difficulty in making a diagnosis until an analysis of the urine revealed the presence of fifty per cent. of albumen by volume.

This condition had not been preceded by any of the specific fevers or other of the generally-recognized causes of acute Bright's disease in children. "Possibly it may have been due to a fall upon the back which the patient had had about a month before. The fall had been succeeded by a gradual deterioration in health, with great disturbance of the heart's action, convulsions and cyanosis. During the convulsive attacks the heart-beats were irregular and about forty per minute. An unfavorable prognosis had been given, but after a month convalescence set in. Diplopia and incoördination of the muscles of locomotion persisted for several weeks, but the patient is now in perfect health.

CORRESPONDENCE.

Hysteria.

EDS. MED. AND SURG. REPORTER:—

In the July 11th No. of the MED. & SURG. REPORTER, 1885, it is related of Prof. W. H. Thompson, of New York, that in one of his recent excellent lectures he related his experience in connection with a case as follows: "The patient was a female of 20 years. After a careful examination a diagnosis of hysteria was made and appropriate treatment prescribed, with no apparent improvement of symptoms. The case was becoming monotonous to physician and friends. A noted metropolitan neurologist was called in consultation, and acquiesced in the diagnosis which had been made, also saying with emphasis, that any doctor with average knowledge would know that it was a case of hysteria. Ere the consultation closed, they were summoned to the bedside of their patient, only to see her expire."

This reminds me of a case that occurred in my practice about a year ago. I was called in great haste a few squares from my office to see a young lady, 17 years of age, of a general physical development much beyond her years, who was, apparently, in that peculiar swoon or quasi-insensible condition we often see in cases of hysteria, not unlike that known as "trance." My opinion was expressed accordingly, which opinion was sustained by the priest who was present. I assured the friends she would recover in a short time, and went home. I no sooner reached home, however, until I was recalled and, upon my arrival, found my patient dead. The *post mortem* revealed a very greatly hypertrophied heart, which, however, might have been diagnosed *ante-mortem*, if a thorough examination had been made.

H. V. SWERINGEN, M. D.

Fort Wayne, Ind.

Pelvic Cellulitis in a Child Three Years Old. Vesical Tenesmus the Leading Symptom.

EDS. MED. AND SURG. REPORTER:—

I submit the following case, its several peculiarities entitling it to notice:

Angerina L——, an Italian girl, aged two years and nine months, a stout, healthy child, well-developed and active, was observed to urinate with great difficulty. Her mother attached but little importance to the trouble, which had existed about two weeks, until the night of September 20, when I was called. I found the bladder very much distended, no water having been passed in eighteen hours.

Failing to relieve the retention by the ordinary expedients, I drew off the water without difficulty, using a soft catheter.

It was necessary to repeat the operation again on the following morning.

After that, I saw nothing more of the case until December, when I was again called under similar circumstances, and at once used the catheter to relieve the retention. This time the patient was sick for several days with fever, constipation, and great pain on micturition. After her recovery, I again lost sight of my patient until June last, nine months from the date of her first trouble, when she was presented at my office much changed in appearance. She was emaciated, peevish, and fretful, her principal trouble now being intense pain upon evacuating either bowels or bladder.

Upon examination, slight tenderness was discovered in the right iliac region. The abdominal walls were rigid.

With Dr. Richardson in consultation, she was anæsthetized and the bladder searched carefully for stone or tumor.

While undergoing this examination, we detected a tumor the size of an egg, hard and firm, just above and to the left of the pubes. This body proved to be the spasmodically-contracting bladder. Examination per rectum revealed a firm, elastic swelling, encroaching upon the rectum from the right fossa. A slight sense of fluctuation was elicited.

The examination was now postponed until the following day, at which time diverse opinions were held by the gentlemen in consultation. Amid so much doubt, we prudently determined to wait a few days and again examine the patient.

On the second day after this examination I visited the child and was shown a supposed stool, which was really nothing but pus and blood.

A large opening was found in the rectum about one inch above the verge of the anus, through which an abundance of pus was being discharged.

A diagnosis was now clear. The obscure trouble, with vesical spasm the only prominent symptom, proved to be pelvic abscess, which was evacuating itself through the rectum.

The discharge continued but a short time. Nutritious diet, tonics, and stimulants, wrought a great change in the child. To-day she is free from trouble and pain of any kind; in fact, appears perfectly well.

Matthews Duncan holds pelvic cellulitis to be always a secondary affection. "That it is produced by inflammation of the uterus, or of the tubes, or of the ovaries, or by noxious discharges through or from the tubes and the ovaries, or by mechanical injury. Without one of these causes this inflammation and abscess is not observed." (Emmet.)

Thus from these distinct, but not always clearly defined sources, this high authority traces cellulitis; and it does appear that he has embraced all the factors in its etiology.

To what then are we to attribute those cases fo cellulitis occurring after the menopause, or before puberty, in which we can eliminate almost positively the existence of such a cause or complication?

In the case detailed, there could be but one of the above causes possible in its production, viz., mechanical injury. There is no history of a fall or an accident of any kind. A soft rubber instrument and utmost care were used in catheterizing, so I can honestly eliminate mechanical injury.

All tissues of the body under favorable conditions are subject to inflammations. I am unacquainted with the conditions furnishing immunity to the cellular tissue of the pelvis. All authorities agree in that simple uncomplicated pelvic cellulitis is a rare affection, many holding that it is only the result of uterine or ovarian disease, consequently only met with during menstrual life.

The best evidence one can adduce opposing this theory is reference to those cases of pelvic abscess found in childhood, two of which cases Emmet records.

The symptoms of long-standing parametritis in the adult are vague. In this child retention of urine seemed to be the only trouble. There was no fever indicative of the exudation until the night preceding the spontaneous opening of the abscess, showing that pelvic cellulitis may advance even to suppuration without causing any active disturbance.

Another point of interest in this case lies in the fact that after the evacuation of the pus through the unusually large opening the discharge ceased in a week's time.

The recovery was rapid, differing from the usual course of chronic cases of this disease, which do not terminate with the formation of abscess.

RICHARD DOUGLAS, M. D.

Nashville, Tenn.

Malignant Bilious Fever.

EDS. MED. AND SURG. REPORTER:—

In the last number (July 18) of your journal, you comment favorably upon a paper by Dr. R. Harvey Reed, of Mansfield, Ohio, on "Climatic Changes in Ohio," etc., an extract from which you publish.

Dr. Reed says: "These changes have been followed with a decrease in all forms of malarial diseases;" and you add, speaking of Illinois, where you collected observations twenty years ago: "The forms of malignant 'bilious fever' with which the old physicians had to combat are now scarcely met with. * * * The climate has been modified much, as in Ohio, the cause apparently being the more rapid surface drainage."

If Dr. Reed and you mean to be understood as contending that there has been "an alteration of type" in malarial diseases, as the result of climatic change, I take issue with you.

That "the forms of malignant 'bilious fever'" are now rarely met with is a fact which, I think, cannot be successfully denied; but that change or modification of climate has had a controlling agency in effecting the decrease, I seriously question—the apparent difference in the character of the diseases being due to difference in medical treatment. When, as was universally the case, about forty years ago—and is yet to some extent—bile was regarded as an excrementitious product, and "bilious fever" was believed to be caused by failure of the liver to secrete it in sufficient quantity or normal quality, and "cholagogues" and "alteratives" were freely used to "touch up" the delinquent organ, fevers ran an indefinite course, and, by the help of doctors, either killed the patient, or left him, at the end of from two to six weeks, a physical wreck.

Now, the physician is culpable who permits any case of malarial fever—except the pernicious or congestive type, and that only because the patient, from neglect, is usually almost moribund before the physician is called—to last over seventy-two hours at the longest.

To no one, perhaps, was the change of treatment presented in a more impressive manner than to myself. In the fall of '46, whilst a student in Georgia, my preceptor required me to watch all night the effect of one-grain doses of quinine upon an unusually vigorous man. The next summer I saw the late Dr. Jno. G. Gamble, of Tallahassee, Fla., administer ten-grain doses of quinine to a child of seven years. The child had been weeks under the care of two old physicians who were waiting for the fever to subside before giving quinine; Dr. Gamble gave the remedy during the fever, and arrested the disease in a few hours.

Last fall I saw a case of old-fashioned "bilious fever" in the person of a homœopathic physician who had been treated ten days by one of his professional ilk. Within twenty-four hours, under proper treatment, the doctor was convalescent. That case, under *laissez faire* treatment, showed that "bilious fever" now is just what it used to be. The result would have been the same if the old "heroic" treatment with drastic drugs, based upon an incorrect physiology and a false pathology, had been practiced. Give malarial fevers the chance they had in old times, and they will, in these days, show their former malignity.

GEO. TROUP MAXWELL, M. D.

Ocala, Fla.

NEWS AND MISCELLANY.

Proceedings of the Kentucky State Medical Association.

REPORTED BY ALLEN KELCH, M. D.

(*Continued from page* 111.)

Dr. J. A. Larrabee, Committee on Diseases of Children, after the usual introduction of papers spoke of

INFANT FEEDING AND CHOLERA INFANTUM

as follows:

The question of artificial feeding in infancy is one which should engage one's attention. The mortality among infants attempted to be reared independent of the mother is more appalling, and that despite every effort on the part of friends and nurses. In our institutions 70 to 80, and one report of Infants' Foundling Hospital, 90 per cent. of those taken from mothers early have been lost. In an institution of this kind in Louisville, where

mothers are taken with their babies and a gradual supplant of the breast is substituted, the mortality has not been over 5 per cent. from all causes, and would be even less but for the waifs that are left in excess of our ability to supply wet-nurses. Certainly the lesson here is plain. Mother's milk, as supplied from the mammary gland to the nursing infant, is the only food, and further, no perfect substitute has been, or ever will be, invented. A few years ago it would have been difficult to find food for infants for sale at any place. Now such preparations are beyond numbering, and are offered for sale at any well-regulated grocery, and the sale of these preparations is, I am told, an increasing feature of grocery as well as drug business. We are therefore constrained to ask wherefore the cause? The result is already shown, but wherefore this increasing demand? Can it be that our women are losing the beauty and loveliness of their maternity? Can it be that an assumed inability is made an excuse for a non-performance of duties which compromise the health of both the mother and her offspring? The spectacle of Russian prisoners leaving St. Petersburg every few days, banished to the cheerless wilds of a cruel Siberia, excites the sympathy of the civilized world. Not more surely and certainly do they commence the slow death than does the infant banished from the warm, genial breast of its mother, and condemned to travel the via dolorosa with a nursing bottle and the latest novelty of infant food for companions.

Good and sufficient reasons often exist for artificial feeding. Then the best substitute for mother's milk is that from the cow. The excess of casein and its difficult coagulability constitute its chief obstacle. Cows' milk coagulates in immense curds, while mother's milk is seen in light flocculi. This is really the only difficulty to overcome. A mechanical admixture of some granulated substance often answers. Many do well on condensed milk, which is simply milk from large dairies reduced to one-fifth its volume in vacuo, and sweetened, or claimed to be, with sugar of milk and not cane sugar. In large cities, where the milk-supply is poor and inadequate, it is a great blessing, and it may be fed without change (unavoidable in hot weather with cow's milk) into lactic acid. The addition of barley water to condensed milk, in quantity to make the required bulk for a feeding, meets several important indications. The introduction of digestive ferments has done much for these unfortunate infants, and a near approach to mother's milk has, by their addition, been already made.

There is one remaining consideration in the care and feeding of babies artificially, and, in the judgment of your committee, it has largely to do with the bad showing of infants' hospitals, as well as domestic practice. It is the fact that such infants are continually overfed. The estimate of the requisite quantity of healthy milk for a nursing infant is quoted often much higher than is true. The average amount of milk drawn from the mammæ, if a healthy mother, by a healthy infant at birth, is not over four tablespoonfuls, or an ounce and a half; this is, or should be, taken at first every two hours; later on, two ounces and three ounces may be supplied at intervals of three hours—and once at night—a part of this quantity being often regurgitated as superfluous. Compare this with the nursery bottle of artificial food as given every time the child cries, and we have sufficient cause for discomfort and disease. The infant actually grows poor with the labor of attempted digestion.

Cholera Infantum.—This disease is one that calls still more loudly for a correct etiology from the profession. The want is not likely to be filled by papers written upon summer diarrhœas, etc., so common in the journals of the day. Cholera infantum, if it means anything at all, means cholera in the infant, and is as totally distinct from diarrhœa or summer complaint. It is to be regretted that so much has been written upon the treatment of this disease, and so little learned as to its cause. Your committee is of the opinion that the investigation of the intestinal tract, and even the remarkable and recent developments of the microscope, will prove less advantageous in this field of etiology than the same careful investigation of atmospheric and telluric influences. The analogy between choleraic conditions and intermittent fever of pernicious type, and both these with the results of toxic doses of antimony salts, should invite attention to the influence of the supposed poison upon the nerve-centre, by which the sympathetic is paralyzed and the whole process of osmosis undergoes an immediate change. The disease is a neurosis, and is of the order of shock. The introduction of the term *thermal* in connection with some of the diarrhœas so alarmingly fatal in summer months, is correct, and carries the right meaning with it. It seems to be a modified form of sunstroke, in which the external temperature is greatly elevated, and attended by profuse watery discharges from the bowels. The treatment indicated by this view has proven its correctness, viz., the use of cool or cold-water sponging until the temperature is reduced and the diarrhœa controlled. A choleraic diarrhœa is also an accepted term, and applies to instances of putrefactive changes in the ingesta, when the term fermentation would mean more. This with inflammatory diarrhœa or dysentery always due to atmospheric influence, and rarely to ingesta, make up the combination of "summer" complaints so common at this season.

The treatment of cholera infantum must be prompt and well directed to be effectual, and when so applied your committee has found it to be attended by results far more favorable than at first anticipated.

We should no more place medicine in the infant's mouth to be introduced into the stomach, than we should think of attempting to stem the current of Niagara at Goat Island in a row-boat.

Hypodermic medication of the infant, with properly graded doses of morphia and atropia in cholera infantum, has, in the hands of your committee, been attended by such success as to warrant the recommendation. Many cases so treated were in the algid stages of cholera exhaustion. A single injection was sufficient to cause a halt in the osmosis, and a reflux of blood to the surface, and in most of the cases a single injection constituted the only treatment. For the choleraic or fermentative diarrhœa, with putrid odor of the discharges, the salicylate of lime in small and frequent doses has, in my hands, surpassed all

other treatment. This very common and easily recognized form of "summer complaint" yields readily to salicylates, either soda or chalk.

The treatment found most successful in inflammatory diarrhœas (infantile dysentery), has been to commence with saline evacuants, *e. g.*, Epsom or Crab Orchard salts or concentrated water in small doses given in comp. infusion of rosemary with a drop of laudanum.

Dr. Larrabee continued by a reference to the influence which the various cachexias exert upon the diseases of infancy in this connection, remarking that many a child whose disease has been correctly treated according to nomenclature, has ultimately been sacrificed because the underlying cachexia exerted its influence undetected.

Passing on to the fevers of childhood, they are characterized, said he, in many cases, by the rapidity with which they make their appearance, the unusual height which they reach, and their equally sudden decline.

A dose of castor oil is frequently all the medication required in many such cases.

The throat, said he, should always be examined as a routine matter in the fevers of childhood; for unless this is done sometimes days will elapse before the local mischief may be accidentally discovered, perhaps by some other than the attending physician, when the creamy deposit often noticed upon the tonsils suggests diphtheria, alarms the parents, and mortifies the doctor needlessly.

Passing on to croup and diphtheria, he regarded the diseases essentially and radically distinct. Diphtheritic-croup, typho-malarial fever, etc., said he, should be tied up in a bundle and consigned to the dark waters of oblivion. Croup, said he, is a local disease characterized by the production of a false membrane, which when removed is reproduced, and which tends by its obstruction to cause death by the obstruction which it produces to the function of respiration, while diphtheria is a disease producing its fatal result by exhaustion, offering no hope for relief except by constant alcoholic stimulation. He maintained that tracheotomy should be performed in croup early as a rule, and always whenever the respiration begins to grow embarrassed. In this connection he referred to a case upon which he operated the second day, the operation ending in apparent death, from which the child rallied and progressed favorably until the fourteenth day, when the tenacious discharges threatened to close the scene by obstructing the respiration. After the usual agents had been tried to overcome this trouble without availing, Labarraque's solution was adopted and fulfilled the indications; in seven days more the tube was removed, and the child is now well.

Whooping-cough, measles, and scarlet fever were simply referred to in the report.

The discussion of the paper, participated in by Drs. Scott, Hanwood, Thompson, and Bailey, evinced the usual variation of opinion and individual experience, with reference to the hypodermic medication of children with morphia.

Dr. Orpheus Everts, of College Hill, Ohio, by invitation, read a paper

ON OVERWORK AS RELATED TO INSANITY.

His apology for reading on this subject lay in the rapidly increasing public and professional interest in it. The etiology of insanity in general was then considered. But few persons, he said, are now brought to hospitals for treatment, who, if not too wild or too stupid to take notice of their surroundings, are not constantly assured by their friends that they have overworked, and must rest.

The subject was then systematized thus:

(*a*) What is work?

(*b*) What are the physiological relations of work to the organs and functions of the body?

(*c*) What are the pathological relations of work to living mechanisms and their manifestations?

Work limited to the performance of appropriate functions within the range of structural integrity is physiological in its relations to structure, but whenever not so limited, alternated by rest and compensated for expenditure of force by renewals, its relations to structure become pathological.

An exhausted brain, if exhausted by performance of its own functions, voluntarily or in response to its own necessities, will cease to perceive, remember, or think, and become unconscious during a period of rest and recuperation, if not whipped or spurred by undue influences.

After reporting several cases illustrative of the relation of insanity to overwork, the following conclusion was arrived at: While overwork, in its general sense, is a prominent factor in the problem of causation of diseases, some of which are manifested by mental disorder, overwork in the performance of mental functions is not a frequent or sole cause of such diseases.

FRIDAY MORNING.

Dr. J. G. Cecil read a paper on mastitis, in which he took the ground that all ordinary cases of abscess of the breast resulted from fissures and erosions of the nipple, and the methods usually adopted to relieve distention of the gland from the lacteal secretion. That nursing a breast by a child or other animal, or by using a breast-pump, when a fissure or erosion is present, will not only fail to give satisfaction as far as pertains to emptying the gland, but also prevents healing by the wound being continually torn open at each application. That accumulated milk is entirely innocuous to the gland and will not of itself cause abscess, and hence all attempts to remove the milk or reduce distension by rubbing, massage, etc., can only produce damage and cause the very trouble it is designed to prevent. Among the most important results of abscess is the probable relation of development of carcinoma in breasts where antecedent mastitis has existed. From the standpoint of the local origin of cancer, it is fair to presume that carcinoma is more likely to develop in breasts from scars and lumps left by inflammatory troubles than in breasts never the subject of these attacks. Deductions from figures given by Prof. S. W. Gross makes it appear that 8.21 per cent. of all child-bearing women have carcinoma of the mammary gland, and that 42.25 per cent. of cases of mastitis develop cancer.

Treatment recommended is that adopted by Dr. Philander Harris in *American Jour. Obstetrics* for January and February, 1885, namely, that of absolute non-interference with the lacteal secretion by any local application or by any methods of removing or checking the flow of milk, but the application of absorbent cotton to the glands, and

the application of a roller-bandage around the chest and over the shoulders. In multiple abscess the treatment of Billroth is advised—that of anæsthetizing patient, making a free opening with bistoury, then with finger break all the cavities into one and treat that antiseptically.

Dr. J. M. Ray, of Louisville, read a paper on

WOUNDS OF THE ANTERIOR SEGMENT OF THE EYEBALL.

He referred to the observation of DeMour, who in 1818 first noted that injuries of the anterior part of one eye are liable to excite inflammation in its fellow. Not till 1854, however, when Pritchard announced that enucleation of the wounded eye would mitigate or cure the sympathetic trouble if it had not advanced too far, did the suggestion become of any practical value.

Now the question most pertinent is, How much injury can the implicated eye sustain and be still retained with a minimum of risk to its uninjured fellow? It is likewise a most difficult question to decide. Where there is an extensive wound involving the so-called dangerous regions, and no perception of light remains, any surgeon would, on general principles, condemn the eye. There is danger, however, that some whose conservatism has given them bitter experiences of sympathetic ophthalmia, may advise the extirpation of an eye that by judicious care would become a useful organ.

Bowman has said that by careful nursing many eyes that are severely wounded can be saved from exciting sympathetic inflammation, even when there appears to be but little chance of obtaining a plump eyeball. The chief of the clinic of one of the most prominent British ophthalmogists, remarked, in answer to a query by the essayist, that "after a study of the subject for many years, and a careful examination of all the material afforded by the Moorefields Hospital, he had satisfied himself that many eyes were sacrificed which would by careful attention have become useful."

Two extreme cases were then related in justification of this conservative plan. In these, when any sign of impending inflammatory re-action appeared, 15 grains of calomel made a marked change, similarly to what is observed when destructive inflammation appears after cataract extraction. Two cases of wound of the ciliary region followed, in which, while the perception of the organ was not lost, its function was practically destroyed. These, under the use of atropia, bandage, low diet and rest, recovered. V=$\frac{20}{40}$ obtained in one case where the lens had undergone absorption, as the result of the injury by $\frac{1}{8}$.

In conclusion, the writer said: "The results obtained in the cases here reported are by no means observed in all injuries of the eyeball. Often an eye will react safely from an injury that threatened total destruction, and again an eye slightly injured will resent it very quickly. Especially in childhood is this often observed." He would therefore counsel a wise conservatism, never losing sight of the fact that if much inflammatory reaction takes place, if the ciliary region is involved in a firm cicatrix, the iris and ciliary body in a state of chronic excitement, with an abiding tenderness in the region, the eye should be carefully watched, and the patient warned of the dangers which menace the fellow eye from sympathy. The writer agreed with Swanzy, who says: "Never remove an injured eye unless it contains a foreign body which cannot be removed, if it has fair chance for sight, and there is no sign of inflammation; for the inflammation may not come on, and thus the eye be saved."

Dr. J. A. Stucky, of Lexington, reported on

ABDOMINAL INJURIES.

Case 1. Malinda J., colored, received a cut in abdomen, knife entering an inch to the left and below the umbilicus, penetrating the cavity. Wound three inches long. About two feet of intestines protruded; they were not injured. Patient placed under chloroform, intestines washed with listerine and water (1 to 12 parts) and gut replaced. Patient made rapid recovery, with no unfavorable symptoms. Treatment consisted of hypodermic of morphia $\frac{1}{4}$ gr., atropia $\frac{1}{150}$, to prevent the action of bowels, and prevent patient moving about in bed. Cloths wet with listerine and water were applied every four hours. Liquid food was given for ten days. Patient sat up on fifteenth day.

Case 2. Jno. Cleary, Irish, æt. 33, engaged in bar-room fight; received a cut in abdomen; on right side, extending from anterior superior spinous process to just over symphysis pubis, passing through abdominal parietes, peritoneum, and almost severing the small intestines in three places. Reached patient a few minutes after receiving the injury; found him lying on his back on floor of bar-room; the intestines protruded to the extent of six or eight feet, and were lying on the floor in a mass of blood, sawdust which covered the floor, and fecal matter. Had lost considerable blood; hemorrhage had ceased when I reached him. The wound was dressed as follows: Intestines were placed in basin of tepid carbolized water, and thoroughly washed; the abdominal cavity was sponged and cleansed as best we could under the circumstances, there having escaped into the cavity a quantity of blood and fecal matter.

The wounds in the intestines were closed with an uninterrupted suture of carbolized cat-gut. The intestines were put back irrespective of position, and external wound closed with an uninterrupted silk suture; adhesive (rubber) strip and a heavy abdominal bandage completed the dressing. Patient was removed to St. Joseph's Hospital.

Shock was great. Pulse quick and feeble. Stimulants were given per hypodermic with morphine and atropine, until patient rallied, which was about 12 hours after receiving injury.

Bowels restrained with opiates and same treatment followed as in Case 1.

Patient made a rapid recovery, nothing complicating the repairing of the wound. No peritonitis and little or no sloughing.

Bowels acted on 11th day. Patient sat up on 17th day, and was discharged four weeks after receiving the injury.

Case 3. Wm. Reed, Irish, æt. 28, brakesman. In making coupling of the engine to freight train, attempted to raise the draw-bar, so that the coupling-link could enter; while in the act, the engine pushed back, the link striking him, and entering

at a point about 2½ inches above the crest of the ileum, one inch to the left of the spinal column, and just below the last rib, passing directly through the abdominal cavity, the point coming out about 3½ inches above and one inch anterior to the ant. super. spine of the ileum. The muscles of the back and abdomen, as well as the peritoneum, were greatly lacerated. A close examination could detect no injury to intestines, or any of abdominal viscera.

Patient walked a distance of three car lengths, by holding one hand over injury in back, and the other hand over the abdominal injury; was placed in caboose and brought to Lexington, Ky., a distance of twenty-seven miles. His wounds were dressed at St. Joseph's Hospital, and examination showed that eight inches of gut protruded from wound in abdominal wall. This was replaced. The external wounds were closed by deep sutures of heavy silk. Recovery was complicated by circumscribed peritonitis—sloughing of both wounds. Treatment consisted of hypodermics of morph. and atrop., to relieve pain and control muscular action. Poultices to favor separation of slough, and liquid diet—milk and beef tea. After separation of slough, the wounds were filled with iodoform, edges brought together by long strip of rubber adhesive plaster, and covered with carbolized oakum, and abdominal bandage. Enema of soap-suds given on 9th day, when bowels acted freely.

Seven weeks after injury, patient exhibited to Kentucky State Medical Society. Wound healed rapidly by granulation. Patient sat up on 18th day.

Dr. W. O. Roberts, of Louisville, read a paper on

DIRECT HERNIOTOMY,

reporting several cases.

In case 1 the hernia had existed from boyhood, the patient being now thirty-five years of age. Until the last year a truss had been sufficient for relief. Since, a suspensory bandage had been worn, and at the time of operation, the tumor, gradually enlarging, had reached the size of a goose-egg. In this case, before opening the sac, the enteric or reducible portion of the tumor was returned. The adherent and irreducible portion was found to be composed entirely of omentum, and was fully as large as a man's hand, much thickened, and attached to the sac by strong adhesions. A ligature of whale tendon was thrown around it at a point just within the external ring, and the part external to the ligature cut away. The sac was now dissected up, and a ligature applied external to that on the omentum. The body of the sac was then removed, and the *pillows* of the external ring secured in apposition by a continued suture of whale tendon. The wound was closed by deep and superficial sutures, and a compress and bandage applied. The only antiseptic used was a weak solution of carbolic acid. But slight shock followed the operation, and recovery occurred without an untoward symptom.

In the second, a case of strangulated hernia, the patient persistently objected to an operation until fæcal vomiting had occurred for eight hours, when his pulse was 108, temperature 100° F., expression anxious. On opening the sac, a dark-reddish fluid escaped.

The hernia was an entero-epiplocele. The intestinal portion was very deeply congested, while the omental portion was gangrenous. I ligated the latter at a healthy point, and cut away the dead portion. The intestine was now thoroughly cleansed, and reduced without difficulty. The sac was then dissected up and divided at its neck, a drainage-tube introduced well up into the canal, and the external ring closed around it. The patient rallied from the operation, had two actions from his bowels in the afternoon. But on the following day general peritonitis set in, which ended fatally on the third day. No post-mortem could be obtained.

In another, the case of a man 62 years of age, where the hernia had existed for twenty years, unmistakable signs of obstruction manifested themselves, and on operating the sac was found very greatly thickened, and its upper and lower part separated by a small cavity, which contained about a dram of pus. The hernial tumor tightly filled the inguinal canal. It did not extend beyond the external ring. The index finger, inserted into the ring and carried gently along the canal, soon effected reduction. I soon dissected up the sac, and threw a silk ligature around it, just within the external ring, and cut away that portion which lay in front; I then twisted the neck upon itself several times, closed the ring with the continued suture, and the wound with deep and superficial sutures, and over all applied a compress and bandage. Carbolized silk was used for ligatures and sutures, and a one-in-two-thousand solution of corrosive sublimate for hands, instrument, etc. Outside of a rather sharp inflammation of the scrotum, recovery was fairly quick and wholly uninterrupted. Six months have now elapsed since the operation was done, and though the patient has worn no truss the tumor shows no disposition to return.

In a case of a woman 65 years of age, in whom the hernia had existed for 32 years, strangulation occurring, operative procedures were instituted, when, said the speaker, "I found the sac deeply congested. On being opened, a small quantity of straw-colored fluid escaped. The contents of the sac consisted of two knuckles of intestines, the surfaces of which were covered with lymph. After dividing the stricture, the protruded bowel was thoroughly cleansed and replaced. As the sac showed such slight signs of vitality it was not further disturbed. The upper two-thirds of the wound in the superficial tissues were brought together, a drainage-tube introduced through the lower angle up to the femoral ring, and a compress and bandage applied. The antiseptic used was bichloride of mercury 1 to 2000. This dressing remained undisturbed until the fourth day, when upon its removal the upper two-thirds of the wound was found well united. Considerable discharges had passed through and around the tube, and the sloughy sac protruded through the opening. On the seventh day it came away. There was no peritonitis, and the patient's temperature at no time reached 100° F. A voluntary action of the bowels occurred on the fifth day. The entire wound healed in four weeks, when the patient left the bed. She

neglected to wear a truss, and in two weeks after the hernia recurred. The patient was able to return it without difficulty, however, and she now keeps it in place without difficulty by a truss."

The speaker then entered upon a comparison of various operations, the result of which had led him to prefer that practiced by Mr. Hardie.

Dr. P. S. Connor, of Cincinnati, read by invitation a paper on

FRACTURE OF THE NECK OF THE FEMUR.

After referring to the acrimonious and bitter discussions that have occurred from time to time in medical literature, and after calling attention to the anatomical conditions influencing the repair of fractures in this locality, the speaker in reference to treatment said: "The weight and extension dressing, which answers so well in fractures of the shaft, when applied to those of the neck proves defective in so far as it permits of considerable movement at the seat of injury, does not control the outward displacement of the upper end of the lower fragment, and fails in the very essential requisite of any suitable fracture dressing, that it shall altogether prevent or reduce to a minimum movement of the joints immediately above and below the line of break. And, further, it does not and can not keep the fragments in fixed relation to each other when movements of the trunk or limb are made; so that if changes of position of the body are effected, as they must and will be, more or less disturbance of the fragments must result.

"The immovable dressing, to fully satisfy the requirements of the case, must embrace not only the thigh, but the pelvis, or at least the half of it, in order that the hip-joint may be fixed, and the action of the hip-muscles restrained as far as possible. And just here lies the difficulty in the application of such dressings, and the imperfection of it as generally seen. From below the level of the great trochanter the plaster-of-paris bandage (and this is of course, for many reasons, the best of the immovable dressings), can be easily put on, care being taken to properly cut it out and protect it on the inner side so that no undue pressure shall be made upon the region of the genito-crural furrow, and that urine-soiling shall not occur. But to carry it up to and over the iliac crest and inward to the ischial tuberosity—in other words, to apply it over the whole gluteal region, and hold it there—requires an additional girdling of the upper part of the opposite half of the pelvis or the carrying of the supporting dressing obliquely around the body across the opposite lumbar region. Unless this is done, no matter how closely applied at first, in a few hours, or at most days, the dressing will be found to have sprung off, and to be no longer exerting due pressure upon the hip muscles; as the result of which the motion of the joint will be little or not at all controlled, probably no more so than if the bandage had only been carried up over the trochanter major. Even if the immovable dressing has been properly applied and well maintained in position, there is always a chance that in consequence of wasting of the limb sufficient loosening may take place to permit of some displacement of the fragments, to prevent which the weight and extension treatment may be very profitably combined with the fixed dressing.

"Applied early, the immovable dressing saves the patient much suffering, and permits with safety, so far as the fracture is concerned, of such changes of position as will not only greatly add to comfort, but materially lessen the chances of the development of that hypostatic pneumonia which is so often the direct cause of death.

"The more experience I have had of this method of treating neck fractures, the more convinced I have become that by careful application of it we can secure better results with less trouble to our patients and to ourselves than in any other way; and I feel confident that in a large proportion of cases recovery will take place with a limb of good functional value.

"Perhaps in the future it will be clearly shown that the rare occurrence of bony union in the past, has been simply because the fragments of the broken femoral neck have not been kept steadily in apposition, but have, by the permitted motion of the hip-joint and the unrestrained muscular action upon the shaft, been allowed to so separate and play upon each other, that only an imperfect ligamentous repair has been possible."

The Cholera in Spain.

The correspondent of the *Brit. Med. Jour.*, July 11, writes from Valencia: The cholera has spread rapidly in this city and province in the last week, and has equally increased in fatal intensity. It has now entered the upper and mercantile classes, and in numbers of cases its work has been sudden, sharp, and short. People of all ages are cut down in from 4 to 12 hours; and if they survive 36 or 40 hours, by far the majority of these recover. The only sheet-anchor of treatment that I hear of is "laudano de Sidenham" and the disinfectants, crude phenic acid and chloride of lime, called here "polvos de gas." In the suburbs of this city, the places most severely scourged are the Grao or harbor of Valencia and Cabañal. These are both two miles from this, to which runs a tramway every 8 or 10 minutes. They also join on to each other. The latter is the great seabathing quarter of the Valencianos; and at the former there are large floating baths. Both localities are without a shadow of drainage; all the filth and garbage of the houses are thrown into the streets, and when a fall of rain occurs (which has been the case since my last letter), the black stinking mud and filthiness are indescribable. All the houses are damp and offensive and dark. There could not be a better breeding-ground for any kind of zymotic germs. The inhabitants are fishermen of the dirtiest type, harbor-laborers, with a sprinkling of store-keepers. The disease has been most virulent in the Cabañal, and, the Cholera Hospital has been full to overflowing, as also the one at the Grao.

I am sorry indeed to state that some of our countrymen have been cut off in the last three or four days. Captain Nicol (of Glasgow, whom I knew), of the steam-dredger España, going on shore, was seized in the street, where he fell down attacked, and was allowed to remain there three hours, although people were passing, when

one of the men from the dredger saw him, and dragged him to the hospital, where he was denied admittance. He was then taken to an empty schoolroom, where he died, thirty hours later, and was buried in the common grave. The cook of the steamship Ross also died in a few hours; also a Norwegian; and yesterday a young English man, whose parents live here and are iron-founders. He was cut off in twenty hours.

The death-rate to-day shows for this city and province 783 attacks and 412 deaths, which is a fearful increase since my last notice. I told you the troops were then all right. Within the last two days the Colonel and also the Commandant of the regiment "Biscaya" have fallen victims, and 12 or 14 of their men. We have in this city 8,000 troops of all arms, and I am told to-day that the bulk of the men have orders to disperse to their homes. The municipality have been compelled to hire all the men that offer to guard the houses, that is to see that that they are isolated, as their staff of police was not sufficient for the duty. The disease is assuming a fearful aspect among asylums of various kinds, and also in the schools and colleges in and about this city. To-day I see it has broken out in the Orphan Asylum of the San Vicente Ferrer (the patron saint of Valencia), which is a large establishment for the education of boys. The panic in this city is simply indescribable. People are afraid to go out into the streets, and the better class simply shut themselves up in their houses, and will neither take in their accustomed newspaper, nor allow the word "cholera" to be uttered. People are still fleeing north, and the Barcelona train is crowded daily with the panic-stricken. I know two men who, after they were inoculated, fled from their houses, leaving their wives and children. In the city and province of Murcia, matters are equally bad, if not worse; but what surprises me much is, that cholera has taken a sudden leap into the Royal summer quarters of Aranjuez, attacking yesterday 201 and killing 70. A very few days of such work will kill every one in the place. King Alfonso, without leave, made his escape to the place, to visit the sick, returning the same day, and has got his ministers into a broil for allowing him to do so.

I had a letter from an old friend, surgeon to the Lead Mining Company in Linares, Andalusia, who informs me as yet no case has occurred there, and that Cordova and Seville are also free as yet.

I dare say, by the time this reaches you, you will have the details of the falling through of, or the sudden return of, the French Commission sent here to study and examine into Dr. Ferrán's cholera-inoculation, the chief being Dr. Brouardel. They left this suddenly the day before yesterday. I believe they expected to be here a month. The Ferránist paper, *Las Provincias*, gives as the reason for their hurried departure that Dr. Ferrán refused to let them into the secret of how he attenuates his cultures for inoculation. Its adversaries state that the Commission found nothing to study worthy of science, and left in disgust. Since Dr. Ferrán has again been permitted to inoculate, large numbers crowded his place for two or three days. I expect to see, in a short time, the whole so-called "grand discovery" exploded, seeing that both the inoculated and re-inoculated send their quota of victims to the cemetery. As yet, not one word do we hear of a case in Cataluña. What and when the end of this invasion will be, God only knows! If it is so very bad now, at the beginning of the hot season, none can foretell what it may be by the middle of August.

A DECREE gazetted Paris, July 8th, requires any person receiving a traveler from Spain, to notify the fact to the municipality. Posts of observation are also to be created near Toulouse, Foix, and Perpignan.

The Cholera Inoculations.

The *Lancet*, under date of July 11, tells us that although Dr. Ferrán, with the sanction of his Government, continues to prosecute his inoculations of cholera virus, and doubtless to reap a rich harvest from those who can afford to pay him, the medical world has received but little satisfactory evidence of the really prophylactic nature of the proceeding. It appears that a single inoculation is not so certain to ensure immunity as a second one, and that is said to afford absolute immunity for about a year; but, so far as we can gather, there is no evidence for this latter assertion. Indeed, as the practice has only been in force for a few months, it is impossible that its efficacy can have been so tested. The Spanish Commissioners regarded the subject as one worthy of further trial, but came to no conclusion as to its value. The Belgian Commission, upon which Dr. Van Ermengen is serving, has not yet reported. Of the French Commission, Dr. Brouardel has returned to France because he has been refused permission by Dr. Ferrán to examine his samples of cholera lymph or to assist at the inoculation experiments; and Dr. Gibier reports that the preparation and nature of Ferrán's vaccine liquid remains a close secret. He was allowed, however, to witness the inoculation and to examine the "lymph," in which he found comma bacilli. Dr. Gibier no more believes in the protective influence of these inoculations than he would in the power of inoculation with catarrhal products to prevent a violent cold. We are at a loss to understand the refusal of Dr. Ferrán to inform these gentlemen of the precise nature of his inoculation fluid. It is singular, to say the least, that he should have invited inquiry, and then have declined to furnish those who are sent to investigate with full details of the process. Such a course will go far to throw discredit on the whole proceeding, and serve to confirm previous notions as to the improbability of any useful end being obtained from it. It is melancholy to learn from Dr. Gibier that the filth of the Spanish hospitals and improvised infirmaries is inconceivable to one used to French establishments of the same kind. No wonder that he "never saw cholera in a more terrible form" than he there witnessed. And yet faith in protective inoculation grows apace! What is this but a grasping at the shadow of prophylaxis, and taking no heed of the real substance. More lives are being sacrificed by the neglect of sanitary laws than could be saved by inoculation, even if it were as efficacious as it is claimed to be; and nothing can excuse such neglect, which would not be tolerated in any other country.

Arsenic in Burial Soil.

A foreign exchange tells us that a paper which may have some bearing on hygienic as well as on forensic matters, was attributed to the Académie des Sciences by MM. Schlagdenhauffen and Garnier (*L'Union Médicale*, June 20.) The observations made during the past three years by these authors have led them to some interesting conclusions. Arsenic was found to be disseminated in variable, and often in considerable, quantities in the different soils of the Vosges; the red sand appeared to be the richest in this mineral. Burial-places in such localities are thus made in arsenical soil. Arsenic in these soils probably exists in the form of arseniate of iron, which is but little soluble in boiling water, and altogether resists the action of water at the ordinary temperature, whilst it cannot be taken up by rain-water permeating the soil. Arsenic in aqueous solution, in almost any form, left in contact with a ferruginous clay and chalk soil, in the laboratory, is gradually transformed at the ordinary temperature into insoluble derivatives, which are retained by the earth; this transformation is accelerated by the heat of the sand-bath. Any compound preparation of arsenic, even very soluble ones, like arsenate of potassium, introduced into a natural soil of the ferruginous clay and chalk sort, and submittted to the action of rain-water at the temperature of the different seasons of the year, behaves in the same manner in the laboratory, in contact with a soil of the same nature and with an excess of water. If the preparation is insoluble, it remains so; whilst, if it be soluble, it slowly becomes insoluble. and at such a rate that at a depth of .60 to .9 metre beneath the level at which it was placed, no trace of it can be recognized at the end of fourteen months. The results thus obtained are corroborative of those made by Orfila, in 1847, in connection with the Nicolas Noble affair, and prove satisfactorily that arsenic cannot be taken up by the subsoil water, and thus brought into contact with a corpse buried in an arsenical soil.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended July 11, 1885.

Fessenden, C. S. D., Surgeon. Leave of absence extended sixteen days, on account of sickness. July 1 and 9, 1885.

Bennett, P. H., Assistant Surgeon. Granted leave of absence for twenty-two days. July 9, 1885.

Items.

—The Dutch Sanitary Commission has tested the bread from two bread factories, and from 55 or 60 bakers, for alum and sulphate of copper, with the result that the bread from the factories was free from alum, but that a fourth part of the bakers used more or less of it. This general result is published by the Commission as a warning to the bakers, it being intimated that if they are found to continue their adulteration, their names will be published.

—Oleum deeilinæ, or deelina oil, is the name given by Dr. John Roberts, of Chester, England, to a refined petroleum, prepared on the banks of the Dee, and which is recommended for medicinal and surgical use, on account of its greater purity than vaseline. Although it is an oil, little or no greasiness is left on its application; it is readily absorbed, has no odor, and never becomes rancid. Dr. Roberts regards it as "almost a specific" in eczema and kindred diseases of the skin.

—The *Canada Medical and Surgical Journal* says that a lady in a leading town in the Dominion consulted an itinerant professor of medicine regarding her defective vision. She paid her $1 entrance fee to the show for the privilege of speaking to the "Doctor." He informed her she was rapidly losing her sight, but showed her a little bottle which he said would positively cure her. Price only $10. This staggered her. She immediately resolved to "go it blind."

—A case, which well exemplifies the advisability of medical men viewing the body before giving a certificate of the cause of death, is reported from England. A man, named William Mellor, lately perpetrated a most curious imposition. Having been ill and attended by a medical man, he, upon recovery, shaved off his whiskers and beard, and otherwise so altered his appearance, as to induce the surgeon to believe that he was William Mellor's brother, and that the sick man was dead. Having obtained a certificate, he registered his own death, and drew the burial money from a Foresters' lodge. Upon the discovery of the fraud, he decamped.

—G. Bunge, in the *Zeit. Physiol. Chem.*, describes experiments on the form in which iron exists in egg yelk. He is led to believe that food does not contain iron in inorganic combinations, but that it only exists in complex organic compounds which have been formed by the vital processes. It is absorbed and assimilated in this form, and then converted into hæmoglobin. This is, he is aware, apparently at variance with the observations of practical physicians. The apparent contradiction may, he thinks, be explained by the hypothesis that inorganic iron salts prevent the decomposition of the organic iron compounds in the intestinal canal.

—J. C. Ugaz, writing in the *Cronica Médica* of Lima, calls attention to the vesicating property of the inner bark of the walnut tree. He cut a square of about two inches each way, stripped off the outer bark, macerated it in vinegar for a quarter of an hour, and applied it to his arm on going to bed. He was disturbed in his sleep by the discomfort produced, but, wishing to carry out the experiment, controlled himself. After about an hour he awoke in severe pain, and tore off the bandage and piece of bark. In the morning there was no pain, but three large blisters filled with serum and covered with a blackened skin had appeared. The writer also applied the bark to the lip of a boy suffering from hypertrophic lupus, and dusted the blister with calomel. He did not see the boy for eighteen days, and when the latter returned he was completely cured. Señor Ugaz asks, "Can walnut and calomel be specifics for lupus?"

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

EMMET'S OPERATION—WHEN SHALL IT AND WHEN SHALL IT NOT BE PERFORMED?*

BY E. G. ZINKE, M. D.,

Of Cincinnati, Ohio.

Trachelorraphy, or Emmet's operation for the cure of laceratio cervicis uteri, and its consequences, though recognized by many in this country as a measure productive of much good, is slow in receiving acceptance with gynecologists abroad. The injury is readily diagnosed, and its evil results easily appreciated. What treatment could be more reasonable, more rational, more simple, more effective? In my judgment, there is but one point left to be discussed. This point is embodied in the title of this paper. I have addressed to a large number of the most prominent American and foreign gynecologists the following series of questions, taking care to appeal to those known to be opposed to the operation, as well as those favoring it:

First Question.—Do you believe lacerations of the cervix uteri to be an important factor in uterine and pelvic disease?

Twenty-two out of thirty-four answer with an unqualified affirmative, while some modify their assertion by saying, "most emphatically, especially if there be some eversion," or "subinvolution," or "chronic congestion," or "when extensively lacerated," or "only when a persistent focus of irritation," etc. Only one replied "no."

Second Question.—Do you believe fissures of the cervix uteri a cause of uterine or pelvic disease?

The majority answer, "sometimes;" eleven, "yes;" seven, "rarely;" two, "if deep;" four do not answer at all, and three, "no."

Third Question.—State your theory in what manner a lacerated cervix will or may cause disease of the uterus, its surrounding tissues, and in parts remote.

The substance of these answers is as follows:

1. Septic poisoning at the time of its occurrence.
2. It causes pelvic cellulitis.
3. It causes pelvic peritonitis.
4. It prevents involution.
5. It acts as a point of irritation.
6. It causes pelvic congestion.
7. It causes cervical and corporeal endometritis.
8. It causes profuse leucorrhœal discharge.
9. It causes displacements of the uterus.
10. It causes erosions and eversion.
11. It causes hyperæmia of cervix as well as body.
12. It causes hyperplasia of cervix as well as body.
13. It causes cystic degeneration.
14. It causes numerous reflex symptoms, especially from irritating cicatricial contraction.
15. It causes menorrhagia.
16. It causes sterility by preventing conception and causing abortion.
18. It lays the foundation for epithelioma.

Fourth Question.—Do you believe laceration of the cervix a cause of sterility?

Seventeen answered "yes," and three "no," while others qualified an affirmative reply by saying "if extensive," "sometimes," "if there is

* Abstract of a paper read by E. G. Zinke, M. D., of Cincinnati, before the American Medical Association, May 1, 1885.

profuse catarrh or cicatricial contraction of the canal," etc.

Fifth Question.—Do you believe that Emmet's operation, if performed early and properly, will, to some extent or entirely, prevent uterine and pelvic disease?

Twenty answer affirmatively, one "it may do immense good," and several "to a great extent," "in well-chosen cases," or "if existing complications have to a great extent been cured by preparatory treatment." Only one gives a positive "no."

Sixth Question.—Do you believe that Emmet's operation is absolutely necessary in certain cases? If so, specify the class of cases?

The sum of the replies to this is, that the operation should be carefully and perfectly performed—

1. When pathological changes exist which depend on the laceration, and which cannot be disposed of by other treatment.

2. When the laceration is deep, bilateral, or stellate, with a history of cancer even before secondary changes occur.

3. When in advanced age it prevents senile involution.

4. When subinvolution and cervical disease exists.

5. Where there are large gaping rents.

6. Where there is villous degeneration of the endometrium.

7. In menorrhagia.

8. In habitual abortion.

9. To lessen the danger of cancer after the child-bearing period.

10. Where there is cicatricial tissue in the rents, causing reflex symptoms.

Seventh Question.—Do you believe every lacerated, not fissured, cervix, will cause eventually uterine and pelvic disease?

The greater number answered "no," or "not necessarily;" a few believed that the majority of the lacerations will. One states that "some escape by reason of unimpaired ligaments," and another that "some will heal over and never produce any symptoms whatever." Some said "only when extensive," and only two answered "yes."

Eighth Question.—If not, state approximately how many such cases you have observed?

Five answered, "quite a number, but by far the minority;" not a few have "kept no statistics, but have seen quite a number;" three "never;" one "six;" two "100 or more;" one "about 40;" one "over 50;" one says "impossible to do so;" four do not answer, and one "has seen many hundreds."

Ninth Question.—State approximately, or exactly if you can, how many times you have performed the operation?

Many have not the figures at hand, nor can they obtain them. Two, Byford, of Chicago, and Taylor, of Cincinnati, fail to report; but the number of operations made by Emmet, Thomas, Lyman, Byford, and Taylor, is estimated at about 1500 cases.

Engleman, G. T. (about 40 to 50)	45 cases.
Jackson, A. Reeves, about	200 "
Wilson, Ellwood, exactly	128 "
Wilson, C. M., "	12 "
Nash, H. M., about	22 "
Sutton, R. S., "	100 "
Munde, P. F., "	200 "
Van der Warker, Ely, about	120 "
Johnson, Jos. Taber, "	30 "
Hunter, J. B., at least	200 "
Prince, David, about (6 to 8)	7 "
King, Willis P., exactly	7 "
Palmer, C. D. (35 to 40)	37 "
Goodell, Wm., exactly	263 "
Mann, Matthew D.	90 "
Baker, Wm. H., about	400 "
Jenks, E. W., "	200 "
Reamy, Thad. A., exactly	324 "
Harvey, T. A.	200 "
Murphy, P. J., about	50 "
Byrne, J., "	200 "
Lusk, W. T., "	300 "
Chrobok "	10 "
Howard, W. T., "	100 "
Wylie, W. Gill, "	200 "
Barbour, A. H. T.	
Duncan, J. Matthews	

Total No. operations, 30; cases, 4,945

Question 9a.—How often for the restoration of the cervix simply?

Nine answered "never;" one, "often as a prevention;" one, "three times;" one, "one time;" one, "25 times;" one, "50 times;" one, "one time after delivery, for hemorrhage from the circular artery." Six do not answer the question at all, and others, from various reasons, cannot state how many times.

Question 9b.—How often for the relief of pathological changes and reflex disturbances depending thereon?

Drs. Emmet and Thomas have both confessed that to-day they do not operate as frequently as formerly.

Tenth Question.—What have been your immediate results respecting union and relief?

Most of them answer, "good;" one "had four failures to unite;" one "failed to get union occasionally in his early practice;" another had failure of union in five operations; one had always a good result where the cicatricial tissue was removed thoroughly; one had five failures in

two hundred cases. In one instance death occurred from septo-pyæmia, and in one from phlebitis.

Eleventh Question.—What have been your remote results respecting union, relief, and sterility?

One answers, Pregnancy occurred in twenty cases.

One answers, Pregnancy occurred in five cases.

One answers, Pregnancy occurred in twenty-five cases.

One answers, Pregnancy occurred in some cases.

One answers, Believe it cures instead of causing sterility.

One answers, Twelve confinements out of one hundred and twenty-eight cases, one twice, with recurrence of the tear.

One answers, Sterility cured in small number.

One answers, Conception frequently followed.

One answers, Relieved large number of sterility.

One answers, Conception usually followed successful operation.

One answers, Not positive.

One answers, Highly satisfactory.

One answers, Impossible to say.

One answers, Very generally good.

One answers, Good.

One answers, Largely beneficial.

One answers, Cannot say.

One answers, Good in early failure in old cases.

One answers, Remote results better than immediate.

One answers, Excellent; conception quickly followed.

One answers, Saw ten cases in which sterility lasting several years seemed to have been cured.

One answers, Good.

One answers, Not been able to follow all my cases; some have become pregnant.

One answers, Relieved a large number of sterility.

One answers, Two out of my seven cases have again borne children.

One answers, Sterility cured in a small number.

One answers, Cannot state definitely.

One answers, Good in overcoming sterility.

One answers, Good so far as a check upon tendency to abort.

Two say, "Unable to answer."

Twelfth Question.—When, in your opinion, is Emmet's operation contra-indicated?

The answers to this may be summed up as follows:

1. In acute or sub-acute inflammations.
2. In pelvic cellulitis.
3. In pelvic peritonitis.
4. In lymphadenitis.
5. When ovaries and tubes are diseased.
6. When the uterus is very irritable.
7. Never the rent *eo ipso*.
8. Pregnancy.
9. Menopause, if no eversion or hypertrophy exist.
10. Manifest hydro- or pyo salphynx.
11. When there is no ectropion.
12. When there are no nabothian bodies apparent.
13. When there are no symptoms of uterine origin.
14. Not needed in limited lacerations or fissures.
15. When local treatment gives relief.
16. When peri-uterine adhesions exist.
17. When uterus is immobile.
18. When there is neither eversion, local congestion, or reflex disturbance.
19. When there is cancer of the neck or body of the uterus.
20. When patient is suffering from pulmonary consumption or other grave malady.

Operations may be divided into three classes. Those who advocate operative interference in every lacerated cervix; those who do not endorse the operation at all; and those who deem it a necessity in some "well-selected cases" only.

That the operation is too often performed, that cases are operated upon in which no indications for it exist, that as a consequence the results looked for are not obtained, that the patients, so far from being relieved, are subjected unnecessarily to procedures not free from danger, and occasionally followed by unfavorable results, rendering the patient worse instead of better, is the opinion of many.

If a lacerated cervix is the cause of all the ills the text-books and authors attribute to it, then every rent in that portion of the womb ought to be sewed up.

We are compelled to admit that it is not true that every tear in the cervix is productive of evil, and that it is not good practice to stitch up every os simply and solely because it has sustained a slit; nor is it fair to assume that because certain diseased conditions co-exist in, around, or near the cervix or the uterus and its appendages an operation is necessary to a cure. I have arrived at the following conclusions:

1. It is evident that the operation has been performed unnecessarily for symptoms similar to,

but other than those arising from lacerations of the cervix; further, that it has been done imperfectly, even without preliminary treatment, in many more; and the failure to give relief, as reported by several, is due to these two causes.

2. That from our present knowledge we cannot at this time arrive at any definite conclusion, from the fact that many of the so-called consequences of laceration of the cervix uteri are not settled beyond doubt.

3. That every one engaged in this department should carefully select his cases, and try every known means to give relief before recourse is had to operation.

4. The operation should never be performed *eo ipso* in cases of simple fissures or lacerations of first and second degree.

5. In cases of eversion and disease of the cervical and corporeal cavity, or both, although attended by hyperplasia and displacement, it has sometimes been observed that all the symptoms abated, that all the parts returned to their natural condition, and that no laceration was discoverable after the employment of alleviative measures alone.

6. That there are some cases of extensive lacerations of the cervix that seldom give rise to any inconvenience, and that, therefore, an operation should be deferred until symptoms arise that will call for its performance.

7. The operation, although indicated, should never be performed until, by preparatory treatment, the parts have been brought as far as possible into a healthy condition.

8. Near, and during, the climacteric period, the operation should be postponed as long as possible and the patient not be exposed to any risks, since in many cases all the symptoms subside under proper treatment and never return, on account of senile involution.

9. The operation is justifiable in cases of lacerations of the third and fourth degree, without complications, if there is a history of malignant disease in the family.

10. The operation may be performed with perfect propriety in young women as a preventative, if the laceration is bilateral and extends up to the cervico-vaginal junction or beyond it, even though there are no pathological changes; indeed, it seems to be the duty of every one who observes a lesion to that extent to urge an operation.

11. The operation is justifiable in any degree of laceration, and in rare instances, even in fissures, when there exists cicatricial tissue productive of reflex disturbances, annoying in character, and not tractable under any other treatment.

12. The operation is absolutely indicated in all extensive tears of the os, in which the cervix is everted, its mucous membrane and nabothian follicles diseased, and especially if there be granular or cystic degeneration present, provided the parts have first been restored to a healthy condition by palliative treatment.

METRORRHAGIA.

BY JAMES E. FREE, M. D.,
Of Emporium, Pa.

Metrorrhagia is a common disease in females, dependent upon morbid conditions which produce hemorrhage from the endometrium. Transient causes make most women liable to slight attacks occasionally, and spontaneous recovery is the rule; but sometimes the bloody discharge through the vagina becomes a source of weakness to both body and mind, and treatment prompt and effectual is demanded.

The loss of blood may be trivial, but the knowledge of even the slightest degree of flooding is sufficient to make a patient nervous and uneasy. Women will worry and fret about a few stains until they actually are bedfast, and it stands to reason that the amount of blood lost was not enough to account for the systemic depression often observed.

D. W. Cathell, M. D., of Baltimore, in his little volume entitled "*The Physician Himself*," urges the importance of treating the whole individual, and not merely his actual diseases. His ideas seem to us to be strong, for if we waited to administer drugs until sufficient reason existed for their employment, we would miss more than one opportunity of increasing our reputation and multiplying our influence. Women who are persuaded that they have a disease peculiar to their sex will say little in praise of the physician who attempts to gainsay them; what some seem to expect is a confirmation of their own diagnosis, and woe be to the one who refuses their reasonable request. It will do for the hoary-headed practitioner to turn up his nose at the whims of a lady patient, but the royal road to practice for the young man is to cultivate her good-will at all hazards. And there is no reason why a patient should not receive a prescription to soothe an agitated mind, provided the perturbation is strong enough to interfere with the healthy functions of any organ or set of organs. The best way to act in emergencies is to say little and give less medicine, largely diluted.

Confidence is a wonderful restorer; next to

balmy sleep, it is tired nature's best friend; and whosoever has not had occasion to be profoundly thankful for the manifestation of this virtue in his patients, is not competent to speak on this subject. Suspicious patients who have no faith in drugs and doctors do not long trouble us; it is our friend who has implicit confidence in our skill, who catches at the straws we throw, to save himself from imaginary evils.

One of the commonest causes for metrorrhagia is exercise after child-birth. Subinvolution succeeds indiscreet conduct very often at this critical period, and the train of symptoms is as familiar as an old friend's face. Swelling, tenderness, pain in the pelvis and back, hemorrhage from the uterus, and jaundice, etc., etc., *ad infinitum*.

In such a case, the first thing to be done is to obtain rest. Our old professor of gynæcology at the College of Physicians and Surgeons, Baltimore, used to repeat this injunction over and over, "*Remove the cause*," until the student who did not have at least one safe answer for some of his examination questions was in danger of hell-fire, to speak metaphorically. His rule works out in practice admirably, and in following his advice, and making a searching investigation into our cases, we have frequently stumbled upon discoveries.

All sorts and sizes of doses may be prescribed without attention to this cardinal point, and disheartening failure be still inevitable. Success is bought with a price. We are not justified in expecting to obtain the therapeutic effect ascribed to a remedy by the Materia Medica, without due regard to the conditions making it possible. When a course of treatment is adopted, with a medicine bearing a good reputation, the physician's judgment and the patient's common sense are at stake with it. A horse cannot trot against time with a weight on his back; neither can metrorrhagia be cured sometimes unless due regard is paid to surrounding circumstances.

If these two important considerations are attended to, namely, rest and the exciting cause, half the battle is won; as soon as the roots of a tree are cut the trunk and branches wither, and if we are able to dam the fountain, the stream soon runs dry.

Nothing is so inspiriting to a patient as to realize that the physician has a system about his management of the case in hand, and very few will remain intractable when they are given to understand that they must bear a share of the responsibility. It is well nigh impossible to get a sick person's mind off her disease for any length of time, but it is possible to rouse a sluggish imagination by giving them something to do which will appear to have a direct bearing on their case, and such a consummation is devoutly to be wished.

The physician who makes a clear diagnosis of metrorrhagia and at the same time recognizes the valuable assistance which rest is ready to lend him, besides seeing the cause for the disturbance of the uterine functions, is most likely to have at his command the means to accomplish a cure.

One of the most useful medicines in metrorrhagia is bromide of potash. None of the bright and shining lights of the profession have recommended its use so far as we know, but great men are not always discoverers; they sometimes swell to immense proportions on borrowed fame. Nothing is surer than the therapeusis of bromide of potash and ergot in cases where some of the trouble arises from a strained condition of the sensorium. Ergot of course is our sheet-anchor, but it is not always the *sine qua non*.

We have before now succeeded in relieving a patient of a profuse hemorrhage by the use of morphia and bromide of potash: an overshadowing symptom in this case was cephalalgia, which yielded nicely in a few hours and was shortly afterwards followed by the disappearance of the metrorrhagia, but worse than either was the itching eruption which appeared and obstinately hung on for a month.

Neither ergot nor the bromides should be used for any length of time, on account of their well-known effect. It is our firm belief that more than one idiot in our asylums has been brought to his low estate through the use of this drug by the advice of medical men. An epileptic in this town has used a New York alienist's prescription for several years which contains several drams of the bromide daily, and each time he visits his adviser the dose is increased.

Gallic acid in combination with ergot is also reliable in metrorrhagia, but one objection, and a powerful one by the way, is its disagreeable taste. One of our patients took one teaspoonful, threw her bottle away, and recovered promptly. No better astringent can be found than gallic acid in some cases of hemorrhage. Last spring, we encountered a case of hemophilia, which baffled every combination of medicines suggested by several physicians, and finally was cured by forty grain doses of gallic acid. Viburnum has healing in its wings sometimes, but it is such a vile-smelling compound that we have abandoned its use wherever practicable. Quinine, ergotin, and ferri sulph. exsiccat. with gentian, makes an ex-

cellent formula for pills to be used in metrorrhagia.

A RARE COMPLICATION AFTER OVARIOTOMY.*

BY C. D. PALMER, M. D.,

Professor of Gynæcology, Medical College of Ohio, Cincinnati, Ohio.

The speaker commenced by saying that details of the ordinary run of cases are now no new story. There occur, however, occasionally, unheard-of complications. These, for the better guidance of the surgeon and the perfection of the literature, should be not only mentioned, but recorded. With this object in view, he presents the following case:

Miss ——, German descent, blonde, delicate organization. Noticed at the age of nineteen an abdominal tumor. This was three years ago. The tumor was central, regular, and uniform. A few months later, she consulted two physicians, who diagnosed Bright's disease, and tapped her. The abdomen completely collapsed. The process repeated itself, when the same diagnosis was made at one of our hospitals. She was again tapped, with the same results. She was again tapped for the third time. At each of these tappings one and one-half bucketfuls were removed. The tappings were continued until eight in number, extending over a period of seventeen months. The fluid was at no time especially thick. Her last attendant, Dr. John Kellar, suspecting the true state might not be that of ascites, requested the author to see the case with him. The abdomen was found to be immensely distended. Fluctuation distinct, superficial, and uniform. There was also dullness extending backwards to an unusual degree. Lateral decubitus showed a slight change in the area of dullness. No fluctuation could be felt in the posterior cul-de-sac. Patient anæmic and feeble. Pulse 120–130 per minute. Evening exacerbation of temperature. Menses absent for six months. The lower extremities œdematous and swollen, but no albumen in the urine. From these facts the diagnosis was made out to be ovarian cyst of the unilocular variety. In view, however, of the former diagnosis, and the fact that there were some obscure points in the history and physical signs, an exploratory incision was made. This confirmed the diagnosis. The general condition was the most unpromising for an ovariotomy. The hygienic surroundings were also bad. The abdominal wall being opened, the cyst wall was found closely adherent in all directions to the abdominal parietes. When these adhesions were broken up as far as the finger could reach, a large amount of fluid began to flow through the abdominal opening. The source of this was found to be two lacerations, which entered the interior of the cyst. This opening was directly opposite to a cicatrix in the abdominal wall, and had been made by the repeated tappings. Through this some cystic fluid had doubtless flowed into the peritoneal cavity after some of these tappings, but subsequently its edges had been agglutinated by peritoneal adhesions to the abdominal walls. Two other smaller openings were also found. they were clamped with hemostatic forceps and the larger plugged by the large-sized ovariotomy trocar, through which the cyst was drained. This was almost completed before it was attempted to detach the cyst from the surroundings. The adhesions were short, thick, firm, numerous, and universal over the whole anterior and lateral abdominal walls, omentum, lower border of the stomach, and to a limited extent to the colon. They were broken up by steady traction on the cyst, dissecting with the handle of the scalpel. The pedicle attached to the right ovary was treated with transfixion with very strong, yet soft, carbolized silk, each section tied separately, and the entire stump tied by an additional wrapping. It was then cut off about one inch from the seat of ligation; after which a wedge-shaped section was cut out of the fore end and the peritoneal edges sewed together by a continuous stitch of catgut. The author practiced this method of dealing with the pedicle in his last five ovariotomies, all of which have proved successful. It is a method which possesses special advantages against secondary hemorrhage and septic poisoning. Oozing was controlled by hot-water sponging and the application of the thermocautery. The peritoneal cavity was cleansed of all blood, ascitic and cystic fluids by means of fresh, very soft carbolized sponges wrung out of hot water. The abdominal cavity was closed with silk sutures without drainage-tube. Hypodermics of brandy during the operation and brandy after it were made. The operation left the patient in a forlorn condition, but she improved during the day. All food was given per rectum for the first week. A low form of peritonitis commenced on the third day. It was attended with tympanitis and dyspnœa. Pulse 140, temperature 103°–104° F. This condition things continued for one week.

* Abstract of a paper read before the Ohio State Medical Society.

On the eighth day a fatal termination from septic poisoning seemed inevitable. The abdomen was opened by removing two stitches, and a rubber tube inserted, evacuating 8 to 10 ounces of fetid serum. The peritoneum was then washed out with weak carbolized warm water. Temperature fell 3° in two hours, and all other bad symptoms improved accordingly. These washings were continued for three days. The patient improved very much. Convalescence seemed established, and recovery seemed certain, when yet another complication appeared.

On the twelfth day a smell of gas with fecal odor was noticed at the opening made into the abdominal cavity. The next morning a small amount of fæcal matter was seen and removed. A fæcal fistula had formed. It seemed to communicate inwardly with the lower small intestine, while the external opening presented on the median line midway between the umbilicus and the symphysis pubis. At first it discharged daily several ounces of liquid fæcal matter, and has continued to discharge since in quantities gradually diminishing and offensiveness growing less. The present quantity averages daily about two or three teaspoonfuls. The patient has readily improved, though convalescence was impeded by old stubborn diarrhœa and bronchial catarrh. Phthisis was feared for a time, but for two months recovery has been complete, except for the fæcal fistula. It is possible that in the course of time this fistula may close spontaneously. No treatment for the fistula has been made except the regulation of the diet and the application of a firm compress. Surgical interference may yet be needful. This occurrence is of interest and rarity. It is still a question as to how and when it occurred. Although ovarian cystic tumors may, by perforation of their walls and those of the intestine or stomach, discharge themselves into these cavities, there was no evidence that such was the state of affairs in this case. No one suspected that the intestine was injured at the time of the operation. These organs rested in their normal position, and on account of the great abdominal distension were compressed into the smallest space. The fæcal fistula appeared on the twelfth day after the operation, and four days after the abdominal cavity had been opened for drainage, and one day after the discontinuance of the intra-peritoneal injection. The most reasonable and plausible explanation would be that the intestinal perforation resulted from softening, from the peritonitis taking place from without inwardly. It is certainly fortunate that the peritoneal cavity was opened when it was. The septic fluid remaining would certainly have led to a fatal issue, and it was well to afford an exit for the fæcal matter.

Baker Brown, in his "Ovarian Dropsy," gives examples for the various avenues for the escape of ovarian cystic fluid.

Instances of fæcal fistula after ovariotomy are related by Milner Moore (*Lancet*, p. 329, vol. i., 1880,) and Bantock (*Lancet*, p. 207, vol. i., 1879). Atlee, Peaslee, Simpson, Barnes, Thomas, Emmet, Goodell, and Tait, make no mention of any case. Spencer Wells refers to three cases, one of his own. This was the only one in his 1,000 ovariotomies. Mr. Bryant (*Guy's Hospital Reports*, 3d series, vol. xiv., p. 228,) reports an interesting case. These and other cases influenced Spencer Wells to make use of the extra-peritoneal method of dealing with the pedicle. Pauchin and Kuffrauth (*Belgian Med. Press*, 1880, xxxi., p. 217), and Kusswein (*Centralblatt für Chirurgie*, 1879, p. 630,) report cases.

It is remarkable that such perforations do not occur more frequently. The same may also be said of lacerations of the intestinal tube. The tumor is often adherent to the parts, and is separated from them with the greatest patience and skill. Bantock and Barnes (*Lancet*, 1877, vol. ii., p. 312) mention cases of this kind. Considering the facts, is it not possible that lacerations and perforations are accidents more common than supposed?

A REMARKABLE CASE.—THE IMPORTANCE OF EXPLORATORY INCISIONS.

BY R. STANSBURY SUTTON, M. D., LL. D.,
Of Pittsburgh, Pa.

My rule of practice, with very few exceptions, has recently been to open the abdomen of every woman giving assent, when there was good reason to believe that the ovaries were unsound. In one case, a few months ago, I hesitated, for I thought that treatment might relieve the symptoms. This patient was spayed soon afterwards by my friend, Dr. Hunter, of the Woman's Hospital, New York, and the result was diseased ovaries. We are more likely, if careful, to err in not spaying than in spaying many doubtful cases. Exploratory incisions under proper precautions are almost absolutely safe, and there are many cases in which it is not possible to make a diagnosis without the incision. It does not require much diagnostic skill to say that abdominal section should be practiced in cases where the symptoms are patent, *but no man living can always tell*

when and why this or that woman should be spayed to cure her of her mysterious malady. A safe operation and a safe place will simplify matters immensely if exploratory incision is resorted to. I never yet lost a woman from exploratory incision.

On May 7, 1885, Mrs. L., aged forty years, in very feeble health, was sent to me by Dr. Cook, of McDonald, Pa., for a lacerated cervix operation. Her youngest child, of which she had five, was five years old. Since weaning that child she had been a confirmed invalid. She had been treated by many physicians, in and out of private institutions, for womb disease, and no good came of it. She was very anæmic, walked with difficulty, and complained of pain in her left leg. Her courses were regular and not painful. Her nervousness was intense. On digital examination, the cervix was found lacerated on both sides. When she was brought fully under the anæsthetic, I found, by bimanual palpation, an ovary slightly enlarged and slightly prolapsed. I supposed it to be the right one. On the left side I thought I could detect the outline of the left ovary. Former experience and observations made at the side of Mr. Lawson Tait's operating table, told me that this was a case for the removal of the ovaries. Its sequel will prove that such cases should be, at least for some time to come, referred to specialstis. No speculum was introduced. The examination over, I wrote Dr. Cook, a most accomplished physician, that a lacerated cervix operation would not benefit the patient—that she must be spayed before relief would follow. He visited her and saw her with me here; and after further examination, coincided with me in regard to the operation. She returned home a few days later.

On June 8, nearly a month later, she returned, and was admitted to my private hospital for women. On June 10, in the presence of Dr. Cook and Dr. John P. Sterritt, I spayed her, taking both ovaries. My regular assistant, Dr. Stone, being absent, Dr. Cook assisted me. The operation lasted ten minutes; five minutes later the wound, 2½ inches long, was closed with six silk-worm gut sutures. Her recovery was rapid, she was up and about on the twelfth day. Her highest temperature was 100°, six hours after operation; the next day it was 99°; on the fifth day it was normal. Her pulse never reached 100 while on her back.

CONDITION OF THE OVARIES.

The right ovary was the size of a black walnut, and contained a roll of blonde hair, liquid fat, and a half tooth, the tooth as if cut in its long axis, the nerve cavity well formed

The left ovary was not quite as large, and contained three cysts filled with fluid; a fourth cyst burst as I drew the ovary up between my fingers.

My diagnosis was one, and probably two, diseased ovaries. I did not know what the disease was. It was not necessary to know that to decide upon the proper treatment. The result bore out the wisdom of the advice and operation. In this day of advanced knowledge it is most unscientific for a general surgeon to stand up before an audience of intelligent medical men and say, "*I would always prefer to send my patients to a surgeon who could make a diagnosis without an exploratory incision.*"

An exact diagnosis of the disease in these ovaries was impossible. This was my thirty-fourth abdominal section, the one hundred and fifty-sixth I have witnessed. It was the twenty-first done in my private hospital in the twenty-one months it has been open. It was the eleventh ovariotomy, of whom ten have recovered and one died. Four times I have opened the abdomen in patients upon whose abdomens I never laid a finger until they were etherized and the abdomen was laid bare for operation. They had large growths; pregnancy was easily excluded; their countenances bore the diagnosis of ovarian cystomata as distinctly as the title of a book tells you the subject treated of. These patients all recovered. Timidity on the part of the patient is important; frighten her, and she may die. A slight examination just before cutting will, if pregnancy is excluded, often set a skillful man right; if it does not, exploratory incision will. Hours spent over the diagnosis of many abdominal tumors are to the patient trying; the impressions they leave may after operatien prove fatal. With too much handling cysts may, indeed often have, burst in the hands of the examiner. Professor von Billroth said to me on one occasion: "I formerly made much of the diagnosis; I don't care so much about it now before opening the abdomen."

Medical Societies.

PHILADELPHIA NEUROLOGICAL SOCIETY.

A stated meeting was held April 27, 1885. The Vice-President, Dr. Chas. K. Mills, in the chair.

Dr. Wharton Sinkler presented a patient suffering from what he thought might be called Friedrich's disease. Although differing from this affection in some respects, the main features are like it. He read the following history of the case:

Mary G., aged eleven years, eldest of five chil-

dren; the others are all healthy, and have had no nervous diseases. The parents are healthy, and neither they nor any ancestors they know of have had nervous affections or phthisis. Mary has had no other illness except measles, which she had since the present trouble began. About October, 1882, the mother noticed that her hands were unsteady and that she dropped things; that she walked awkwardly, and often stumbled and fell. Her general health has remained good, but the incoördination of movement has steadily grown worse. At no time has there been pain of any kind in the limbs or body; no attacks of gastric disturbance, and no disorder of the bladder or rectum.

Present Condition.—It will be observed that in standing there is a swaying to and fro of the body, and that this is increased if the patient closes her eyes; apparently she would fall if she did not open the eyes. The movements of the hands seem awkward and badly directed, but she can execute most movements.

The nutrition of the legs is good; in fact, they seemed so stout and hard that when first I saw the patient I suspected that it was a case of pseudo hypertrophic paralysis. She has, however, no loss of power, and can rise from a recumbent position on the floor with ease. The skin of the legs seems thicker than usual and closely adherent to the subjacent cellular tissue.

Sensation is undisturbed, and there is no analgesia.

The patella reflex is absent. Papillary reflexes fairly good.

Electrical Condition.—Examination by Dr. G. Betton Massey. To the faradic current the muscles of the legs and thighs respond normally. The response to the galvanic current is lessened quantitatively, but great pain is caused by this current. Speech is unaffected, and the intelligence is fairly good.

Dr. A. J. Parker demonstrated a Chinese brain.

CHICAGO MEDICAL SOCIETY.

Stated meeting, July 6, 1885. The first vice-president, C. W. Purdy, M. D., in the chair.

Dr. Robert Tilley exhibited to the society microscopical specimens of the fungus aspergillus glaucus, taken from the human ear, an osteoma developed from the crusta petrosa of a canine tooth, and filaments, or mycelia, from the body of a tonsil.

While exhibiting the specimens, Dr. Tilley as follows:

"In describing to you the three specimens which are exhibited under the microscope, I will refer in the first place to the fungus—aspergillus glaucus—taken from the human ear. I have had this in my possession for three years, and have shown it to several of my acquaintances, but did not deem it of sufficient interest to exhibit it before. It is, however, an object which many have not seen before, although it is mentioned in every text-book on the subject. I have no intention whatever of entering into the question of the aspergilli in general relative to their influence when found in the ear. But I must say that my experience relative to the question leads me to think that its influence as a source of pain in the external ear is greatly exaggerated in the books. This specimen was taken from the posterior wall of the meatus of a little girl who had for some time previously been afflicted with otorrhœa. The otorrhœa had however ceased, and the fungi were readily recognized in lusty growth immediately on looking into the ear. There was, however, no pain complained of; the patient was brought rather for inspection than for the expectation of relief. You will observe that the fungi are growing on what by simple inspection might be called dry but otherwise normal wax. You will notice that the fungus consists of one straight long stem surmounted by a round ball, very much like the top of an onion which has run to seed. It is commonly said, I think rather on theory than on observation, that they are caused by sleeping in low, damp apartments. The child from whom this was taken belonged to people in good circumstances, and was well taken care of, and was not living in damp quarters.

"The next specimen, to which I will now refer, is the osteoma developed from the cementum or crusta petrosa of a canine tooth. I am very sorry that I cannot give you anything of the clinical history, because I believe it would be interesting, if known. In consequence of this, it is perhaps necessary that I should give a word of explanation as to how it came into my hands. A friend was speaking to me of some one who had been subjected to the operation of drilling through the fangs of six teeth, on account of what was called 'ossification of the nerve.' In speaking to one of my acquaintances among the dentists about such a condition, I was presented with a tooth, a section of which I exhibit to you. You will see, both macroscopically as well as microscopically, that the line of demarcation is well defined. You will further see that the general appearance of the tumor is that of bone, and that it differs greatly from the general appearance of the tooth proper. It is interesting to observe, moreover, that the canal, through which the nerve and vessels enter, is greatly diminished in its course through the tumor, consequently great pressure must have been exerted on the nerve. Before making the section, I had supposed that the canal was completely obliterated, so small is its opening at the end of the tumor. On looking at the specimen through the microscope, you will see very clearly that while the line of demarcation between the dentine and the proliferation of the crusta petrosa is well marked, and the lacunæ and canaliculæ of the bony structure of the tumor are well demonstrated, there are also a number of contorted tubules in the bony tumor, which resemble somewhat the dental tubules. Haversian canals are of course not present; they never are in such growths.

"Although I have no clinical history to present, I may add that the usual clinical history is one of severe pain, which nothing but extraction seems capable of relieving. The last specimen is one which I obtained from one of those little pockets which are often found in the tonsils. They seem to come and go, sometimes without giving any more inconvenience than a little discomfort. They are frequently associated with fœtid breath, and in some cases the masses themselves are very offensive (in odor). In the present case,

however, this was not so, there was no fœtor. There was, however, an unpleasant sensation amounting to a positive discomfort running down the neck externally, in the direction of the sterno-cleido-mastoid (muscle). On pressure around the base, the little mass popped out, suddenly, so that it came near going down the patient's throat. In examining it, under the microscope, it proved to be one mass of filaments, very fine, and containg spores in the body of the filaments, and associated with fat crystals.

"I succeeded in staining them with methyl violet, but only after first extracting the fat with ether.

"I have no theory to present, gentlemen; I simply exhibit to you what has been interesting to me. After the removal of the small mass I did not think any treatment was necessary; but as there was a little bridge of tissue more or less dividing the cavity into two sections, I divided the bridge with the electro-cautery."

The Treatment of Acute Coryza

was the subject of a paper by Dr. J. A. Robinson. He said the literature on the subject of the treatment of acute coryza is scanty and of a stereotyped nature. The profession seems to have arrived at two conclusions; first, that it is not a disease of sufficient severity and importance to command especial attention; second, that no plan of abortive or curative treatment has been sufficiently successful to cause them to investigate the subject further. However, in view of the fact that repeated attacks of acute coryza undoubtedly have a causal relation to pathological changes in the nares which it is difficult to remove, and that we are so frequently consulted by public speakers and singers who beseech us to abort or rapidly cure such acute attacks, it certainly deserves more than a passing notice.

The time-honored plan of aborting an acute coryza by the administration of a full dose of opium, an active purge, and a potent diaphoretic, has proven more disagreeable than efficacious. The plan, advocated by Dr. Ferrier, of blowing into the anterior nares a powder composed of morphia, bismuth and acacia, has been quite satisfactory in a few instances, but it is not free from the objection that, when successful, it often produces an unpleasant nausea. Its success is undoubtedly due to the sedative and astringent effect upon the inflamed mucous membrane.

What are the pathological conditions in the first stage of acute coryza? Briefly, there is dilatation of the capillary vessels, the arterioles being dilated and the venules engorged, inducing tumefaction of the mucous membrane. This is accompanied by dryness and pain. Secretion is abolished. In reflecting upon these circumstances the thought naturally arises, whether, if we can employ such measures or drugs as will antagonize these abnormal states, we will succeed in aborting the disease. We have recently had added to our armamentarium a drug which more completely antagonizes in its physiological actions those pathological conditions than any other. It is the hydrochlorate of cocaine.

Its physiological actions have been demonstrated to be concisely as follows: when applied to a mucous membrane it is a potent although transient anæsthetic, a vaso-motor constrictor, causing contraction of the arterioles and depletion of the venules, thus rapidly emptying congested tissues of a surplus of blood. This drug is also an astringent and has the property of lessening the secretion of muciparous glands. On studying the relation between the state of the nasal mucous membrane in the first stage of acute inflammation, and after an application of cocaine, the theory was formulated that cocaine should prove useful in aborting acute coryza, and it was determined to try it on the first opportunity.

The details of the first experiment are as follows:

Miss S——, a soprano singer in one of our city churches, applied to me on the morning of February 22, and desired immediate relief from a "cold in the head." She complained that the previous night she had been exposed to a draft and awoke that morning with the cold, as evidenced by the fact that she could not breathe through the nose, and that her nose felt dry and painful, and she had lost the sense of smell. Inasmuch as she had to sing that night at a special service, she must have immediate relief.

Upon examination I found all the conditions incident to the incipiency of an acute coryza. Her temperature was 102° F., with some acceleration of the pulse.

Febrifuges and a mild diaphoretic were prescribed. A local application of a four per cent. solution of hydrochlorate of cocaine was applied, as thoroughly as possible, to the congested mucous membrane, and the parts were sprayed, also, for some time with a warm alkaline spray, hoping thereby to reduce the hyperæmia. After having made another application of the cocaine, the patient was instructed to return home and follow the same line of treatment and to return the following day. She did not return until three days later, when she reported, to my surprise and gratification, that she had been able to sing as desired, and that no symptoms of the disease had returned.

The success which attended this new departure, induced me to try it in other cases of acute coryza which were seen early, and it has almost always been successful. Of course, the number of cases which we see in their forming stage are few, on account of the fact that the patients do not seek medical advice for this affection until the disease is well advanced.

In the use of cocaine for the purpose of aborting an acute coryza there are some objections; it has to be applied often in order to maintain its action on the inflamed mucous membrane, and it is an expensive drug. I have found that the use of a warm alkaline spray serves to prolong the sedative action of the cocaine.

Of course dependence is not to be placed on local measures alone, but in addition proper attention is to be given to constitutional and hygenic treatment.

Dr. Tilley said he had used the hydrochlorate of cocaine in two or three cases of acute coryza with much satisfaction. According to one patient, an attack had ended with a single application. While he did not look upon cocaine as a sure cure for acute coryza, he thought it almost always did good. He referred to a serious accident which

occurred to one of his patients during the use of cocaine. The patient was a boy aged twelve years, in whose nose a little cocaine had been used. After the first application he suffered a little nausea, which was not regarded as serious; after the second application the nausea was worse, but it was not until a third application had been made that the symptoms became alarming. These symptoms were difficulty of breathing, syncope, irregular action of the heart, cold perspiration and loss of sensation in the extremities. Notwithstanding these symptoms were alarming, the boy recovered quite rapidly. He had noticed reports of cases in the journals where the same symptoms had appeared.

Dr. Weller said that he had had a good deal of experience in the use of coca, especially in the form of the fluid extract. He had taken large doses; in his own case he had used two pounds in a short time. Formerly he had considered it as harmless as tea, but latterly he had arrived at the conclusion that it is a powerful narcotic. The strange phenomena which follow use of cocaine in some cases, he believes to be due to the narcotic action of the drug, and that they would no appear if the drug was not given in large doses. He believed some patients to be peculiarly susceptible to the action of coca or cocaine, similar to the idiosyncrasies of patients in the use of belladonna, opium, and alcohol. In the case mentioned, he believed the symptoms to have been the result of an overdose of cocaine. In his experience, he had found a two per cent. solution of cocaine strong enough, and urged the tentative use of the drug in the same manner as in the use of morphia.

Dr. Webster did not wish to be considered skeptical, but he had some doubt as to the alarming symptoms in the cases mentioned having been due to the drug. Is it not possible they were the result of reflex processes in over-sensitive patients? He had a patient recently who vomited after holding a fever thermometer under her tongue.

Dr. Paoli believed that the old treatment of acute coryza by giving the patient a hot bath, muriate of ammonia internally, and inhalations of camphor in hot water, or the oil of eucalpytus, combined with borax, was the best, although he would acknowledge that cocaine would often relieve severe attacks in a short time.

Dr. S. J. Jones asked the author of the paper if he had used cocaine with a steam atomizer in acute pharyngitis, tonsillitis, and laryngitis; also, if the applications of cocaine to different patients were from the same solutions, and at brief intervals, so as to be able to state how a reliable solution acted on different patients.

Dr. Robinson, in closing the discussion, said he did not advocate the plan of treatment as infallible or free from objections, nor did he neglect to use other means of cure if he thought they were advisable. As to the effect of cocaine on certain patients, he had similar experience to Dr. Tilley in the case of a woman who had twice been operated on without cocaine for nasal polyps. No unfavorable symptoms occurred during these operations. At the third and fourth operations cocaine was used, and the patient was troubled with nausea, vomiting, palpitation of the heart, and syncope. As no cocaine had been used in the first two operations, these symptoms in the third and fourth operations seemed to be, undoubtedly, due to an idiosyncrasy of the patient. He had not used cocaine with the steam atomizer, but he thought it feasible if the drug were not so expensive. He prepares fresh solutions for each patient, so as to preclude all possibility of failure of action by reason of deterioration of the solution by age. He had found the same package of cocaine to vary in its local and constitutional effect on different patients, affecting some more rapidly and profoundly than others.

Society then adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Relations of Skin Diseases to Marriage.

Dr. A. H. Ohmann-Dumesnil thus writes in the *St. Louis Med. and Surg. Jour.:*

Marriage and syphilis has been so thoroughly discussed and so much attention has been paid to it, not only by syphilographers, but by the profession in general, that all the phases of the question have been considered. Despite this, all authorities are by no means united in their conclusions, although all agree that, during certain stages of the disease, marriage is entirely precluded. That syphilis is hereditary and transmissible is acknowledged by all who have had any experience whatever in the observation and treatment of the disease. Those physicians who have paid any considerable attention to insanity and affections of the nervous system, claim for many forms of the neuroses, if not a direct transmission, at least a hereditary tendency to the same or allied forms of nervous lesions, derived from one or both parents. Rheumatism, gout, hemophilia, phthisis, and a number of other general affections, are accused by a number of experienced writers to have that power in them by which the patient will hand down the peculiar susceptibility to those diseases to his unlucky progeny. On the other hand, some very respectable authorities deny heredity as such, while acknowledging that the physical weakness is perpetuated.

A few of the more common, and at the same time most troublesome diseases of the skin will be briefly noticed in this paper, and an atttempt made to point out the probable chance of their reappearing in the offspring, together with the reasons why patients suffering from certain dermatoses should, if not entirely give up marriage, at least postpone that relation until circumstances justify such a course. As a prefatory remark it

may be stated that it is not necessary for the mother or father to be the recipient of the trouble from the consort in order that the child may be the subject of the disease.

It is not the local manifestations of the disease that constitute the active factor, but rather the general condition of the entire economy of one of the progenitors, which has undergone certain more or less profound changes which manifest themselves more or less distinctly upon the external surface of the body, as a sort of danger signal; and, generally, there are certain appearances connected with these lesions that, to him who can read, constitute a fair index of the severity of the existing condition.

It is manifestly obvious that a person suffering from an infectious or contagious disease should not marry during the active period of the trouble. No one afflicted with any one of the parasitic diseases would object to submitting to a proper course of treatment before marrying. But there are some troubles of the skin which, although we may admit that they are neither contagious nor directly transmissible, or only rarely so, are sufficiently dangerous, in this respect, to awaken our attention and deserve more study. It will be noted that the extreme views of the French and German schools of dermatology have been avoided, as we are not willing to admit, on the one hand, the universal constitutional nature of all dermatic affections; nor will we, on the other, concede that they are all purely local and due, almost without exception, to external causes alone. For this reason, whatever authorities we have consulted are chiefly those occupying what we consider the most rational position, which is one situated midway between the two extremes, and from those who are willing to let theory bend to facts.

The object of these few remarks is not so much to uphold a theory as to inquire whether there may not be enough in the question of the heredity of skin diseases or the predisposition thereto, to make it of some moment to the medical practitioner who may be questioned as to such being a bar to marriage.

Eczema is by far the most common, and, unfortunately, it often becomes the most intractable of the troubles afflicting the skin. When first studied, the disease was for a long time regarded as purely local; then it was admitted by a large number that it might be somewhat dependent upon internal causes. Its heredity was denied *in toto* at first. We find that, later on, in speaking of the etiology of this protean disease some authors acknowledge having seen a few—a very few—cases which they considered hereditary. The latest work on the subject, and one which we, as Americans, are proud to point to, is Bulkley's sterling work. He says*: "But, on the other hand, although the disease appears to come by direct inheritance in but few cases, it is still true that in a certain number it is seen to be hereditary, and whole families are sometimes affected, not only in one generation but in several." . . . Again, "Scrofula or struma undoubtedly appears as a predisposing cause of eczema in the way of inheritance, quite as affectually as when existing in the individual." Van Harlingen, Piffard, Liveing, Duhring, E. Wilson, and even Neumann, acknowledge that, in some cases, the disease is undoubtedly hereditary. There is also a greater probability of its being transmitted if it exists as an old, chronic, and intractable form of the disease in the parent.

The next most common affection which we meet with in practice is, no doubt, psoriasis. This disease is acknowledged by all authors of any prominence to be hereditary. It is contended, however, by a number of recent observers that the heredity is more marked, or more liable to be seen, if one or both parents have had the disease in a marked and recurrent form. In those cases in which it assumes the "universal" form, it is pretty certain that the offspring of the affected parent will either exhibit the same disease or some allied cutaneous affection.

Lupus vulgaris, whose pathology is as yet involved in more or less obscurity, is another one of those dermatic affections which would seem to be transmitted from parent to child. We will not inquire whether the neoplasm which constitutes it is scrofulous, tubercular, or of some other origin. Any one of these causes is sufficiently impressed upon the constitution of the progenitor to involve that of the progeny by direct inheritance.

Ichthyosis, espscially of that variety known as "ichthyosis hystrix," is undoubtedly an hereditary affection, or, rather, deformity. There is no single author who has ever observed any number of cases, limited though it be, who has not immediately had his attention called to this important fact. It would be useless here to advert to the *dicta* of the many dermatologists who have expressed an opinion upon the subject. The disease is undoubtedly the most markedly hereditary one with which we are acquainted.

Lepra, or true leprosy, whether it be dependent upon a bacillus or not, is transmissible from parent to child. Although no well-authenticated cases exist to show that it has been acquired by contagion, or that its bacillus has been successfully inoculated, examples of its occurrence in families which have continued leprous for several generations are numerous and well attested. Whether the primary cause be climatic or parasitic, the fact of its heredity remains.

Chronic pruritus has been observed in a mother, her daughter and granddaughter, as detailed in the *Journal of Cutaneous and Venereal Diseases*, February, 1885, by Dr. Wm. J. Maynard. An interesting fact in connection with this is that the male members escaped.

Sarcoma and carcinoma of the skin are further examples—of a malignant type of disease—of dermatoses which are transmissible from generation to generation.

The writer has observed cases of vitiligo in which the trouble was transmitted to the offspring apparently. Not only was there a reappearance of the disease in the children, but all were affected in a manner similar to that of the parent, and identical parts were the first to be involved in the process.

We know well that the color of the skin is very susceptible of being transmitted to the children, and we daily observe such as the result of

*Second edition, p. 93.

mixed intercourse. Each race has certain pigmentary peculiarities of the skin, which, by some process or other, seem to be stamped upon the child to a greater or less degree. In certain families we find that a lock of white hair in a particular locality is transmitted from generation to generation, just as other peculiarities or deformities are. Often, again, whole generations escape, and the "sign" reappears upon a remote descendant, showing that although this peculiar force may become latent, it does not necessarily lose any of its strength on that account, as all those acquainted with the facts of atavism know.

A cursory glance at these various examples would seem to indicate that heredity plays a very unimportant part in the genesis of skin diseases. But when we take into consideration the small amount of care taken, not only to trace diseases back to their origin, but also the inability to follow the various successions through different generations, the amount of evidence offered acquires more force than would be at first accorded to it. Besides this, the cause can often be recognized as being some condition which has shown itself in different ways, and only evidence itself as a skin disease in the last member of a long line of individuals. Were our observers to pay more attention to this subject, there is no doubt whatever that the *role* played by heredity would be found to be much more important than it is regarded at the present time.

As a natural conclusion, it will follow that, if certain skin diseases are directly transmissible, or if the causes thereof are, marriage between individuals affected with these troubles, whether the disease be confined to one or both of the high contracting parties, should be very carefully considered, if not prohibited. Before permitting such an union to take place, the dermatic genealogy should be carefully examined, and all the possibilities conscientiously weighed. The intention of this paper is rather to call attention to a few isolated facts, and to direct observation to a new point in connection with the etiology of skin diseases, which may prove serviceable in the prevention of a number of the most intractable and chronic affections which afflict the human skin. There is no doubt whatever that the more these relations are sought after the more often will they be found, and enable the physician to give safe and reliable advice in those cases where it will be needed or sought.

Sterility in Man After Syphilis.

Dr. Edm. Goldman thus writes in the *Texas Courier-Record of Medicine*, February, 1885:

During my sojourn in Mexico I had the opportunity of making some observations concerning syphilis, which I did not find in the other parts of the world, where I have practiced or studied, and among these, one of more than ordinary interest, the one to which I wish to devote the following remarks—namely, sterility in man after and in consequence of syphilis.

The strangest part of my observation, however, is this, that I have met with this constitutional defect only in men of the Caucasian race, who were at one time infected by Mexican women of the Indian type. Syphilis in a Mexican of the Indian or mixed race is quite a different affection, as to its violence of character and length of duration, from what it is if transplanted, so to say, upon a foreign soil.

My attention was called to this years ago by that excellent authority, Dr. Fred. Herff, of San Antonio, and I have found it confirmed in all cases that came under my treatment. I have witnessed rigors of such a severe order before the appearance of the macular eruption, that they resembled the algid stage of pernicious fever. The anæmia and cachexia, which followed the syphilitic infection, manifest and develop themselves more rapidly and extensively; and repeatedly did I find myself obliged to desist from applying the subcutaneous injection of a very diluted solution of corrosive sublimate with albumen, because this insignificant operation produced too severe a shock, a proof how seriously the nervous system of my patients was involved.

In women of the indigenous race, the symptoms are comparatively mild, and the disease with them runs generally an almost latent course. I once was requested to see a Mexican prostitute who had infected quite a number of young men, some of whom I had under my treatment. Instead of finding her a wreck, as some of her victims were, she had the appearance as though she enjoyed unimpaired health. It has repeatedly occurred to me that from Mexican prostitutes might have originated the severe cases of syphilis which gave so much trouble to Malgaigne when he accompanied the French army into Spain. Mexico at that time formed a part of the Spanish kingdom, and it is not unlikely that a great many prostitutes flocked to that country on account of the war. The Spaniards at one time pretended that syphilis was first brought into their country from Mexico. This is not in conformity with historical facts. The celebrated poem on syphilis, by Fracastor, was published in the year 1521, after a regular epidemic had swept over southern and western Europe, and in Virchow's work on the same subject there is a still older poem mentioned, written in 1496, by a Venetian by the name of Sumaripa. The conquest of Mexico took place during the year 1520–21, which proves that syphilis existed in Europe long before.

But of one thing there exists no doubt in my mind, that the Spaniards who were infected by the Mexican women, after they had taken possession of that country, had so much severer trials to endure than they were accustomed to see in Europe, that for this reason they considered it a new disease. In our days, although we have more ample means at hand to combat diseases, thanks to the progress of modern science, syphilis is and remains a most formidable and stubborn disease, if a white man becomes infected by a Mexican woman of Indian blood. I have seen but one case of a white woman infected by a Mexican of the Indian type, but this one case convinced me that the same holds good as to the female sex, although it is a well known fact that the disease is generally much easier endured by women than by men.

In Europe and in this country, if a man suffers from constitutional syphilis and fecundates an ovum within a healthy woman, it is most probable that abortus of the fecundated ovum will

take place. In other cases the ovum may develop to maturity and terminate either in the birth of a still-born child with an eruption of pemphygus over its body, or an offspring living and showing the outward symptoms of syphilis, while in a small minority they manifest themselves at a later date. In Mexico I have hardly ever seen a syphilitic child born, but I have seen cases in which the disease appeared several months later. This I could only observe with Mexicans of the mixed race. I have met, however, quite a number of white men belonging to the Germanic or Saxon race, and Mexicans of pure Caucasian lineage, who remained without offspring, whose wives never conceived at all, and consequently never bore children or miscarried them. All those men had suffered long and severely from syphilis contracted from Mexican prostitutes. None of these men bear any signs or symptoms of the disease which once existed; they are in every respect healthy subjects, their virile power is not by any means extinct, only their power of propagating is lost; none of them infected their wives. Several of these men are now married in second matrimony for several years after they had been bereft of their first wives, and the result has been the same—no offspring.

I call your attention to the fact that a total absence of virile power, for a limited time however, has frequently been observed after typhoid fever, although the patients had passed long before through their convalescence. In these cases it is probably a paresis of the spermatic plexus of nerves which causes the temporary suspension of the functions of the organs of reproduction, and therefore it is quite a different state of affairs. In syphilis there are other causes, which may combine to deprive the semen of the male of its power of fecundating. We find, for example, that after other exhausting diseases the hair of the scalp may fall, but it returns after a certain time to its former state; while after syphilis we observe very often that the loss of the hair is permanent, or, at least, it never is restored to its pristine state. This would point in the direction of either an atrophy, or degeneration of the papillæ of the hair. Moreover, we find, as a sequel, amyloid degeneration of the glandular organs. This degeneration extends always from the walls of the finest arterioles into the parenchyma. It does not destroy the functions of the glands, but alters their products. For example, the bile and urine of persons thus affected show a different chemical composition to some extent from the normal state, the former being at the same time lighter, the latter darker of color. The amyloid degeneration is in reality the remnant of an infiltration or exudation, which, instead of passing through the fatty degenerations and subsequent reabsorbtion, remains in *statu quo*, enveloping the cells, and by means of its pressure or lesser permeability impedes the process of exosmosis, and thereupon the perfectly physiological production of the glands. Thus, similarly to what we observed in the bile and urine, as mentioned before, the product of the sexual glands is probably altered in the case of sterility alluded to. The spermatic liquid is either deficient in its composition or the spermatozoa do not possess the vitality and energy of their vibratory motion, which is required to carry them to their point of destination. It appears to me most probable that a qualitative or quantitative deficiency of protagon, which is generally considered to be the substance possessing the catalytic force in the human semen, might be the cause of the sterility in question.

I was not enabled to make more extensive researches in this interesting matter, although I consider it worthy of some careful investigation. The partial amyloid degeneration of the parenchyma of the testicles suggested itself to me as the most plausible explanation.

Oleate of Copper in Tinea Capitis.

Among the parasitic skin diseases, few are more annoying to the patient, or whose treatment is often so unsatisfactory and perplexing to the physician, than the affection popularly known as scald head. So says Dr. Robert Boal in the *Peoria Med. Mo.* for May. Its appearance is so familiar and well marked that any description of it is unnecessary. Nor can it be mistaken for any other affection. It is called by various names, trycophytosis capitis, tinea circinatis, tinea capitis, and others, all these names having reference to the parasite which produces these changes on the skin. The great difficulty in curing many cases largely depends upon the depth and extent to which the parasite has propagated itself. If its ravages are confined to the surface of the skin, and do not reach the hair follicles, any of the ordinary parasiticides will generally arrest the disease; or juniper tea, sulphur, and other remedies of that class will suffice. But if the parasite has burrowed down into the hair follicles, stronger remedies will be required. The milder agents which have been named may cause a temporary improvement by destroying the parasites upon the surface, while those that are under it, and in the hair follicles, are not reached. The remedy which he has found to most effectually destroy these deeply hidden parasites is the oleate of copper. His attention was called to this preparation some two years ago, in a paragraph in one of the medical journals, and he determined to give it a trial upon the first opportunity.

Last year he was called to see a patient 17 years of age, well-formed, robust, and in apparent good health. He found the entire scalp covered with large, branny scabs, from beneath which a discharge had issued which became hardened by the contact of the air, the hairs were broken off, and looked like stubble. They had lost their glistening appearance, were dry, and apparently dead. The eruption not only covered the entire scalp, but extended down to the upper side of the face, and over the ears. It was one of the worst and most unpromising cases he had ever seen. Nearly all of the ordinary germicides had been tried without avail, under other hands. He determined to use the oleate of copper. An ointment of cosmoline containing 20 per cent. of the oleate was applied twice a day, having previously gently removed all the detached and partially detached branny scabs with a hair-brush. Under this treatment the case began to improve, and at the end of three weeks the scalp assumed a healthy appearance, the hair grew rapidly, and

the disease was cured. More than a year has elapsed since that time, and there is no return of the disease. The oleic acid, with which the copper is combined, seems to have the power to penetrate to the depth of the hair follicles, laden with the copper, a combination which effectually destroys the parasite.

No constitutional treatment was used or required. The ointment should be well but gently rubbed upon the parts, once or twice a day, as required. In most cases an ointment containing from 10 to 15 per cent. of the oleate of copper will be strong enough. In his opinion this is one of the most efficient remedies we possess in this troublesome and disagreeable affection. He shall use it in the future as in the past, with more confidence than any other remedy, and he does not hesitate to recommend a trial of it to others.

Vitiligo.

Before the Ohio State Medical Society Dr. R. Harvey Reed, of Mansfield, read a paper on this subject, saying:

"Prof. Duhring defines this cutaneous disease as an acquired disease, consisting of one or more sharply defined, rounded, or irregularly shaped, variously sized and distributed, smooth, whitish spots, whose borders usually show an increase in the normal amount of pigmentation. In an analysis of 11,000 cases by Dr. McCall Anderson, he only met with four cases of vitiligo. It is not confined to sex, but is probably more frequently found in early adult life. The pathologists tell us there is an increase of pigment over the body, but in the author's experience it seems to prefer the hands, face, neck, and head. Microscopically it is found that in the one instance there is a remarkable increase of coloring matter of the skin which gives rise to the peculiar mottled or spotted appearance of the skin. All authors agree in a favorable prognosis. It is usually easily distinguished from morphœa chloasma, tinea versicolor, and lentigo. The author gave in tabulated form the differential diagnosis of these diseases.

"In his experience the treatment has been very unsatisfactory. The use of internal remedies is only valuable when the system is out of order. In the belief which generally prevails, that vitiligo is a nervous affection, he has used the hypophosphites combined with strychnia internally, associated with friction and frequent bathing, together with stimulating lotions or ointments, such as the bichloride, or mercury and rose-water, or hydrarg. ammon., combined with ungnent aqua rosa, but none of these were followed with beneficial results. The only remedy giving any apparent benefit was electricity used twice a week, one pole applied to the nape of the neck, brushing the parts with the other. A report of five cases followed.

"If this disease is a nervous affection, it is certainly located somewhere in the great sympathetic system, and by some disturbance of that interferes with the blood in its distribution of the pigment to certain parts of the derma. In the cases reported, it seems to have started in all but one in the right side, and in that it could not be stated. Author thinks causes are located solely in the nervous system. There is a possibility that a primary cause may exist in the capillaries themselves, or in that part of the derma in which the pigment is deposited.

"Until there is more light thrown on this interesting disease, which it is hoped this paper will call out, and a definite knowledge obtained in regard to its exact pathology by practical demonstration, the author, for one, will continue to believe it to be a purely nervous disease, under protest."

On the Conditions which Precede Keloid, and on Some Rare Forms of that Disease.

Mr. Jonathan Hutchinson contributes an able paper on this subject to the *London Med. Times* (May 23), which concludes with the following propositions:

1. That with keloid, as with other skin diseases, we must not expect too close a conformity to the type form.

2. That for clinical convenience we may recognize several varieties of keloid, the prognosis as to spontaneous disappearance and proneness to return after excision differing much in each.

3. That the first and most typical form is that in which keloid begins in very small, perhaps forgotten scars, and slowly spreads far beyond their limits into sound skin. In most cases the extension and duration are indefinite; and the hardness, glossiness, abruptness of outline, etc., are always well marked. The proneness to recur very quickly after excision is very great in these.

4. That in the second group, in which keloid growth begins in the middle of large scars, such as those of burns, it is seldom so well characterized. It often does not extend beyond the scar, and often, especially in young persons, soon begins to soften again and to gradually disappear.

5. That in a third form the keloid growth is deeper, and never produces the glossy, superficial, elevated, and spurred patches which occur in the others. These cases are very slow, and show but little tendency to spontaneous disappearance. They do not develop in connection with large scars, but rather with inflammatory damage to the skin. They are less prone than the others to recur after excision.

6. That although definite scars almost invariably precede the formation of keloid, yet that there are allied conditions which result rather from inflammation after injury than from anything which is demonstrable as cicatrix.

7. That the cases of multiple keloid prove either that there is in some persons a remarkable tendency to the disease, or that primary patches have the power of infecting the blood and producing others.

8. That there is little or no clinical proof of tendency on the part of keloid to pass into cancer.

—M. Henry Milne-Edwards, the celebrated naturalist, is rather in a delicate state of health, and, owing to his great age (he being eighty-five), his condition causes some anxiety to his friends. M. Alphonse Milne-Edwards, son of the above gentleman, was lately elected member of the Academy of Medicine, and, like his father, is also a distinguished naturalist and member of the Academy of Sciences.

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THE ABSORPTION OF MERCURY.

There are but few subjects which have given rise to as much discussion as the absorption of metallic salts, especially, however, of mercurial preparations, by the intact skin. At the last meeting of the Balneological Society of Berlin, in March of this year (*Deutsche Med. Zeit.*, April 6, 1885). the subject came up for debate, and it was shown that science has made a great deal of progress in this respect during the last year. As the results of some investigations, which will be published in future, were mentioned at this meeting by their authors, we have made in the following an extract of the same, especially as they definitely settle some long-mooted questions concerning the power which the intact skin possesses of absorbing mercurial and other salts.

The President, Dr. Liebreich, well known by his introduction of hydrate of chloral into our therapeutics, reported that his investigations had convinced him that corrosive sublimate is absorbed by the healthy skin, if the mercurial salt be incorporated in a warm bath; and what is very peculiar, and has thus far not yet been known, is that but very little of the absorbed drug passes out by the kidneys, but most of it is found in the intestinal canal, whence it leaves with the fæces.

The fact had long been recognized that in poisoning by corrosive sublimate, the kidneys soon ceased their function, the uriniferous tubules being found clogged up with a whitish mass, which for a long time was believed to be the mercurial salt. Dr. Zuelzer has discovered that in such cases of poisoning the corrosive sublimate finds its way into the bones—the latter use a great amount of their lime salts—and it is these lime salts, which, being removed from the circulation by the kidneys, accumulate in the uriniferous tubules and obstruct their passage.

In Middeldorpf's clinic, in Breslau, the first trials were made to cure goitre by inducing absorption of iodine by electrolizing iodide of potassium directly over the goitre.

Dr. Liebreich has for some years been using at his lectures at the University of Berlin a small apparatus invented by the late Prof. Burns. To

show students absorption by electrolysis, he lays bare the masseters of a rabbit, and applying iodide of potassium on the one side, he obtains a deposit of free iodine on the other.

We may consider, therefore, the following facts as proven: Corrosive sublimate and some other metallic salts, if kept in solution and added to a warm bath in which the patient lies, is absorbed by the intact skin. Most of it leaves the body by the alimentary canal, and not by the kidneys. In cases of poisoning, either by a single too large dosis, or by medical administration too long continued, the mercurial salts are deposited in the bones—a fact for many yeays denied, and looked upon as a superstition left over from the Middle Ages—the bones becoming deficient mainly in lime salts, which are extracted from the blood by the kidneys, and there choke up the fine tubules, the white deposit in these cases not being fat, as once believed.

DEATH FROM A SNAKE-BITE.

Although many cases of deaths from snake-bite are yearly reported in the daily papers, they usually happen where original research is not abundant and medical aid sometimes not even near. This may be the reason why there are comparatively but few cases of death from snake-bite on record in which a careful post-mortem examination had revealed the morbid changes. The article recently published by Dr. A. Romiti (*Arch. Ital. de Biol.*, Tom. v., Fasc. 1, 1885,) is, therefore, of interest, as it concerns a case of the kind mentioned.

A workman, who had tried to catch a snake (*Vipera Redii*) in the woods, was bitten by it twice in the dorsal surface of his right hand. He at once fainted; his skin was covered with a cold, clammy perspiration; the impulse of the heart diminished in frequency, and could scarcely be felt; vomiting ensued; the tissues around the wound began to swell in a high degree, and although a ligature was applied, aqua ammonia dropped into the wound and administered internally, and thorough cauterization practiced with Paquelin's apparatus, deep coma soon set in, and four hours after the bite the patient died from asphyxia.

The case is remarkable in more than one point. First, cases of death from a bite of the viper are not frequent; amongst 200 bitten by the snake, and suffering from the consequences of the poisoning, but two died according to the statistics of Boullet. But the other interesting point is the one already mentioned—the exhaustive macro- and microscopical examination after death, and the result exactly coincides with the observations hitherto made upon animals experimented upon.

The pupils were dilated. The alveolar and muscular tissue surrounding the wound was infiltrated with a sanguinolent fluid. The blood contained in the veins of the arm was black. The lungs were hyperæmic. The heart had stopped in diastole. The pancreas was soft and of a yellowish color. Upon the lower surface of the liver many ecchymotic spots of various sizes were discovered. The same observation was made on the kidneys, which besides were soft, and their cortical substance hyperæmic. Microscopically a beginning interstitial nephritis could be demonstrated.

The intestinal mucous membrane was decidedly injected and full of ecchymoses. An examination of the blood showed the red corpuscles intact, but they were paler and formed no rouleaux. Amongst the red, white corpusles with granular contents were found. Thirty cubic ctm. of this blood, injected into the peritoneal cavity of a guinea pig produced no symptoms of poisoning whatever. Some of the blood, after having been kept for a period of five months in hermetically closed vessels, was still fluid and evinced not the least odor of decomposition.

Notes and Comments.

Various Applications of Muriate of Cocaine.

The field of usefulness of cocaine seems daily to enlarge. Dr. Barette, in *Le Concours Médicale*, May 23, 1885, reports a series of cases showing the various modes of application of this drug.

Grynfeld, of Montpellier, had to *introduce the catheter* in a man, aged twenty-seven years, whose

urethra was exceedingly sensitive, in fact, so irritable that the moment the instrument entered the channel the severest pains and a muscular spasm prevented its further introduction. G. then injected about one fluid drachm of a five per cent. cocaine solution into the urethra. Immediately after, the instrument could be introduced with ease and without giving rise to the least sensation. According to G., the cocaine in these cases causes not only perfect anæsthesia of the urethra, but it also completely prevents the febrile excitement due to increased sensitiveness of the parts, and, therefore, of reflex character.

A woman, aged sixty-nine years, presented in the bulbar region of the urethra a very hard and oval tumor. The application of the metallic bougie convinced G. of the presence of a *calculus*. After dilatation of the meatus, a four per cent. solution of muriate of cocaine was injected into the bladder; and later, the same kind of solution was directed against the parts where the calculus was situated. The latter was surrounded by soft parts. A few minutes passed by, when the soft parts could be divided and the calculus extracted without the patient's having experienced the least annoying sensation. Cure complete. The case indicates the employment of cocaine in lithotripsy.

Dr. Estery, in Bédarrieux, was consulted by a man æt. 70, who suffered from an *epithelioma* of the size of a cherry on the left jaw. E. injected 2 grains of cocaine, dissolved in water, under the skin, at the base of the tumor. Five minutes later, complete anæsthesia had set in within a radius of one inch from the tumor. The incision into the skin and the excision of the malignant growth were performed without giving rise in the patient to any pain whatever. But when the operator touched the areolar tissue below the tumor the pain was decidedly felt. This case seems to prove that the anæsthesia, when thus produced, does not extend very far.

Dr. Barrette, however, cautions against too forcible injections into the external meatus, and relates the case of a patient suffering from purulent discharge, accompanied by excessive pains, especially at night. Other remedies having been tried in vain, a four per cent. solution of muriate of cocaine was resorted to, and injected with great force into the ear. A minute later all pain had ceased, but within about ten minutes the most excruciating pains developed themselves, and an examination instituted the next morning revealed the disagreeable fact that a grave inflammation of a purulent character of the inner ear had set in, a morbid condition which had not previously existed. Barrette also mentions some other cases in literature where forcible injections of fluid into the external auditory meatus were followed by the gravest consequences. The tympanum in these cases often easily yields, and some of the pus is thus carried into the inner ear, where it at once gives rise to the same purulent inflammation that had existed more externally. As there anyhow does not seem to be any special benefit to be derived from them, it is better to discard such injections altogether.

Equinia Mitis.

Dr. Benjamin Strachan thus writes in the *Brit. Med. Jour.*:

Some weeks ago, I had under treatment a carter, aged about forty-five, whose ailment seemed to come under the above category. About six weeks before I saw him, he had been working an old horse affected with grease, and had occasion frequently to manipulate the diseased parts; and, for some time before taking to his bed, he had suffered from what he took to be rheumatic pains in various parts of his body. At last he was obliged to give up work, from the severity of the pain in the lumbar region and along the course of the right sciatic nerve; and, after two days in bed, an eruption appeared on the outer aspect of the right leg, extending from about six inches above the knee to within four inches of the ankle-joint, and partially invading the popliteal region. This consisted, at first, of large and small bullæ, speedily succeeded by a profuse eruption of pustules, arranged in small clusters upon a base, which speedily swelled, presenting the appearance of a large crop of small carbuncles, which discharged pus, and some of them cores, through perforations of the skin, where the pustules had been. These perforations had the appearance as if the skin had been riddled with pellets. Immediately before and during the earlier period of the eruption, the leg was much inflamed and swollen, and there was considerable pyrexia, with severe headache, nausea, and sleeplessness. The glands in the right groin were tender and swollen for some days, but did not cause much trouble. There were only one or two more inflamed pustules on other parts of the body, and I was inclined to regard it as a form of herpes zoster, aggravated by equinia poisoning. That it was infectious, was soon proved by his wife, who attended upon him, being attacked by it, though less severely. An angry pustule appeared upon the back of one of her little fingers,

attended with great pain, redness, and swelling, which began rapidly to extend over the hand, but was checked by a free incision over the pustule, followed by fomentations and poultices. This was succeeded by an erysipelatous blush round the left eye, with a small abscess over the inner canthus. The husband was confined to his bed for three weeks, but has now entirely recovered. The treatment in his case was iron and quinine, and chloral, with linseed and charcoal poultices, and carbolic and lead lotions. The wife, although feeling much out of sorts, was never laid up.

Conception without the Appearance of the Menstrual Flow.

As a matter of interest we note the following case which Dr. Arthur Oakes reports in the *Brit. Med. Jour.*, June 13:

Mrs. ——, aged about 30, married about six years, has been delivered at full time of three healthy children, and is now pregnant with a fourth. She menstruated quite regularly and naturally before marriage, and for a few periods after. Since then she has had no menstrual discharge whatsoever, nor, indeed, any appreciable discharge of any kind from the vagina, except the lochia, which were natural in quantity and duration. She had no connection with her husband for some weeks after the cessation of the lochia. Her first child was born about twelve months after marriage, and she suckled it until it was fifteen months old, until, as she says herself, she felt sick in the morning and knew she was pregnant again. The same thing has occurred with each child, menstruation never having been re-established since she was pregnant with the first. Having questioned and observed the woman very closely, I think it impossible to entertain any doubt of the correctness of her statement. A well authenticated case, such as I consider this to be, shows pretty clearly that there cannot be that intimate relation between ovulation and menstruation that some authors seem to think. Ovulation can undoubtedly occur without menstruation (as in this case), and we know the menstrual flow does occur without ovulation, as in cases where menstruation has occurred after amputation of both ovaries.

Poisoned by Tincture of Digitalis.

Le Concouer Médical, May 23, 1885, publishes an observation of Dr. Jeanton, resident physician in Hospital Saint Louis, concerning a case of poisoning by three fluid ounces of the tincture of digitalis. The whole quantity had been swallowed at once by the servant girl of an apothecary. Within a few minutes intense vomiting set in, and it is probable that a large portion of the poison was thus eliminated, and another part by emetics, which were administered at the hospital, whither the patient was at once carried. The symptoms which later developed themselves, may be placed in two groups, one attributable to the gastritis (intolerance of the organ, pains in the epigastric region), and the other produced by the disturbance of circulation, which would probably have been far more severe had assistance not come at once; irregularity and slowness of the pulse, but mainly nervous troubles, as violent delirium, necessitating the application of active measures, cutaneous hyperæsthesia and muscular hemiparesis, vertigo, amblyopia, and xanthopsia.

The eighth day the cure was complete, no sequela whatever apparently remaining. Besides the treatment mentioned, stimulants were mainly employed, as, for instance, hypodermic injections of ether, administration of carbonate of ammonia, inhalation of aqua ammoniæ, strychnia, and later, iron, external stimulating frictions, application of electricity, atropia, and a carefully-regulated diet as soon as the irritability of the stomach ceased.

Starvation and Suspended Animation.

Dr. Edward Berdoe reports the following case in the *Lancet*, June 23: He was called on, April 29, 1885, to see a man named Samuel B——, aged seventy-four. He found him lying on the floor insensible and dying. His wife sat near him, and on being questioned admitted that he had been lying in the same position for six days without food, drink, or any attention whatever. On raising him to place him on the bed, part of the flesh of his face adhered to the floor and was torn off. The exact form of the patient was marked on the floor by the exudation from the skin. He was in a most filthy state, and though unable to swallow even liquids, lived about fourteen hours after the first visit. By the coroner's order a post-mortem was made. The body was fearfully emaciated, and all the parts that had been in contact with the floor were gangrenous. The organs presented the usual appearances of death from starvation, but the medical interest of the case was found in the condition of the heart. This was enormously hypertrophied and dilated; all the vessels were atheromatous, and there was a large aneurism of the arch of the aorta. The cardiac condition seemed to satisfactorily clear up some of the difficulties of the case. From the evidence at the in-

quest it is probable that the wife's statement was correct, that he had fallen down "in a fainting fit" six days previous to the visit, and had not moved or spoken since. The heart presumably beat with just sufficient force to keep the respiratory organs going; this was, of course, favored by the recumbent position. The case is interesting from a medico-legal point of view, as showing how long a person may live in a state of syncope.

Hysteria in the Male.

M. Charcot has recently devoted some of his clinical lectures at the Salpêtrière to the study of six cases of hysteria observed in male patients. He classed, under hysteria, the affection known as railway-spine and railway-brain, a classification recognized as just by Putnam and Walton, of America, and Page, of England. M. Charcot quoted from their works. From 1875 to 1880, five doctoral theses have been written on hysteria in man. M. Klein, the author of one of these theses, collects 80 cases. M. Batault has collected 218, of which nine are M. Charcot's patients. M. Charcot told his pupils that hysteria in male subjects is not rare. It is an affection that is misunderstood and often overlooked. If it be occasionally recognized in weak young men of an effeminate type, who have suffered intense emotion, it is not admitted that a strong vigorous workman is susceptible to hysteria. Yet examples have been furnished by stokers after a railway accident. Dr. Charcot attributes the ignorance concerning this neurotic affection in man to a false appreciation of it in female patients. In male patients, hysteria lasts a long time, and the symptoms are durable; with women, the contrary is the case. This difference leads those who have not a thorough knowledge of this neurosis to overlook its appearance among male patients. Even women sometimes present hysterical phenomena that remain permanent, which are difficult to modify, and sometimes resist all medical treatment.

Gastrotomy.

The Berlin correspondent of the *Brit. Med. Jour.*, July 4, 1885, writes:

The following case of removal of a foreign body from the stomach was reported in a recent sitting of the Dresden District Medical Society by Dr. Credé: A man aged twenty-five, of delicate frame, came into his clinic after having swallowed, a fortnight previously, the whole set of the teeth of his upper jaw. He had pushed the teeth down his throat because they were choking him, as he could not bring them up again. As they did not pass naturally, and signs of inflammation of the stomach became visible, Dr. Credé performed the operation. A diagonal cut fifteen centimèters long was made below the ribs, the stomach was taken out, and opened by a cut seven centimètres long in the centre of its anterior aspect; the set of teeth was removed, and the rent in the stomach sewn up by three sutures, one above the other. The stomach was then replaced in its proper position. There was no inflammation, discharge, or pain of any kind. The second day after the operation the patient received liquid nourishment, and after a fortnight solid food. In three weeks he was dismissed, and was able to resume his work. This is the second case of a set of teeth that had been swallowed being removed by an operation, and the seventh in which gastrotomy was resorted to. The greater number of cases were successful. The first three cases were those in which a knife, a spoon, and a fork, respectively, had been swallowed.

Recovery from Rupture of the Uterus.

On April 27, 1884, Dr. Walter Buchanan (*Brit. Med. Jour.*, July 11, 1885,) was called to attend Mrs. K., with her second child. On his arrival she had one pain, and then a sudden cessation. On examination, he found the head of the child impacted in the pelvis (labor had only existed about two hours). He then gave a dose of liquor ergotæ, and attempted to deliver with forceps. Finding he was not successful, he sent for his friend, Mr. H. Tribe, who managed, with the utmost difficulty, to deliver her in about fifteen minutes. The placenta followed almost immediately, also an immense amount of hemorrhage. On examining the uterus, they found an extensive rupture of the fundus, through which the hand passed, and they could feel the intestines and spleen. They gave brandy and ether, and also at intervals injected subcutaneously a drachm of sulphuric ether. She seemed to be moribund. She was pulseless and blanched; the pupils were fixed and dilated. They persisted with ergot and ether, and remained during the night, expecting every moment that death would ensue. To their great surprise, she rallied; on the next day, still more so. She was fed on brandy and milk, and ergot was administered every three hours. On the third and fourth days, she had persistent diarrhœa, which was with difficulty overcome by compound chalk mixture. After this, she made a rapid recovery, being about in three weeks.

The Relation Between Gonorrhœa and Ophthalmia Neonatorum.

The *London Med. Times*, July 11, 1885, tells us that Drs. Leopold and Wessel, contribute to the *Archiv für Gynäkologie* (Band xxiv., Heft 1,) a paper which, if the facts contained in it are confirmed by other observers, is a very important one. That the ophthalmia of the new-born is due to inoculation of purulent discharge from the mother's vagina is commonly accepted. It is also commonly believed that it is next to impossible to be positive whether a purulent vaginal discharge is gonorrhœal or not. Leopold and Wessel have not been content to rest in this inexactness. In eighteen cases of pregnant women with purulent vaginal discharge they examined this secretion for the gonococcus of Neisser. In seventeen of them none were present; no precautions were taken to prevent the infants of these seventeen from getting ophthalmia, but none of them suffered from it. In one case Neisser's gonococci were found without doubt; the child from this woman on the fourth day had ophthalmia. These researches go to show that we have in the gonococcus of Neisser a certain test of gonorrhœa; and that gonorrhœa is the actual and true cause of ophthalmia neonatorum; two general propositions, which, if corroborated, are distinct strides in our knowledge.

Urari in Tetanus.

Before the Academy of Medicine in Ireland, Mr. McArdle read the notes of a case of acute traumatic tetanus, in which two-third grain doses of urari every fifth hour resulted in a cure, the more remarkable effects produced by the above-named doses being relaxation of the contracted muscles in from six to ten minutes after administration, very rapid and tumultuous action of the heart, cyanosis, labored breathing, and dilatation of the pupils. Once the patient was sufficiently under the influence of urari, the evacuations from the bowels were regular. Mr. McArdle suggested the combination of urari with pilocarpine, in the hope that the cardiac and respiratory trouble produced by the former might be prevented by the latter. He also showed that urari, to be of service, must be used in large doses, and that the drug is cumulative.

Olive Oil as a Menstruum to Dissolve Cocaine for Use in the Eye.

Dr. Jos. A. Andrews thus writes to the *Med. Record*, July 18:

"In addition to the occasional benefit derived from the use of oil dropped into the eye in recent abrasions from burns, and in other painful affections of the cornea in which atropia is indicated and cocaine may likewise be serviceable, the plan of dissolving the cocaine in oil seems to insure a longer contact of the remedy, and a smaller quantity is required to affect anæsthesia. Neither the salt of cocaine or that of atropine is soluble in olive-oil, but the alkaloid dissolves readily in this menstruum without the addition of alcohol, it being only necessary to expose the solution for a few minutes to a gentle heat in a water-bath. Castor-oil is not a desirable menstruum on account of its irritating qualities; and the oleate of cocaine, for the same reason, is still more objectionable as an application to the eye."

Correspondence.

The Cause of Phlebitis.

Eds. Med. and Surg. Reporter:—

As one of the constant readers of your excellent journal, it becomes me to express my satisfaction with the variety and amount of information contained in its numerous articles; and not least satisfactory among them are the reports of clinical lectures by the various professors who enlighten their hearers, and through the reports, your readers. Their opportunities for seeing a large number of cases are so much superior to ours that, even if we sometimes differ in opinion from them, it is with the mental reservation of our opinions in deference to their experience and standing. And so they set us to thinking, perhaps to experimenting, and sometimes to changing.

But sometimes we get staggered. We have been taught, and believe, certain things, and we are loth to have our supposed knowledge shown to be ignorance. We have no opinion to express with reference to hospital therapeutics, however freely we might discuss the treatment of disease in the country and smaller cities; but when the subject is physiological or etiological, where there is a common basis for opinion, we cannot accept the dictum of any one unless it favorably appeals to our reason.

In a late number of the Medical and Surgical Reporter a report is given of a clinical lecture on phlebitis, in which the etiology is discussed and a statement made which does not strike us favorably. Here is the statement:

"Suppose that the inflammation of the vein is *not a local* trouble, * * * how may it be caused? The other cause is the transference of a septic embolus to a pocket of the vein. Suppose you have a dysentery, there is ulceration of the bowel, and phlebitis occurs, what is its probable cause? In an inflamed vein in the neighborhood of the ulcer a thrombus has formed, which in turn has given off an embolus, which in a large majority of cases is septic. *This passes into a vein of the extremity, creates irritation, and produces septic phlebitis.*"

Now we are taught that the direction of the

venous blood-current is always toward the heart (with the single exception of the pulmonary circulation); that, arrived at the heart, all the blood passes through the pulmonary capillaries, thence, by way of the heart and arteries, through the peripheral capillaries into the veins, so that there can be no *direct* passage of an embolus from a vein of the abdomen to an extremity—it must pass through two sets of capillaries to find such a lodgment. Is not such an embolus rather refined? The capillaries are very small. Eliminate its alleged septic character, and it is hard to imagine its irritating power. But eliminate the embolus and leave the septic poison, and we can hardly argue that it may not be a predisposing cause, which may be determined locally by some trivial blow or pressure which escapes notice entirely. Possibly the pressure of one leg thrown over the other for a certain length of time, producing retardation of flow, might suffice; and as the right is probably oftener thrown across the left, it may account for the greater frequency on the left side.

But we did not start out to theorize. The professor's explanation did not satisfy us. If we are wrong, let our doubts be explained away and the truth made plain. O. A. Dean, M. D.

Beloit, Wis., July 25, 1885.

Fatal Hemorrhage from the Umbilical Cord.

Eds. Med. and Surg. Reporter:—

On the very oppressive evening of the 21st of July I was called to attend young Mrs. H——, primipara. The head presented in the first anterior position, and my patient, although somewhat excited by the experience of her first parturition, was safely and naturally delivered, after suffering about eight hours.

The child, owing to the rather slow progress of the second stage, and because it may have been a couple of weeks premature, seemed somewhat feeble when born; but, after a little attention, respiration was well established, and I proceeded to tie the cord.

As has always been my custom, I had requested beforehand that for this purpose there should be secured a piece of white braid about one-sixteenth of an inch in width.

I examined the funis, which seemed natural in appearance, without hernial tendency, and, after stripping it slightly in the direction of the placenta, tied it about an inch and a half away from the navel, drawing the ligature as tightly as possible. After placing a second ligature, I cut the cord, and then, examining for some seconds the stump, and wiping its cut surface off clean with my thumb, seeing there was no disposition to even the slightest oozing, I handed the child to a woman in attendance, and she, wrapping it in a large clean sheet, laid it down until ready for dressing.

Believing the child was all right, having carefully attended to the mother, I prepared a navel-rag, and telling the nurse how to put it on, I went down-stairs with the intention of departing soon. A few minutes later, I was hastily summoned to see the child.

The nurse, on taking it up, had discovered in the sheet large quantities of blood, say perhaps three or four ounces, and the child was found exsanguine and gasping. In spite of position and stimulation, it died about twenty minutes subsequently, and what had promised to be a most successful *accouchement*, was changed at once to a very disappointing one.

The cord, as soon as the hemorrhage was observed, was examined. The ligature was intact. The button-like stump was stained all over, as if from general oozing, but no blood was then escaping, syncope having occurred. I placed, however, then a second ligature, although entirely unnecessary, as there was no subsequent bleeding.

Now, I have been thus, perhaps, unnecessarily concise in describing my case, with the view of inviting criticism of my treatment. I must say, however, that I did in this case just as I have done in hundreds before it, and shall possibly do hereafter, except that I shall in future watch the navel very carefully. Twice before, in my practice of twenty-three years, I have been called to apply a second ligature to stop bleeding, soon after the child was separated from the placenta, and neither child died. In my fatal case, the ligature was very firmly drawn, and seemed, as I have said, sufficient. In conclusion, I may say I know of no theory to account for the fatal occrrrence except that the child may have been born with a hemorrhagic diathesis, which betrayed its existence by secondary bleeding, in spite of a firmly-applied ligature. J. Gilbert Young, M. D.

1000 *Shackamaxon street, Philadelphia.*

How to Take a Pill.

Eds. Med. and Surg. Reporter:—

I have just read in your issue of July 25, "How to Take a Pill," by Dr. Asthalter.

Now if the pills are sugar-coated, his method does very well; but if they are not, the patient will generally get the bad taste of the pill, and this is really the most serious objection to pills. You know that in the vast majority of cases the pills *are not* coated. When a physician orders medicine in pills, the apothecary does not sugar-coat them.

I will describe to you a method that I have been using, which I discovered last year, which carries the pill down without the patient feeling its presence in the mouth or throat, and *never permits the pill to be tasted*, when it is not coated.

Take a swallow of water, and hold the head back, so that the water will be in the back of the mouth. Do not swallow the water until the pill has been dropped on its surface. Take the pill between finger and thumb (still holding head back) and carry it well back, without touching the inside of the mouth with it; then drop in on the water and swallow. The head will come forward, and the water opening and wetting the œsophagus takes the pill instantly to stomach. It does not "stop half-way down," and is not tasted. *Try it.* D. Benjamin, M. D.

305 *Stevens street, Camden, N. J.*

Action of Calomel on Conjunctiva.

Eds. Med. and Surg. Reporter:—

In the Reporter of July 11, Dr. C. S. Turnbull accounts for the caustic action of calomel on the conjunctiva by the "well-known fact that

most samples of calomel contain free corrosive sublimate." But the same result follows the local use of absolutely pure calomel, and the internal use of iodine or the iodides at the same time. Under these circumstances I have seen severe ulceration result from the application of calomel to a patch of herpes præputialis.

F. R. MILLARD, M. D.

San Diego, Cal.

NEWS AND MISCELLANY.

An Argument in Favor of the Restriction of Chinese Emigration.

When we, of the East, hear of the violent opposition to the ingress of the Chinese from our brethren of the Pacific slope, we generally accredit this opposition to mercenary motives; but when we read the following lengthy abstract from the *Daily Examiner* of San Francisco (July 21), we are not only horrified, but we are tempted to utter a most fervent prayer that these filthy scoundrels may not be allowed to increase among us. We quote as follows:

"The special committee appointed in February last to investigate the condition of Chinatown presented a lengthy report, from which the following extracts are taken:

"ASPECT OF CHINATOWN.

"When your committee commenced their investigations, they were impressed with the fact that the general aspect of the streets and habitations was filthy in the extreme, and so long as they remained in that condition, so long would they stand as a constant menace to the welfare of society, as a slumbering pest, likely at any time to generate and spread disease, should the city be visited by an epidemic in any virulent form. Your committee are still of the opinion that it constitutes a continued source of danger of this character, and probably always will, so long as it is inhabited by people of the Mongolian race. They are glad to be able to say, however, that the presence and operation of the surveyors since employed by them have had a most salutary effect —whether lasting or not—in inducing 'a general cleaning up' where filth was the rule before, until a better general aspect is now presented than was the case at the time when this investigation began. Knowing the peculiar habits of this people, it is not likely that this better condition of things will continue long, now that the operations of the surveyors employed by your committee have been concluded, or that anything better will follow than a relapse back into their more dense condition of nastiness, in which they apparently delight to exist. Nevertheless, something has been gained in the demonstration of the fact that by constant watching and close supervision the residents of Chinatown can be made to adopt somewhat better habits, and become less obnoxious—on this score, at least—as well as a lesser source of danger to the public health; and, therefore, it is perhaps well to inquire now whether it will not be wise to inaugurate new rules and a new policy, under which they must be brought, if they are to continue to remain among us. In speaking thus of the improvement that has taken place in the general appearance of Chinatown since your committee commenced its investigations, we would not be understood as saying that the condition of the locality is in any sense what it should be in point of cleanliness. Our effort is to point out the fact that, as compared with what it was four months ago, it presents an improved aspect. The difference is one of degree, however, and even in its bettered aspect, in its byways, its slums, and its purlieus, its habitations, some of its places of business and places of amusements, it is to-day the filthiest spot inhabited by men, women, and children on the American continent. All great cities have their slums and localities where filth, disease, crime, and misery abound; but in the very best aspect which Chinatown can be made to present, it must stand apart, conspicuous and beyond them all in the extreme degree of all these horrible attributes, the rankest outgrowth of human degradation that can be found upon this continent. Here it may be truly said that human beings exist under conditions (as regards their mode of life and the air they breathe) scarcely one degree above those under which the rats of our water front and other vermin live, breathe, and have their being. And this order of things seems inseparable from the very nature of the race, and probably must be accepted and borne with—must be endured, if it cannot be cured—restricted and looked after, so far as possible, with unceasing vigilance, so that whatever of benefit, 'of degree,' even, that may be derived from such modification of the evil of their presence among us, may at least be attained, not daring to hope that there can be any radical remedy for the great, overshadowing evil which Chinese immigration has inflicted upon this people.

"CHINESE POPULATION.

"No known method of census taking has ever yet sufficed to furnish an approximate idea even of the numbers of our Chinese population. It is believed that the system which has been adopted in the conduct of this investigation will result in establishing a more correct conclusion on this point, so far as the twelve blocks covered by it are concerned, than can be obtained through any other method. Every building in this district has been visited, examined, and measured; the number of rooms which each contains, and the number of bunks or sleeping accommodations given in the report furnished your committee by its surveyors, and certainly with approximate accuracy, the number of men, women, and children of Chinese origin *who sleep* in this district, is now known and is herewith given. On this basis, and through this system of computation, we are enabled to show what we believe is a fair return of the population of the district referred to. Your committee have found, both from their own and individual observations, and from the reports of their surveyors, that it is almost the universal custom among the Chinese to herd together as compactly as possible, both as regards living and sleeping rooms and sleeping accommodations. It is almost an invariable rule that every 'bunk' in Chinatown (beds being almost unknown in that locality) is occupied by two persons. Not only is this true, but in very many instances these bunks are again occupied by 'relays' in the

daytime, so that there is no hour, night or day, when there are not thousands of Chinamen sleeping under the effects of opium, or otherwise, in the bunks which we have found there. Besides these bunks, rolls of bedding for use in sleeping on floors and various other sleeping accommodations are found. All these bunks, rolls, etc., have been carefully noted and enumerated in their reports furnished to us by the surveyors, and from them we reach the following results of an estimated enumeration of the population of Chinatown. For convenient reference, the numbers of the blocks named from time to time in this report are those by which the same blocks are distinguished in the books of the assessor. The boundaries of the blocks so numbered are given as follows:

	Bunks.
Broadway, Pacific, Kearny, and Dupont	183
Pacific, Jackson, Kearny, and Dupont	796
Jackson, Washington, Kearny, and Dupont	1446
Washington, Clay, Kearny, and Dupont	976
Clay, Sacramento, Kearny, and Dupont	1388
Sacramento, California, Kearny, and Dupont	741
Broadway, Pacific, Dupont, and Stockton	477
Pacific, Jackson, Dupont, and Stockton	1969
Jackson, Washington, Dupont, and Stockton	2828
Washington, Clay, Dupont, and Stockton	2325
Clay, Sacramento, Dupont, and Stockton	1287
Sacramento, California, Dupont, and Stockton	764
Total number of bunks	15180

"Not only have your committee found that the rule is for two persons to each 'bunk,' and relays of sleepers through the day in many, if not most instances, but women and children seem also to be stowed away in every available nook and corner, without reference to any special accommodation being provided for them. Taking, therefore, the total number of 'bunks,' and multiplying that total by two, must be at least a safe minimum estimate of the population in those twelve blocks, with every probability favoring the conclusion that an addition of perhaps 20 per cent. would not more than cover the real number of Chinese inhabiting the locality. On this basis, allowing two persons to a 'bunk,' and adding no percentage for excess from any of the foregoing reasons, we have a population in Chinatown of 30,360. And this, your committee believe, is the lowest possible estimate that can fairly be made.

"CHINESE WOMEN AND CHILDREN.

"It is a less difficult problem to ascertain the number of Chinese women and children in Chinatown, than it is to give with accuracy the male population: First, because they are at present comparatively few in numbers; and, second, because they can nearly always be found in the localities which they inhabit. This investigation has shown, however, that whatever may be the domestic family relations of the Chinese empire, here the relations of the sexes are chiefly so ordered as to provide for the gratification of the animal proclivities alone, with whatever result may chance to follow in the outcome of procreation. There are apparently in Chinatown but few families living as such, with legitimate children. In most instances the wives are kept in a state of seclusion, carefully guarded and watched, as though 'eternal vigilance' on the part of their husbands 'is the price of their virtue.' Wherever there are families belonging to the better class of the Chinese, the women are guarded and secluded in the most careful manner. Wherever the sex has been found in the pursuance of this investigation under other conditions, with some few exceptions, the rule seems to be that they are here in a state of concubinage, merely to minister to the animal passions of the other sex, with such perpetuation of the race as may be a resultant consequence, or else to follow the admitted calling of the prostitute, generally of the lowest possible grade, with all the wretchedness of life and consequence which the name implies. That this is not mere idle assertion, the following statement of the number of women and children found in Chinatown in the course of this investigation, and which includes probably nearly every one living in that locality, will, we trust, sufficiently demonstrate:

Women	57	Living as families.
Children	59	
Women	761	Herded together with apparent indiscriminate parental relations, and no family classification, so far as ascertained.
Children	576	
Prostitutes	567	Professional prostitutes and children living together.
Children	87	

"CHINESE PROSTITUTION.

"This examination has led to the foregoing result in regard to the relation of the sexes. No well-defined family relations have been discovered other than as shown, while the next classification seems to be a middle stratum between family life and prostitution, partaking in some measure of each, if such a condition of things can be possible. The most revolting feature of all, however, is found in the fact that there are so large a number of children growing up as the associates, and, perhaps, the proteges of the professional prostitutes. In one house alone, on Sullivan alley, your committee found the inmates to be nineteen prostitutes and sixteen children. In the localities inhabited largely by prostitutes, women, and children, who apparently occupy this intermediate family relationship already alluded to, live in adjoining apartments and intermingle freely, leading to the conclusion that prostitution is a recognized and not immoral calling with the race, and that it is impossible to tell by a survey of their domestic customs where the family relationship leaves off and prostitution begins.

"WHITE PROSTITUTION.

"The investigations which have been carried on by your committee have developed another disgusting and surprising feature. It is in reference to white prostitution in that locality. The map accompanying this report shows in what sections and to what extent of area white prostitution exists in Chinatown. The number of degraded women who ply this vocation there is unknown. But the point that will impress itself more strongly upon the ordinary mind, is that these women obtain their patronage almost entirely from the Chinese themselves. Their habitations seem to have been taken up in the Chinese quarter solely for this purpose, and their mode of life seems to be modeled after that of the Mongolian, to a larger extent than after the manners and customs of the race to which they belong. Many, if not most of them, confirmed victims to the opium habit in one form or another, they present pictures of pallid wretchedness hard to parallel in

any community where total depravity rules supreme, and their sex sinks to the lowest point of human degradation. The Chinese drug and opium stores at night usually contain numbers of these wretched beings, seeking opium or medicaments for the physical diseases to which they are constantly subjected; and more wan, sad, hopeless, and wretched-looking faces the human eye seldom encounters in the streets or slums of the most populous cities of the world. This is a feature of prostitution in Chinatown with which it is difficult and perhaps impossible to deal. Your committee can only point out the conditions under which it exists as one of the numerous evils which attach to and grow out of the presence of the Chinese among us. It is one of the many counts in the indictment against the race, and upon which we hold them up for trial before the public opinion of our country, from which we bespeak a just and wise verdict. For the poor, wretched woman who enters this particular walk of life there need be no punishment other than her own miseries; no word of reproach, but all our pity. Let her 'who enters here leave hope behind.'

"WHITE WOMEN LIVING WITH CHINAMEN.

"Another surprising as well as disgusting feature developed in this investigation is the fact that there are numerous instances of white women living and cohabiting with Chinamen in the relation of wives or mistresses. In one instance where an example of this was found, there was one white woman living among a large number of Chinese women and children—the mistress of one or more of the 'little brown men'—who, when the place was visited by the surveyors employed by your committee, roundly berated them for thus invading the citadel of their domestic rights, and threatened various modes of punishment therefor. In one instance a Chinaman had assumed marital relations with a fair widow with several children by a Caucasian husband. At 900 and 902 Dupont street there is a white woman living with a Chinaman on the third floor; at 613 Jackson street, second floor; at 708 Commercial street, second story; at 708 Commercial street, third story; at 710 Commercial street, third story; at 718 Commercial street, second story. There are in each of the foregoing one white woman and one Chinaman living together. At 740 Commercial street, second story, and at 916½ Stockton street, there are two white women in each place living with Chinamen.

"CONCLUSIONS AND RECOMMENDATIONS.

"We have thus presented for your consideration and for the consideration of the public, the salient features of the mode of life, the effect upon home labor, habits, industries, vices, and contempt of local laws, of Chinese in Chinatown. It clearly appears that the present and prospective condition of things calls for a more energetic and better-defined line of policy than San Francisco has heretofore displayed, and the adoption and enforcement of such measures as will bring this people under the same control as that which is exercised over other citizens generally. We cannot shut our eyes to the fact that the Treaty and Restriction Act constitute no effectual barrier as yet against Chinese immigration. The tide may not be flowing in upon us so rapidly nor with the same volume as before, but 'the cry is still they come,' and the problem of Chinese immigration is not yet solved. Moreover, it is far better to face the fact that through British Columbia on the north and Mexico on the south the march of the Mongolian cannot be effectually stayed, except by such congressional legislation and such an expenditure of public moneys as shall render such a result physically impossible of accomplishment; and we must meet the issue as it is presented, and settle the question of how best to deal with the Chinaman when once he is among us, how best to protect ourselves from the baneful effects of his presence. The right of protecting ourselves, the right of holding the Chinese to the same responsibilities under the laws that other citizens are held, cannot be disputed. The fact that the race is one that cannot readily throw off its habits and customs, the fact that these habits and customs are so widely at variance with our own, makes the enforcement of our laws and compulsory obedience to our laws necessarily obnoxious and revolting to the Chinese; and the more rigidly this enforcement is insisted upon and carried out, the less endurable will existence be to them here, the less attractive will life be to them in California. Fewer will come, and fewer will remain. The very race proclivities which we thus abhor may be converted into a better safeguard against Chinese immigration than any law of Congress or any treaty, if these race proclivities, which are sure to run counter to our laws and our system of morals, are held sternly in check, at whatever cost to the state or to the city.

"COMPEL THE CHINAMEN,

"By municipal laws which are not only enacted but enforced, to live like our own race; prevent them from burrowing and crowding together like vermin; enforce cleanliness in mode of life; break up opium dens and gambling hells; restrict the number of inhabitants in any given block in the city; enforce upon the people, so far as may be possible by every legitimate method that can be devised, a cost of living that shall approach as nearly as possible that of the ordinary white laborer. Take away from the Chinaman by such methods as these the largest possible part of the profits of his earnings as they accrue now from his present mode of life, and thus exhaust every effort to bring him to the level of the at present fearfully-handicapped American laborer, and California, or San Francisco at least, will soon cease to be attractive as a place of abode, and a less profitable field of labor for the Chinaman than it is at present. Scatter them by such a policy as this to other States, and let other States take home to themselves the full measure of the extent of the curse of Chinese immigration, when they shall have felt the evil as we feel it here. Municipal laws that are made to be enforced, and that are enforced—that shall prohibit any greater number of people from living on the space covered by one block, for example, than now live on such space, taking, if you please, the most densely inhabited block outside of Chinatown for a standard as the limit of the rule; that shall embody the Cubic Air law as it at present stands; that shall compel the use of chimneys and proper cooking

facilities; that shall enforce cleanliness at the cost of the occupants; that shall restrict prostitution; that shall suppress and put out of existence barricaded gambling dens; that shall prevent, under the most stringent penalties, the violation of fire and sanitary laws of every description; that shall, as a sanitary measure, prevent the exhumation of the remains of deceased persons, except under a much heavier tax than at present imposed; that shall prevent overcrowding in their theatres—will correct as far as possible many of the abuses that grow out of the presence of this people, and can hardly fail to drive them from among us. Hold, if necessary, the property-owner responsible for the overcrowding or other unlawful use of his property, and make the penalty imposed for violation of such laws a lien upon the property itself, and San Francisco will soon cease to be a paradise or even an attractive place of habitation for the Mongolian.

"The report was placed on file, and the committee instructed to prepare an ordinance embodying the recommendations made in the report."

Notes from the History of Medicine and Medical Opinion.

Surgeon-General Chas. A. Gordon thus writes in the *Med. Press*, June 17:

During the *Sung* dynasty, namely A. D. 960 to A. D. 1280, the study of Medical Jurisprudence was greatly encouraged in China; voluminous works on Therapeutics were also published in the same period. In certain departments of jurisprudence the Chinese physicians then enjoyed, as at the present day they do, a very high reputation. Among other instances of superior sagacity in this respect to which, with or without good reason, they pretend, is the method by which they affect to discover whether a man found dead by strangulation had been his own executioner, or had been strangled by others; whether in the case of a body being found in the water, death preceded or followed immersion; and whether, in other cases, death has been the result of natural causes or of felonious violence (Hamilton's "History of Medicine," vol. i., p. 31).

In the First Age of mankind, according to the medical sages of ancient China, the ancients prepared medicines, but seldom used them, their health was so perfect; in the Middle Age virtue became degenerated, and strength decayed; then disease arose. At the present time, medicines are used for the cure of diseases when they lurk within the body, and caustics, sharp instruments, and moxas to drive away the distemper; and yet, all these inventions bring no great advantage. In these ancient views, it will be observed how closely the ideas held in China in regard to the origin of disease coincide with those entertained in regard to the same mystery by ancient Hindoo writers.

"There are six sorts of distempers"—so wrote *Chun-yn-y*. "The first, of the presumptuous or haughty; the second, of the covetous; the third, of the poor, who want the necessaries of life; the fourth, of those who have the *yang* and the *yin* irregular; the fifth, of those who from weakness and want of flesh are not able to take any remedies; the sixth, of those who give credit to quacks and imposters, and have no faith in regular physicians."

In the treatment of the sick—"Regard must be had to the age and constitution of the patient; to his constitution, whether of plethora or of inanition; also whether the distemper be new or inveterate. It is necessary likewise to examine the degrees of malignity in poisonous medicines. In short, we must not obstinately adhere to the letter of this rule on all occasions; but it must be moderated as different circumstances require." The sages, or masters of medicine, when they make use of remedies to restore the health of the upper region, take special care not to excite any disorder in the lower region; when in the lower region, not to disturb the upper; when in the middle, not to affect the upper or lower.

More than a score of centuries before Hippocrates wrote of critical days, and at a period even earlier than they were noticed by ancient Hindoo physicians, allusion occurs in writings of the time now referred to indicative of the fact that "crises in disease, and the natural tendency which the body has to cure itself by critical evacuations at certain periods," were eulogized in the time of Hoangti. And from that period down to the present the Chinese have continued to lay much emphasis on the periodicity of diseases, especially febrile diseases. Fever patients are thought to exhibit a marked change every seventh day, and, according to native opinion, such affections in their progress means "seven days light and seven days heavy." In the works of the ancient Chinese physicians, characteristic descriptions of particular forms of fever are given; thus intermittent fever was minutely and correctly described by them B. C. 2600. Two thousand years before our era also, the disease cholera was correctly described by them, and by the precise name by which at the present day it is known in China, namely, *hwo luan*.

A reference to the system of therapeutics and materia medica of the Chinese will suffice to indicate several important points in reference to their theory of disease, and also that on which their methods of treatment are based. For example, various diseases are by them assigned to "poisons" and "specific poisons" in the body; in regard to others the "humoral doctrine" holds sway as it did, and, indeed, still does to a certain extent among western nations. The doctrine of "blood poisoning," involving the administration of "blood purifiers," finds favor with the public, and profit to medicine vendors in China, as elsewhere.

Throughout their ancient writings various illustrations are to be met with of the doctrine of *similia similibus*, having from very distant times been carried into practice. From time immemorial the native Chinese system of treating diseases has been strictly *homœopathic*, things being presented which in their nature are believed to resemble things in man. Talismans and charms are used, even by "the profession," against epidemics; branches of the peach tree are suspended "by authority" over the doors of houses and cattle sheds to ward off evils of various kinds, very much as twigs of the mountain ash used to be, if, indeed, they are not still, in certain parts of Great Britain. Instances are related of men

having been *hypnotized*, the operators in these instances being women!

According to the physiology of the Chinese, man is a little universe, or microcosm, and to this microcosm is extended the operation of the *yang* and the *yin*, in other words the male and the female principles of nature. Here, then, we find reproduced, if, indeed, not the original of the theory to which allusion has already been made in reference to Egypt and to India, and certainly the prototype of a similar theory recently enunciated as an instance of the most advanced sciences of the present time, while in regard to the doctrine of nature, inasmuch as throughout the sphere of living organisms certain sexual characteristics present themselves, the idea represented in the two principles indicated by the yung and the yin was certainly as much in accordance with the phenomena of living things as that of Hippocrates long subsequently enunciated in regard to what by him was called Nature. A ready theory to explain not only the occurrence of diseases, but of temporary derangements in the functions of the body, is that of harmonious or inharmonious action of the two "principles" of Nature thus alluded to.

In China, and also in India, as already noticed, the administration of anæsthetics was well understood, and practiced from a very early date; they were applied locally or generally by the physicians according to requirements in particular cases, the root of aconite being used for the former, certain fungi for the latter purpose.

According to Chinese medical authors, more especially a work entitled *Taou-tchin-fa*, small-pox made its appearance in China about the year B. C., 1122; other writers, however, assign its first occurrence in that empire to the period of the Eastern Tsin dynasty, namely, A. D. 317 to A. D. 420. Inoculation with the virus of that disease had been known and practiced in China from the time of the Sung dynasty, namely, A. D. 960 to A. D. 1127, and there is reason to believe that it was so also for a long period previous to that date. But, according to Grozier (l c. p., 489), "the Chinese place less confidence in the practice of inoculation than the Europeans, and for this reason, because the former are convinced by numberless instances that it does *not* prevent a return of small-pox when it becomes epidemical," and further, "that the disorder, even when communicated naturally, does not in all cases secure the patient against the recurrence of the malady." (Hamilton's "History of Medicine," vol. i., p. 30.) In fact, as already noted to have been the case in India, so in China, the operation appears to have been performed more with the object of conciliating "the demon of small-pox," or the "deity" of that disease, than as a means of protection against the severe fatal forms of that malady. The operation is usually alluded to under the somewhat poetical expression "cultivating heaven's flowers," implying thus that its object was in reality the preservation, or at all events development, of the natural disease, the "poison" of which resides in the system till developed, as fire is concealed in the flint. If this interpretation be the true one of the references which occur to the operation in question, and a careful consideration of their purport leaves no doubt on the subject, the natural inference is, that in course of time the real object of inoculation passed away out of mind, and that prevention took the place of cultivation of the disease thus artificially introduced into the human system. The particulars here given bear an important relation to the general system of "inoculation" for various diseases now practiced. They indicate, moreover, the importance of research, in works referring to times past; and they point to similar results from the new system of "inoculation" as those which characterized the old.

The Chinese consider pulmonary consumption to be infectious; they account for the disease being thus conveyed on the hypothesis that at the moment of death of the phthisical patient, a "worm" is expelled which enters the body through the breath of those in attendance. Have we not then, in the hypothesis here indicated, an approach to, if not identical with that which assigns to the "bacillus tuberculi" the property of transmitting the disease alluded to?

Of surgical knowledge, the Chinese appear to be destitute. As a rule, their practitioners are timid operators; as to external operations, they are limited to scarifications, moxas, and plasters. From a translation by Dr. Lockhart of a Chinese treatise on midwifery, a few extracts will indicate the general purport of the whole. "The great energy of nature is called life. The passing into life is a spontaneous act of nature. In the present age we often hear of difficult labors; if they terminate favorably it is not because of human interference, and if otherwise, you do not mean to say that this is the fault of nature. Can it be that nature would slay a man at the very gate of life? Man should follow nature, and not interfere with her operations by useless meddling." And so on.

According to their belief, also, the principal part of the healing art consists in the *feeling* (*i. e.*, by means of the fingers) of the pulse. In determining the sickness by laying of the hand upon the pulse, Chinese physicians are peculiarly clever, and their knowledge in regard to this part of diagnosis is really surprising. They describe twenty-four different kinds of pulses, with their subdivisions. In their nosology, diseases are divided into more than a thousand different kinds, for the names of which it would be impossible to give in English the corresponding words to those represented in the Chinese characters. Their practice, however, is far in advance of their theory, and some of their treatises on dietetics and medical practice contain good advice, the result of experience.

As far as authority is concerned, their system of medicine has high claims on our consideration, being in this respect superior to that of the Greeks, and conjecturally so to that of the Hindoos. But at the present day it has so degenerated that it is now a strange combination of a few anatomical facts and some really useful observations buried under an absurd mixture of astrology and superstition.

Diseased Sheep in Chicago.

The Erie (Pa.) *Herald*, under date of July 29, 1885, says that hundreds of diseased sheep are overlooked daily at the stock-yards in Chicago, and slaughtered as mutton for the city. Says the ar-

ticle: "The health inspectors are in apparent ignorance of the fact that diseased sheep are almost daily sold at the stock-yards. Sales are made openly, despite the presence of inspectors, and no bar has thus far been interposed to stop the trade. The animals are shocking spectacles, and the idea that such stuff is sold daily as food for thousands is horrifying. A thousand diseased sheep are bought at the stock-yards daily by mercenary scalpers, and sold to the unsuspecting public as good mutton. A syndicate is interested in the traffic. A reporter paid a visit to the pens at the stock-yards recently for the purpose of investigating. No inspectors were about. Out of forty pens, twenty-eight contained diseased sheep, and on an average there were twenty diseased sheep in each pen. Scabs, foot-rot, and glanders or snuffles, were the ailments of the entire lot. The sheep, it was definitely ascertained, were slaughtered and were sent out to the local butcher-shops or to the Jackson street market."

The Grecian Bend.

Dr. E. W. Germer, of Erie, President of the Pennsylvania State Board of Health, was recently accosted on the street by a reporter of the Erie *Herald*, when the following conversation ensued:

"Doctor," said the reporter, "do you ever have people imagine they have the cholera?"

"Yes," replied the doctor, with his indescribable accent. "I know five or six cases where they were scared half to death. Some of them were men who had eaten cucumbers and drank beer. Beer and cucumbers will double them up every time. Fill a thin bottle with beer and put some cucumbers in, and the next morning the bottle will be burst. Another case was where a woman had drank a pitcher of ice-water. Blood-heat is ninety-eight degrees, and ice-water is thirty-five or forty degrees. No wonder the woman had the 'Grecian bend.'"

"Another cause of complaint," said the doctor as the reporter started to go, "is Paris green the farmers put on cabbages. They sprinkle Paris green on to kill the bugs, and some poor devil eats it, and he is sick."

Dietetic Errors as a Cause of Disease.

I have come to the conclusion that a proportion amounting at least to more than one-half of the disease which imbitters the middle and latter part of life among the middle and upper classes of the population is due to avoidable errors in diet. Further, while such disease renders so much of life, for many, disappointing, unhappy, and profitless, a term of painful endurance, for not a few it shortens life considerably. It would not be a difficult task—and its results if displayed here would be striking—to adduce in support of these views a numerical statement showing causes which prematurely terminate life among the classes referred to in this country, based upon the Registrar-General's reports, or by consulting the records of life assurance experience. I shall not avail myself of these materials in this place, although it would be right to do so in the columns of a medical journal. My object here is to call the attention of the public to certain facts about diet which are insufficiently known, and therefore inadequately appreciated. And I shall assume that ample warrant for the observations made here is within my reach, and can be made available if required.—Sir Henry Thompson, *in Popular Science Monthly for July.*

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the two weeks ended July 25, 1885.

Fessenden, C. S. D., surgeon. Leave of absence extended eight days on account of sickness, July 20, 1885.

Irwin, Fairfax, passed assistant surgeon. Granted leave of absence for ten days, July 14, 1885. To inspect unserviceable property at St. Louis, Mo., July 15, 1885.

Items.

—M. Coestu, of Paris, reports two hundred and ninety-eight cases of diphtheria treated by large doses of calmel, and only twelve deaths.

—Dr. Trileski has employed cocaine locally in vomiting and for the pains of labor. The effect in both cases was satisfactory. No effect was produced on the course of the labor.

—The Barotte prize, of 3,400 francs, awarded to the inventor of the most important and useful invention for agriculture, has been bestowed on M. Pasteur, for his discoveries in contagious diseases.

—The *Monthly Journal of Sciences* states, on the authority of a well-informed French contemporary, that the excrements of dogs are now collected in Paris and worked up into peptones and powdered extracts of meat.

—The Academy of Sciences, whose turn it is this year to award the Institute's biennial prize of 20,000 fr., has pronounced in favor of Dr. Brown-Séquard. M. de Brazza, the African explorer, was amongst the competitors.

—The Société Médicale des Hôpitaux has opened a subscription toward providing a bust of Dr. Noël Gueneau de Mussy, recently deceased, which is to be placed in the Hôtel Dieu, to which hospital he had been attached for many years.

—The average duration of life in cancer of the tongue is, without operation, ten and a half months; with operation, sixteen months. In some cases, after operation, the patients have lived for from two to five years, or even ten years. —*New York Medical Record.*

—Dr. Biefel and Dr. Poleck have recently discussed in the *Zeitschrift für Biologie*, the question of the relative fatal effects of charcoal fumes and of illuminating gas, it being asserted that in the former case .19 per cent. in the air of CO destroys human life in thirty-five minutes, while a limit of 1 per cent. is exceeded in the latter case before a similar result ensues. This is attributed to the presence of oxygen in the gas; but Dr. Wagner has disputed these conclusions on the ground that the experiments were not conducted in a satisfactory manner. He agrees, however, with the statement that a mixture of gas and air possessing fatal properties is necessarily in an explosive condition.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

DIAGNOSIS AND TREATMENT OF DENTRITIC CYSTIC TUMORS OF THE JAWS.

BY JOHN S. SMITH, D. D. S.,

of Lancaster, Pa.

Diagnosis.—Cystic tumors may be confounded with other affections which occasion swellings about the jaws, as enchrondromata, sarcomata, and myxomata, abscesses, and the collections of fluids in the antrum. Dental alveolar abscess may be distinguished by its acute course, and when in a chronic condition by the discharge of its contents through the fistula, either upon the gum, or within the oral cavity. The tumor formed by an abscess is never so sharply defined as is the case with cysts; with dropsy of the anterial cavity the distention of the facial wall of the jaw is more uniform than it is with cysts.

In some cases of cystic tumors, they present so formidable an appearance at first sight, that they may be taken for solid tumors; especially is this so when their walls are compact and well organized, nearly if not altogether obliterating the sense of fluctuation when pressure is made upon them.

Cases have come under the observation of the writer where it required the most delicate touch to detect any fluctuation when pressure was made upon the apex of the tumor.

In some cases the diagnosis cannot be determined accurately until after one or more teeth are removed that are involved with the tumor. After such operation, a probe carried through the alveolus will usually reveal the true condition of the lesion. One or more dead teeth are found involved—one, however, being the rule in most cases which have come to the notice of the writer, while two, and sometimes three, are implicated with the tumor. The dead tooth may be easily distinguished from the living ones by its opaque appearance. Such tooth may be carious, and it may not.

Primarily the dentritic cyst originates from what pathologists call a "cold abscess," that is, an abscess which has never opened; subsequently, having developed into a tumor. The interior of the cyst has a fibrous lining, and being compact in structure, is the seat of an inflammatory process. The cyst contains a puriform fluid; it may attain such magnitude as to invest several teeth and extend beyond the alveolar process. The tumor is usually oval in shape, with its apex on a line with the diseased tooth directly involved. The size of the tumor may be as large as a hulled walnut, or as small as a hazel-nut; crepitates under pressure, and feels like parchment. In cases of long standing, considerable resorption of the alveolar process takes place, and the teeth immediately connected will be loose; especially will this be the case if the alveolar borders are broken; these teeth should be removed. These tumors are found painless, as a rule. I have met with cases, however, where an acute inflammatory condition was present, with all the symptoms of acute periodontitis manifested. So that it could have been readily mistaken for the pointing of an alveolar abscess.

Pathology.—Cysts of the jaws may be either simple or compound; whether they be cysts of retention, exudation cysts, or extravasation cysts belonging to the jaws, is a matter not as yet fully

established. The exudation cyst is a secretory cyst; in a generic relation, however, it is just the opposite of the retention cyst. Serous sacs form the foundations of the exudation cysts. "The mode of development of cysts of the jaws," says Wedl, "has not yet been determined; it therefore becomes necessary, in order to throw more light on the subject, to pursue further anatomical investigations in that direction."

Rindfleisch says: "The accumulation of the fluid is not produced by the continuance of the normal secretion, but by an exudation surpassing the normal measure of the serum of the blood with salts, albumen, fibrinogenous substance, and extractives, in the most varying proportions. The exudation cysts have little to do with pathological new formation. Of extravasation cysts," he says, "a parenchymatous bleeding can very well be the point of departure for the formation of a cyst. The hemorrhagic depot can present itself primarily as a cyst, namely, when the blood is poured out between two surfaces in themselves smooth; for example, bone and periosteum, cartilage and perichondrium, and thereafter remains fluid. As a cyst may also be formed when upon the one hand the limitary parenchyma furnishes a connective tissue membrane, upon the other hand, the blood itself is resorbed through a series of metamorphoses up to a small remainder, and is replaced by a clear fluid."

The above-mentioned condition is liable to manifest itself within the body of the jaw, the bone and periosteum, after severe mechanical injuries to the bone, and the rupture of blood-vessels within the parenchyma. There can be little doubt that many of the so-called dentritic cysts of the jaws have their origin primarily from causes brought about by falls, strokes and mechanical violence, causing rupture of blood-vessels. It is quite true, history of cases fully confirms such facts.

Clinical observations lead us to believe, however, that only in cases where the abscess does not open, we find the pathological new formation taking place within the jaws. Pulpitis, and as has been observed, followed by pericementitis and periodontitis, is a prolific cause of the development of the dentritic cystic tumor.

Treatment.—The removal of all dead teeth involved. Other teeth whose pulps are living may be loose, and to a casual observer appear to be complicated, but a careful examination will reveal the fact that they should not be disturbed but retained in their places; only one tooth may be the offender, being a dead one which has caused the trouble. After the removal of the cause, let it be either one or more dead teeth or fangs of teeth, cyst walls may be punctured with a sharp instrument, and the contents of the sac released, this being done by carrying the instrument through the alveoli, and not through the bony parietes of the jaw. After the contents of the sac is let out, and the sharp spicula of bone trimmed, with engine burrs, tincture of iodine full strength may be forced into the cyst sac, by saturating tufts of cotton-wool and allowing them to remain, again repeating the treatment at intervals of a day. If necrosis of bone be present, it is good practice to alternate the iodine treatment with aromatic sulphuric acid. Cases generally yield to this treatment in from six weeks to three months. I have seen cases not yielding to treatment for nine months. There are other and shorter methods in the treatment which perhaps some would prefer—the cutting down through the body of the tumor, by making a crucial incision and scraping out the contents of the sac, afterwards allowing nature to do the rest—but I do not believe it is the best or the safest way. There is surely a much greater loss of structure, which is never restored as in the former method by granulation, after the secreting cells have been destroyed by medicinal applications of iodine and sulphuric acid treatment.

TWO OVARIOTOMIES SUCCESSFULLY PERFORMED ON THE SAME PATIENT.*

BY JOSEPH RANSOHOF, M. D., F. R. C. S.,

Of Cincinnati.

M. A., æt. 24, married, was admitted to the surgical clinic at Königsberg, Prussia, July 7, 1880. Until her marriage, five years ago, she was in perfect health. Soon after marriage irregular menstruations supervened. They would appear at intervals of eight to ten days, and continue for a like period. Three and a half years after marriage the menses disappeared for seven weeks, when, after appearing irregularly for a short time, they ceased entirely during the last four years. The patient has been conscious of an unpleasant sensation in her abdomen, but until lately has not suffered pain. Eighteen months ago she discovered an abdominal tumor, which has been gradually increasing in size. In last month pain has confined her to bed for a week at a time. She has never been pregnant. Patient is robust and well-nourished. Abdomen distended by a uniform swelling; greatest measurement 36½ inches. Palpation reveals firm, slightly un-

* Abstract of a paper read before the American Medical Association, April, 1885.

even tumor. Vaginal examination does not reveal the presence of a growth. The sound enters the cervix uteri readily, but can be pushed into the body only by depressing the handles of the instrument. An abdominal tumor was diagnosed. The operation was made July 28, 1880, under a spray of salicylic acid. The tumor sprang from the right ovary. A drainage-tube was inserted into the wound, which was closed by six quilled sutures, including the peritoneum, and twenty superficial sutures. Lister dressing.

Prof. Baumgarten described the tumor as follows: "Somewhat larger than an adult head, and is globular in shape. Its surface is smooth, and on one side the tube is attached. A section shows it to be an almost solid mass, from which, as from an opened honey-comb, there oozes, from innumerable orifices, a thick grayish-white secretion. Microscopic examination shows that the tumor consists of cysts, for the most part microscopic in size, the walls of which are covered with a single layer of epithelium, and are filled with mucoid masses."

Two months after leaving the hospital at Konigsberg she began to menstruate regularly. In 1881 she emigrated to America, and remained till the summer of 1884. In the spring of the previous year she discovered an abdominal swelling, which increased in size. Occasional severe abdominal pains, accompanied by vesical and rectal tenesmus, caused her to seek her bed.

Dr. Ransohof first saw the patient in October, 1884, in following condition: Rather robust woman, apparently in fair health. Abdomen presents evidences of first laparotomy, appearances of cicatricial tissue being present. Two inches above the pubes an ovoid body is felt. It measures an inch in width, and more in length, and is attached loosely to the cicatrix. The smooth surface of a tumor and the absence of adhesions is established. The tumor is central, and the abdomen presents a dome-like appearance; measuring, a little below the umbilicus, 42 inches. Palpation gives sensation of fluctuation. Vaginal examination shows the cervix high up and hard to reach. In the posterior cul-de-sac the vaginal wall is bulged downward by an elastic swelling, which is unconnected with the uterus, and by bi-manual examination is shown to be a part of the abdominal tumor.

In view of the history of the case and the signs presented, the diagnosis of multilocular ovarian cyst, with extensive pelvic adhesions, was made, and an operation advocated. This was done Nov. 19. with the assistance of Drs. Palmer, McKee, Wilder, and Krouse. An incision four inches in length was made in the median line. On dividing the peritoneum, the typical grayish-colored multilocular cyst was found. Adhesions were not found. A pailful of thick, ropy, chocolate-colored material escaped from the cyst on tapping it. No pedicle could be found. The floor of the sac was so firmly adherent to the rectum, the body of the uterus, and left side of the abdominal wall above the latter, that a separation of these adhesions was wholly out of the range of possibility. In view of the extensive pelvic attachments, it was decided to sew a portion of the cyst in the abdominal wound. A glass drainage-tube was inserted, and the wound covered with boracic acid. An iodoform gauze dressing was applied. Time of operation, 50 minutes.

On the third day temperature rose to 104°, but fell again. Patient gradually improved for four weeks, when an abscess formed at the left of the wound. This was twice evacuated. The patient left the hospital in ten weeks after the operation. At this date, three months after the operation, the wound is completely healed, and the patient able to perform household duties. Since the operation the catamenial flow has occurred four times, each time lasting from three to five days.

The three points the essayist thought the case opened for discussion were: The comparative frequency of cystic disease in both ovaries, the advisability of performing double ovariotomy when the disease in one gland is but little developed, and the method of treating the cyst by suture to the abdominal wall after more or less of it has been excised.

While, in the experience of Sir Spencer Wells, both ovaries must be removed in 8 per cent. of cases, in that of others it is necessary in 16 per cent. Of 32 cases of second ovariotomies, only 5, or 15.6 per cent. ended fatally. In single ovariotomy Wells and Kœberle show a mortality of 22 per cent. In double ovariotomy Wells has lost 34 per cent., while of Kœberle's 51 per cent. have died. The author thought unless patient be near climacteric period, or the disease in the second ovary be pronounced, double ovariotomy should not be performed. The author gave a tabulated statement of 32 cases where a second operation was performed.

The method of treating the cyst by sewing the small part, which could not be removed, into the abdominal wall, the author thought to be a feature of the greatest practical importance. For this procedure he ventured to suggest the name —ventro-cystorraphy.

CASES ILLUSTRATING THE USES OF THE GALVANO-CAUTERY.

BY WILLIAM F. WAUGH, M. D.,
Professor of Practice and Clinical Medicine, Medico-Chirurgical College of Philadelphia.

A lady consulted me for profuse leucorrhœa. Examination showed a small tumor springing from the inner anterior surface of the cervix. The slightest touch induced free hemorrhage, so that the view was obscured, and any operative procedure rendered difficult and uncertain. Having carefully introduced a Nelson's speculum, and waited for all hemorrhage to subside, I applied the cautery knife, at a dull-red heat, to the root of the tumor, and removed it with little difficulty. No hemorrhage occurred; the vessels being effectually sealed up by the heat.

Another lady had been long afflicted with nasal polypi. She had had them removed a number of times, but they had quickly reappeared. Ordinarily, we remove a few at each sitting, with forceps or wire snare: stopping when compelled to do so by the hemorrhage which obscures the view. In this case, after using the snare, I applied the cautery to the cut surface to check the bleeding, and was enabled to complete the operation at one sitting. I noticed then, that the patch of membrane from which the growths sprang, was studded with minute polypi, ready to develop at once, when the pressure of the larger tumors was removed. This surface was cauterized by passing the knife lightly over it; and there has been no return of the polypi.

A gentleman walked into my office some time ago, so woe-begone and emaciated that I did not recognize him until he mentioned his name, although he had been my patient for years. For two months he had been suffering with acute pain in his ear. During this period he had been under the care of an alleged specialist—a person who at intervals floods the city with advertising sheets, on which the anatomy of the ear is depicted by the aid of a few sorry wood-cuts. His treatment for the present case consisted in dusting a little iodoform upon the ear. Of its utility you may judge when I tell you that for weeks the man had been unable to masticate his food, or to sleep, and the pain was increasing daily. The external ear and the skin around it were swollen and reddened, as if with erysipelas. From the auditory meatus projected a raspberry-like mass, purplish in color, very sensitive, and bleeding when touched. I applied carbolic acid to its surface. (This was in pre-historic times, before cocaine was.) I then applied the cautery, using the utmost care to prevent its touching the lining of the meatus, and burnt off the mass until I had penetrated about half an inch into the ear.

Here I noticed some smeary substance on the scoop used to remove the debris, and on examination found it to consist of thickened pus. The tumor proved to be a mass of granulations springing from the side of the meatus. When this had been removed, and the pus cleared out, I came upon a substance resembling wet paper, which was removed with a good deal of difficulty, as it was too rotten to remove with forceps, and too tenacious for the scoop. This consisted of epithelial scales mixed with aspergillus filaments. Finally the meatus was cleared out, and the drum could be seen. By this time the erysipelatous flush had disappeared from the face and ear, the pain had ceased, and the patient was relieved. He afterwards informed me that on the way home from my office he stopped twice to partake of stewed oysters, so quickly did his appetite return when the cause of his trouble was removed. The pain produced by the cautery was so slight that he did not mention it during the operation. Three days subsequently he returned with the whole meatus filled with a growth of aspergillus. This was removed, the cavity dried and painted with carbolized oil. The patient was instructed to dry the ear out with salicylated absorbent cotton whenever he noticed any moisture about it. There has been no return of the disease since.

These cases will suffice to illustrate the value of the galvano-cautery to the general practitioner. I do not mean to imply that the galvanically-heated knife is different in its properties from any other cautery, but practically it is vastly more convenient. In operating upon hypertrophied tonsils in children, we must not heat the knife until it is touching the tonsil, and the child need not know that heat is used; while few children would remain quiet if you approached them with a cautery iron just drawn from the furnace.

When one has become familiar with this instrument, he finds many other uses for it. Hypertrophy of the nasal mucosa, hemorrhoids with relaxed sphincter ani, warts, condylomata, pinguculæ, sluggish ulcers, and numberless other affections may be advantageously treated by it, even by physicians who have not the training of the specialists.

The apparatus I use was constructed by Otto Flemming, of this city, and leaves little to be desired in the way of durability, cheapness, and efficiency. It is so simple in management that a

child could operate it, and it does not get out of order. In the one quality of portability it is excelled by the Paquelin thermo-cautery.

PECULIAR CASE OF POPLITEAL ANEURISM.

BY C. D. CHALFANT, A. M., M. D.,
Of Streator, Ill.

It may be that the case which I wish to present to the profession has frequent parallels in the more extended experience of those engaged in an exclusively surgical practice, but I have been unable to find such reported in any literature of the subject which it has been my pleasure to read. It is on account of its apparent anomalous nature and the failure on my part to find any similar cases recorded that it would seem to present some points of interest, if not of frequent occurrence. But all surgeons who have operated for popliteal aneurism are aware of the many complications which may have to be met in its management, and the large mortality which the history of the operation has shown to occur in the hands of the ablest representatives of our profession.

Michael H., aged nineteen years, presented himself, April 24, for an operation, with following history: When seven years old was cut with mowing scythe, showing old cicatrix three and a half inches below head of the fibula, and he had been lame from that time with a pulsating tumor extending from that point up to angle of knee. Had been operated on for what was supposed to be talipes equinus, without relief, symptoms evidently due to pressure from aneurismal tumor. Had gradually grown worse for past eleven years. One year ago digital and instrumental compression had been thoroughly and persistently tried; with an apparently favorable effect for a short time; but after using limb, pain and lameness increased, and as a final resort, he determined to submit to any operative procedure for relief. The limb was losing sensibility, and ecchymosed spots were making their appearance on the foot.

Realizing that the chances of success were not very great, and that the mortality ratio was large, he was apprised of the facts, and I proceeded with the operation, ably assisted by a number of medical gentlemen of this city. Having ligated several times for traumatic aneurism, but never in the popliteal space, it was my pleasure to gather all the facts possible on the subject, and I had fully decided to tie in Hunter's canal or in Scarpa's trangle, but the condition of the tumor and obstructed circulation in limb, and desire to save as much of leg as possible if it became necessary to amputate, caused me to cut down on the tumor, and tie both proximal and distal ends of the vessel. From the place of wound in the limb, the diagnosis seemed to point to the peroneal or posterior tibial as being wounded, and that tying one or both at point of injury might save the limb. After exposing the tumor and the firm bands of the soleus, and gastrocnemius muscles had been pressed aside, the sac gave way, and the coagula being turned out, the popliteal was tied. On investigation the posterior and anterior tibial and peroneal were found to be given off below, communicating with tumor. The fibula was nearly worn through, either by the constantly pulsating tumor for so many years, or the effect of the compression which had been so thoroughly tried the year previous, and its roughened edges had cut through the coats of the vessel until nothing seemed to hold it but the strong muscles external to it. With no reasonable hope of collateral circulation being sufficiently established, the leg was amputated by lateral flaps below the knee, but the subsidiary circulation from the muscular and cutaneous branches would not hold ligature, and Paquelin's cautery being of no avail, a secondary operation above the knee was made with about the same results, as every muscular fibre and arteriole seemed to bleed, the collateral circulation having been established by the development from childhood. At least twenty ligatures were applied, and as rapidly thrown off, actual cautery, warm and cold water, ice, astringents, all with indifferent success; but finally after three hours under the anæsthetic the hemorrhage ceased, and patient seemed to recover from the shock, and was comparatively comfortable until two hours later, when the circulation began to increase in volume and force. And although the stump was carefully watched for secondary hemorrhage, and tourniquet and Esmarch in place for emergencies, nevertheless the femoral broke, throwing off ligature and distal end of vessel with it, but was secured again at once, and tied; but patient gradually sank, and died from exhaustion three hours later.

Remarks.—The questions which this case brings me to consider are: Could anything have been done differently with better results? Had I tied in Hunter's canal or Scarpa's triangle, would results have been more satisfactory? So far as operation itself is concerned, every surgeon can appreciate with how much more ease this can be done than ligating in popliteal space. But the approaching gangrene of foot, and lost sensibility

of part from size of tumor, and obstructed return of venous circulation, seemed to direct the operation at the point selected; and yet were a similar case to present itself again, I should be in doubt whether to do the same operation or tie above the aneurism.

RECENT MEDICO-LEGAL MATTERS.

BY HENRY A. RILEY, ESQ.,
Of New York City.

A branch of law of great interest to physicians and surgeons, is that arising from the employment of the profession by servants of corporations in cases of accident, without the knowledge or authority of the higher officers. It cannot be said that there is any invariable rule on the subject, either fixing the liability for compensation, or relieving the corporation from it. Some of the States hold that the act of the employee binds the corporation in cases of emergency, and some deny that such is the rule.

The Supreme Court of Indiana has just decided a case in point by holding the corporation liable, and a statement of the facts upon which the judgment was rendered will be of interest:

Frankfort is a way station on the line of the Terre Haute and Logansport railroad, distant many miles from the principal offices of the company, and from the residences of the chief officers. At this station, at one o'clock in the morning of July 2, 1881, Thomas Coon, a brakeman in the service of the company, had his foot crushed between the wheel of a car of the train on which he was employed as a brakeman, and a rail of the track. The injury was such as demanded immediate surgical attention. The conductor of the train requested Dr. McMurray, a surgeon residing at Frankfort, to render the injured man professional aid, and informed the surgeon that the company would pay him for his services. At the time the accident happened, and at the time the surgeon was employed, there was no officer superior to the conductor at the town of Frankfort. There was at the station a resident agent, who had full knowledge of the injury to Coon and of Dr. McMurray's employment.

This agent was in telegraphic communication with the principal officers of the company, but did not communicate with them. Upon these circumstances, the court which tried the case held the railroad company liable, and a verdict of $100 was rendered in his favor. The railroad company appealed from this decision, and the Supreme Court of Indiana has just decided that the judgment was right and must be affirmed. The court considers at length the claim of the company that a conductor has no authority conferred upon him to employ surgeons and make the company pay for their services, when rendered without the knowledge of the officers, and that such action was totally outside the scope of his ordinary work as a conductor. After careful examination, it decides that in the special instance the claim does not apply. The rule that an agent can bind his principal only in cases within the ordinary scope of his employment is held to be a sound rule of law in most cases, but that an extreme emergency will give the conductor, who was the highest representative of the company at the place of the accident, the same powers to act that are ordinarily only enjoyed by the superior officials. Upon this point the judges say: "Can a man be permitted to die while waiting for the company to determine when and how it shall do what humanity and strict justice require? Must there not be some representative of the company present in cases of dire necessity to act for it? The position of counsel will meet ordinary cases, but it falls short of meeting cases where there is no time for deliberation, and where humanity and justice demand instant action. From whatever point of view we look at the subject, we shall find that the highest principles of justice demand that a subordinate agent may, in the company's behalf, call surgical aid when the emergencies of the occasion demand it, and when he is the sole agent of the company in whose power it is to summon assistance to the injured and suffering servant. Humanity and justice are for the most part inseparable, for all law is for the ultimate benefit of man."

HOSPITAL REPORTS.

LECTURES ON INSANITY.

Delivered at the University of Pennsylvania,

BY CHARLES K. MILLS, M. D.,
Lecturer on Mental Diseases in the University of Pennsylvania; Consulting Physician to the Insane Department of the Philadelphia Hospital; Neurologist to the Philadelphia Hospital; and Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic.
Reported by WILLIAM H. MORRISON, M. D.

LECTURE IV.

Melancholia—Definition—Varieties—Cases—Diagnosis from Mania—Diagnosis from Hypochondriacal Monomania—Prognosis—Treatment.

GENTLEMEN: Melancholia is the opposite of mania. It is a form of mental disease which has as its basis depression of the emotional nature. De-

pression may not be emotional, but rather logical, intellectual, or conceptional, and these very words indicate the differential diagnosis between two forms of insanity. Just as in mania, you may have with exaltation of the emotions other mental and nervous conditions, so in melancholia, depression of other functions as well as of the emotions may be present, but the depressed emotional state is the groundwork of the affection. Melancholia may exist in many degrees, just as is the case in mania. The simplest type is the one from which all present have probably suffered, and is termed a "spell of the blues," or "depression of spirits." Carry this to an extreme, and you have the idea expressed by the term simple melancholia.

Depression and dejection become profound. All the functions of the body become more or less stagnant. The speech, the countenance, the movements, the gait, and the general carriage of the patient, all express torpor and sadness. He breathes the air of despair.

> "Black melancholy sits, and round her throws
> A death-like silence, and a dread repose."

Melancholia has been sub-divided very differently by writers on psychiatry. One of the most recent subdivisions is that of Clouston, which is as follows: (1) Simple melancholia; (2) Hypochondriacal melancholia; (3) Delusional melancholia; (4) Excited (motor) melancholia; (5) Resistive (obstinate) melancholia; (6) Epileptiform (convulsive) melancholia; (7) Organic (coarse brain disease) melancholia; (8) Suicidal and homicidal melancholia.

After much consideration, I have concluded that it is better to subdivide into two chief forms, namely:

1. Melancholia without delusions, or simple melancholia.

2. Melancholia with delusions, or delusional melancholia.

It is possible to include all the forms of Clouston and others under one or the other of these heads.

Melancholia attonita, or stuporous melancholia, is a term sometimes applied to a condition in which the emotional system is absolutely overwhelmed; in which, indeed, to all appearances, not only the emotional, but largely the whole mental nature is overwhelmed, but at the bottom of the trouble is a terrible delusional condition. I prefer to consider this disorder under the head of *stuporous insanity*.

Melancholia, with delusions, takes many forms. In the first place, there is a distinct subdivision which can be properly termed hypochondriacal melancholia. Certain cases, often seen, cannot be well placed under any other head, and you have to speak of them as special forms of melancholia. In this condition of hypochondriasis or hypochondriacal melancholia, the patient's thoughts are centered on himself. He dwells on the condition of his organs and the diseases from which he thinks he is suffering. In one type of this hypochondriacal melancholia, he may have a distinct form of disease for almost every day—to-day, it is disease of the brain; to-morrow, of the liver; the next day, of the heart, and so on. You may sometimes, at a single interview, as I have done time and time again in my investigations, lead such a patient to tell you of ten or fifteen diseases with which he believes himself to be suffering. He gives the symptoms of the various conditions as far as he can, but as a rule, he can give no logical reason for holding the views which he entertains about himself. In another type the patient holds with great firmness to his belief of disease of some one organ or part.

A common form of hypochondriacal melancholia is that in which the individual's morbid thoughts become centered on his sexual organs. Thoughts of impotence, of nervous break-down, of failing mind, etc., are demons which constantly pursue the victim of this delusional condition. Almost every physician of considerable practice has had to deal with many such cases.

Not infrequently I am consulted by mail by patients of this kind. The following is an extract from such a letter:

> DR. MILLS—*Dear Sir:* The writer earnestly requests you, as a physician, to help him in a matter which is to him of *great* importance. When a boy, he was led, by an evil companion, into the degrading habit of self-abuse, which he ignorantly practiced for two and a half years—from the age of fifteen to seventeen and a half years—at which time, learning the evil of the thing, he ceased the practice. But the consequences remain, and now, at twenty-one years of age, he suffers from depression of spirits and physical weakness, produced by the practice. At times, the depression of spirits from remorse amounts to such unbearable anguish that suicide would be a sweet relief. He has practiced great abstemiousness in diet, and takes abundant exercise in open air daily, but has taken no medicine nor ever dared consult a physician, and is unable at this time to pay any respectable physician. Won't you help him by giving him, however briefly, medical advice, and telling him what medicine to take? The present effects physically are nocturnal emissions, and the consequence, *terrible* depressions. Won't you *please, please*, grant this kindness? Please tell him briefly by mail whether medicine will avail, and if so, *what* medicine.

Here you have a true sexual hypochondria, or sexual melancholia. I have been able to do most in these cases by carefully explaining the true nature of the case, and ordering change of scene, and medicines, such as hyoscyamine, hydrobromate, and atropia, for the relief of the emissions, if really frequent. Sometimes oxularia is present, and should be treated with mineral acids, diet, and laxative waters.

Delusional melancholia takes other forms. It may take the form of persecutory delusions, with hallucinations of voices or of sight. Sometimes it is the voice of some one in the neighborhood, calling and threatening; it assumes now one shape and now another; but the patient is able to give no logical reason for hearing the voices or for being the victims of persecution.

Sometimes even the diagnosis of melancholia from mania may be difficult.

The history of this patient, for instance, is as follows: She is 35 years of age and unmarried. Both parents are dead, the father having died of phthisis. One brother died in an insane asylum. She was always healthy as a child. Menstruation is regular. She has had syphilis. For the past eight or nine years she has had, but not frequently, general convulsions. These are probably attacks of epilepsy. In addition to these seizures she has had for the past year spells of despondency. When she has these attacks, she feels firmly convinced that she has committed some unpardonable sin, the nature of which she refuses to state; she thinks that she is going to die and go to hell. These spells last usually for several

days or a week. She had a severe spell in the ward a few days ago, in which she became excited, restless and agitated, walking about the ward, becoming almost maniacal in her manifestations, so that she had to be removed. The cause of this was the terrible condition of mental depression and despondency. Among epileptics you will find illustrations of almost all the forms of insanity according to any classification—mania, melancholia or monomania, and not infrequently, a cataleptoid or katatinic insanity. Here we have an illustration of lypemania or melancholia.

Sometimes, then, as in this case, a patient with melancholia will have attacks of excitement during the course of the melancholia. This patient became excited in consequence of the delusion which was depressing her. She became excited because she feared that she had committed some unpardonable sin, and that she was going to die and go to hell. This so preyed on her mind that she finally got into a condition of intense excitement. This was not mania, although it had the appearance of mania. If at the first visit the patient was found in this condition, the first duty would be to inquire as to the previous condition, in order that the case might be treated properly, for the treatment of such a condition is somewhat different from that of acute mania.

The general points in the differential diagnosis between mania and melancholia, as condensed by Seguin,* are these: In mania, the consciousness is exalted and overacting; in melancholia, it is the reverse, it is depressed. In the one case joy and excitement are the dominating features; in the other, sadness, fear, and religious feelings, often strongly pronounced. In mania, you have incoherent delirium and violent and extravagant actions continuing. In melancholia, you have usually reduced action, and at times absolute immobility. In melancholia often cataleptoid states are present. Insomnia is more common in mania.

A case of mania should not be treated as one of melancholia, and a case of melancholia with an attack of excitement occurring during the course of the melancholia, usually should not be treated as one of mania. Nine out of ten physicians called to a case of melancholia in a state of excitement would diagnosticate the case as one of mania.

Moral treatment will do something for these cases. This woman is improving, for she now thinks that there are probably other people as bad as she is. In treating acute mania, unconnected with any general condition, you would use, for an immediate effect, hyoscyamus, choral or bromide of potassium in large doses; for a more permanent as well as its immediate effect, conium in large doses would be employed. Cases like the one before you sometimes do well on a sedative treatment, but frequently an opposite course is more beneficial. In chronic melancholia, small doses of opium will do a great deal. In cases with excitement, large doses are sometimes beneficial.

One form of hypochondriacal insanity, sometimes called hypochondria and sometimes hypochondriacal melancholia, is more properly, with our present methods of naming and classifying mental disorders, styled hypochondriacal monomania. I have, for example, a patient, a young lady, who has had every tooth extracted, and since has had several painful operations performed on her gums. Her mind has been for years and is now centred upon the thought that she has some disease of her teeth and gums. Competent dentists and surgeons have pronounced her gums healthy, but without effect. Digestive, hepatic, uterine, and other trouble, real and imaginary, are attributed by her to disease of the gums. She reasons about the matter, and shows to her own satisfaction how this symptom and that must originate in her mouth. She is logically depressed, but not in general, emotionally depressed. At times, however, she gets into an almost despairing condition because she cannot get relief, and cannot convince others of her woes.

The following case is another instance of what might be termed hypochondriacal monomania, although the patient eventually committed suicide. J. G. W., aged 62 years, Scotchman, a widower, came to this country about thirty-five years ago. He had good health and steady employment in an office, where, besides acting as a clerk, he handled the goods, lifting them down from and up to the shelves. About 28 years ago he had syphilis. He never was a hard drinker, and for ten years had been a temperance man, having been connected with a temperance society for that length of time. The first time that he noticed anything wrong with him was several years ago, when he jammed his finger between two doors. He said that it did not bleed as it should, and would not heal, but that a material like cobwebs came out of the wound, and up his finger and hand, and from this time on he had been suffering from a discharge from the whole cutaneous surface, and more particularly of his head. The discharge, he believed, was like gum elastic, very adhesive, and when pulled off broke with a snap and curled around his hand, although he said it was invisible to a bystander. He complained of it gathering in knots in his body, and in the night oppressing his head so much that he had to remove the exudation, which was difficult, because it adhered so tightly that it dragged on his scalp. Treatment with the electric brush was tried, but had no permanent effect.

More than fifty per cent. of cases of melancholia recover. The prospect of recovery depends largely upon family history, careful feeding, and good physical conditions.

Incidentally, during the progress of the lecture, I have given a few points as to the treatment of melancholia; and, therefore, will only make brief general remarks. Melancholia, like mania, must be fed, not starved. Milk and eggs should be given in abundance, as should all forms of easily digestible food, particularly animal food. Lime water, pepsin, extract of pancreas, nitromuriatic acid, and bitter tonics, should be given, as required, to arouse and assist digestion. Massage and general faradization will help the patient to assimilate more food, if it does nothing else. Fresh air, with moderate exercise, are important. Stimulants are generally useful, but should not be resorted to as a mere matter of routine. Malt liquors, good rum or whisky, sherry and Burgundy may often be used with advantage.

*Hospital Gazette, August 22, 1878.

Opium is generally more useful than any other narcotic. Deodorized tincture of opium is a desirable preparation, and may often be given with advantage with tincture of digitalis. Granules of aloin are a form of cathartic highly to be recommended.

Bromides may sometimes be used alone, or in combination with opium and digitalis. As yet I have rarely used chloral or hyoscine in melancholia.

Forcible feeding is often of great importance.

Quinine, iron, and strychnia are invaluable in the majority of cases as a continuing treatment.

Preparations of coca have been tried in a few cases with benefit.

Persistent, but not annoying, efforts should be made to amuse and divert melancholiacs.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

Stated meeting, June 30, 1885.

President, Samuel Nickles, M. D., in the chair.

Dr. J. T. Whittaker reported two cases in which he used

Cocaine for the Opium Habit.

Both illustrated the incessant use of large quantities. In the first he practiced gradual, in the second sudden withdrawal. The first on his second return to the habit was treated with cocaine.

The second commenced with the fluid in the form of the tinct. opii, then took the solid form, then the morphia per os, then hypdermically, reaching as high as fifteen grains per day. When he first came under the doctor's care, on physical examination he found five hypodermic syringes. He was an old and successful merchant, who was weak-willed. His family were very sympathetic, and thus his surroundings were very bad. The doctor obtained a competent nurse, and withdrew the morphia at once. This was followed by collapse, mental depression, an attempt at suicide, and colliquative diarrhœa. Was obliged to return to the morphia for a time. Became able to walk about with a cane, but had pains and other uncomfortable symptoms. He went to Louisville to try the faith cure, and imported and supported the faith cure in this city. Later he returned to the doctor. His was a case of intense annoyance, preventing a comfortable night's rest on the part of his physician for a considerable period.

The second case was a lady. Withdrew gradually until reduced to $\frac{1}{8}$ grain. She then improved, and was free from the habit for three years. Unfortunately she was attacked with pneumonia. Morphia was used, and she returned to the habit. She returned to Cincinnati to be cured. Was taking two grains daily. Put her on hydrochlorate of cocaine in the fluid state hypodermically. Gave one-fourth to one-half of the usual dose. Immediate relief followed. There was a sense of comfort in the stomach, and exaltation for one-half hour, when the former ill feeling returned. The second time gave first a 5 per cent. solution, and then a 10 per cent. solution, giving 10 drops, which represesented 1 grain of the latter. The patient immediately arose to a degree of exhilaration. In one or two hours the sensation returned as badly as ever. He was obliged to give $\frac{1}{8}$ gr. morphia hypodermically. Gave the 10 per cent. solution of cocaine as before three times in the next 24 hours. In two hours at the outside would have the desire for morphia again. The patient has had no desire for morphia for two weeks now. The patient is loud in her praises of relief from cocaine.

This, perhaps, ought not to be cited as a case of cure from cocaine, but is certainly a case where much relief was obtained.

The doctor then went thoroughly into the literature of the morphia habit and cocaine. There is paid in India alone $250,000,000 for license fees to sell opium. Richardson and Adams Allen say 100,000 people in the United States eat opium.

A wonderful tolerance in quantity can be established. There was once a preacher who took twenty-five grains of morphia every day. Credé reported a patient who took fifty-two grains every day. The general range of those who indulge extensively is fifteen to sixteen grains per diem. He then described morphinism. The morphia eater goes about in a bent attitude, a peculiar gait, and cast of countenance; later is pale and yellow and changing. The eyes are a peculiar red. The eyes suddenly open with a dreamy look, stare awhile, and close again. Yawning is frequent. Tongue coated. The bowels alternate between constipation and diarrhœa. The patient lacks every capacity. The faculties generally degenerate.

Volley describes three distinct stages—inability, indifference, depression. Profuse sweating forms a prominent symptom. Strychnia, quinine, hyoscyamus, and cannabis indica all have had their trial. The physician is generally deceived by his patient; latter, will maintain that he is not taking morphia when he is. Volley says that it is incurable after five years. The fluid extract of the coca leaves was used five years ago. Cocaine varies from .2 to .02 per cent. in the leaves.

Moerck, of Darmstadt, has immortalized himself with his superior preparation. Coca is one of the oldest remedies in history. Eight million people are in daily use of the coca leaves. The oldest travelers in Peru mention improvement in the respiration, muscles, ideas, and spirits, on the use of coca leaves. The Indians in Peru work at very high altitudes and perform immense labor in the silver mines under the influence of the coca leaves, which they chew as tobacco is here. The priests forbade its use at first, but relented when they found out how much more gold and silver the Indians could bring out of the mines under its use. The leaves were first used in 1758. In 1859 the alkaloid was separated by Niemann. In 1880, its injection hypodermically produced a local area of anæsthesia. 1884 was the era of Koller and Moerck. This year it was first used for the morphia habit, January 3, by Volley. He found it to cause a suffused warmth over the body; the patient lost his depression and exhilaration was produced.

The doctor said he had fashionable ladies come to him to get hypodermic injections of cocaine to make them lively and talkative. He hoped it was needless to tell the Academy that he had always refused. After an injection of cocaine, the pupils dilate in from seven to ten minutes; also widen-

ing of the lids occurs. The union of cocaine and morphia is said to relieve pain entirely.

The reporter thinks cocaine the best remedy for the morphia habit that we have. Straus says he has recovered morphia locked up in the tissues of the body thirteen months after death. This may well explain why relapses occur. The reporter gave his experience with opium smoking in an Arabian coffee house.

Dr. W. H. Wenning reported a case of the morphia habit.

Dr. J. C. Cleveland said his experience had been negative. He thought control of the patient all important. Tea and coffee are good remedies unless the patient is habituated to their use. His results with atropia have been negative.

Dr. C. O. Wright gave his experience in an opium joint. The smoking with him was followed by very unpleasant after-effects.

Dr. M. Cassat related his experience in an opium joint in San Francisco.

Dr. S. Nickles, the president, said: The physiological effects of cocaine are a peculiar physical excitement. This peculiar happiness and joy lasts for a few hours. If the amount taken reaches excess, paralysis intervenes and the patient dies. It is probable that the dose would have to be repeated frequently, and then the cocaine may become just as bad as the morphia. He thought that cocaine acts in no way as an antidote to opium. He thinks it acts only by its action on the cerebrum. He thinks toxic doses of morphia can be taken for years with no disastrous effect. Cocaine will prove an admirable remedy to counteract the depression; nothing but the will of the patient will cure the morphia habit. Did not think morphia remained long in the tissues locked up.

Dr. Philip Zenner thought cocaine a good remedy to ward off the collapse, in the same way small doses of morphia are used. He doubts if it ever acted otherwise.

Dr. Robert Stewart asked if cocaine could be used in case of morphia idiosyncrasy.

Dr. Nickles thought not.

Dr. Whittaker in closing said, morphia remains in the tissues often for a great length of time. Thus we ssmetimes get the effect of a dose weeks maybe after it is administered, and in the same way we may have a return to the morphia habit after a period of abstinence, from the liberation of this locked-up morphia. Recommended warm baths, friction, massage, and alcohol. Spoke of the effect of opium on the appetite. Cocaine gives relief only for the time being.

Stated meeting, June 1, 1885.

Dr. A. G. Denny reported a case of

Double Ovariotomy.

Mrs. R., æt. 30, mulatto, mother of four children, noticed for a number of years pain in the left inguinal region, and for two years a tumor in the same locality. The doctor found later that tapping would be necessary. After this was performed, he noticed in the left ovarian region a tumor the size of an egg, and freely movable. It was necessary to repeat the tappings until they numbered twenty-three, and an aggregate of eighty gallons had been withdrawn. The intervals had gradually shortened, until only eight days occurred between the tappings. When the tumor reached the size of an orange the doctor advised an operation, which was concurred in by Drs. J. L. Cleveland, Geo. E. Jones, and W. H. Wenning. This was refused. Two months later a fatal termination seemed imminent. Dr. P. S. Connor saw her, and advised an operation, which was done. The peritoneum was found largely adherent to the wall. The left ovary consisted of a mass of cysts, varying in size from an egg to a pea, and filled with fluid, attached in many places to the surrounding viscera. These attachments were broken in most instances without any very great difficulty. The right ovary was only one cyst, filled with a caseous substance nearly ready to suppurate. Both pedicles were normal. General peritonitis followed the operation, and death occurred in thirty hours. Only a hurried and imperfect post-mortem was obtained.

Dr. Fred. Kehler examined the specimen, and reported that in his opinion the growths were cystic adenoma of the ovaries.

Dr. Cleveland and Dr. Wenning discussed the case, giving many more points in the history.

Drs. T. A. Reamy, J. T. Whittaker, C. D. Palmer and Joseph Ransohoff, discussed the cases, all maintaining that it was not the ovaries which were at fault, but that the case was one of tubercular peritonitis.

Dr. Philip Zenner reported two cases of

Lead Poisoning.

The one was interesting because it showed the primary stage of this trouble, a stage in which the physician rarely obtains charge. The paralysis merely involved the muscular slip to the tendon of the ring-finger, and the extensor communis digitorum of the right hand. There was no drop-wrist, but the hand was readily pushed down, and there was a tremor present. In the second case there was paresis of the deltoid, causing an inability to lift the arm. Both cases showed the usual symptoms of lead poisoning.

Stated meeting June 15, 1885.

President Samuel Nickles, M. D., in the chair.

Dr. Thad. A. Reamy reported a rare case of

Cyst of the Posterior Vaginal Wall.

The patient was a blonde woman, married, of excellent general health, weighing 150 pounds. Her father had been an exceedingly nervous man. Otherwise there was nothing special in her family or early personal history. At the age of 23, after she had borne one child, she became aware of a tumor lying posterior to the vagina. She consulted several doctors, and was preparing to go east to consult further on the advice of the gentlemen who had seen her, when she found herself again pregnant. This pregnancy ran the usual course without noteworthy occurrence, except that the patient vomited once or twice each day during the whole nine months. This was also the case in the former pregnancy.

She came to Dr. Reamy after the tumor had existed for four years. He found it to be quite large. With the patient in the erect posture, it extended down to the posterior commissure of the vulva. In the dorsal decubitus it retreated two-thirds of the distance up the vagina. The doctor made an exploratory puncture, and was induced to evacuate the tumor at the same sitting. He then explored the sac with the probe, finding it to

be quite extensive, but having no outlet so far as he could discover. The cyst refilled. He again aspirated, and this time curetted the cyst. The patient showed some unpleasant symptoms after the first evacuation. This time she was taken with obstinate pain and uncontrollable vomiting, severe posterior cephalalgia, and partial opisthotonos. It being quite impossible to retain anything on the stomach, she was nourished per rectum for eight days. The symptoms gradually subsided, and the patient is now convalescent. The cyst has not entirely disappeared, and still gives off a slight discharge. Examination of the fluid withdrawn showed the absence of albumen, but the presence of small quantities of the chlorides. The doctor considered the possibility of the tumor being anterior spina bifida, a hematocele, rectocele, vaginal cyst, subperitoneal cyst, and cyst of the broad ligament. Though still quite undecided as to diagnosis, yet he was of the opinion that it was the latter. He then reviewed the scanty literature on the subject, mentioning the two cases reported by Thomas in the March number of *Gaillard's Medical Monthly*, 1885, and a case of Emmet's, reported in the last edition of his system of gynecology.

Dr. C. D. Palmer spoke of the extreme rarity of cysts of this nature; all opinions he thought must be more or less speculative, unless it was that of the gentlemen who had had the opportunity of close observation. He was inclined to think that the trouble in question was anterior spina bifida.

Dr. E. G. Zinke reviewed the German literature on the subject, which he found not nearly so meagre as the English. He thought the case reported must be one of a cyst of Gärtner's ducts.

Dr. P. S. Connor thought the doctor anticipated too much trouble. He should wait till patient had improved, and cauterize the cyst well.

Dr. J. T. Whittaker was of the opinion that some of the severe symptoms were hysterical.

TRANSACTIONS OF THE CHICAGO GYNECOLOGICAL SOCIETY.

Friday evening, 29th May, 1885. Regular meeting.

The society was called to order by the President, Dr. H. P. Merriman.

An inaugural thesis, entitled,

The Normal Position of the Uterus, and its Relation to the other Pelvic Organs,

was presented by Franklin H. Martin, M. D. (Chicago Medical College, 1880), and read by the Secretary, Dr. Edward Warren Sawyer.

The extreme theories of Schultze, Fritsch, and Savage were opposed for the following reasons:

1. In extreme anteversion, the wave impulse would strike the posterior broad surface of the body of the uterus, and drive it down upon the bladder and anterior wall of the vagina, while, on the other hand (the perpendicular theory of Savage), the anterior broad surface of the body would receive the impulse to an equal disadvantage, displacing the uterus backward and driving the cervix downward, while if the uterus occupied the position between these two extremes, the narrow crest of the fundus would receive the impulse in the line of the axis of the uterus, and all the force would become equally distributed through all of its supports. Here, too, the organ would not so directly receive the whole impulse, as it would be equally dispersed upon its sides and the posterior ligaments and anterior supports, and its lateral attachments would receive, to an equal extent, their portion of the impulse.

2. The manner in which the bladder collapses, to our mind, precludes the possibility, or at least the probability of the uterus occupying normally the position of extreme anteversion. The bladder, when collapsed, or when empty, is a triangular-shaped body—not flat like a plate—the base corresponding to its peritoneal surface, the apex corresponding to the urethra. The posterior or inferior surface corresponds to the anterior wall of the vagina, to which it is intimately attached; the anterior wall corresponds to the symphysis, to which it it is loosely attached. It is readily seen, then, that the bladder distends only in the direction of the peritoneum, or its one free surface. According to the extreme anteversion theorists, the free surface of the bladder and the uterus are in apposition. If such be the case, the uterus changes its position constantly, as the bladder normally relaxes or contracts—this seems to us very improbable. We believe that this space is usually filled with the light coils of the small intestines.

3. The broad ligaments receive their external attachments at a point about equidistant from the centre of the sacrum posteriorly, and the pubic junction anteriorly, in such a way as to divide the plane of the brim of the true pelvis into about equal halves. If the body of the uterus occupies a position in the centre of the pelvis on a direct line with the ordinary attachments of these ligaments, which it is at least rational to believe is the case, it occupies a position between the perpendicular of Savage, and the extreme anteversion of Fritsch.

4. With extreme anteversion, the cervix, with the fundus occupying a position behind the symphysis, would necessarily have to occupy a position far back in the pelvis, within three-fourths of one inch of the sacrum—with a normal conformation of parts, this is impossible without interfering with the rectum.

5. If we take the measurements of Foster and Litzmann into consideration, we can at once demonstrate the impracticability of the position given by Savage—*i. e.*, the perpendicular. The cervix occupies a position, normally, at a distance of one and one-half inches from the sacrum, the rectum intervening. It is impossible for the uterus to assume anything like a perpendicular with the cervix in this position, on account of the anterior curve of the sacrum above, which necessitates an anterior version from the perpendicular of at least fifteen degrees.

DISCUSSION.

Professor W. W. Jaggard was pleased with the selection of the topic, and its mode of treatment, but did not agree with Dr. Martin in all his conclusions.

Bandl had made a correct statement of the diversity of opinion upon this subject, in his essay on "*The Normal Position and the Normal Re-*

lationship of the Uterus, and the Pathologico-Anatomical Causes of the Symptom of Anteflexion," (*Archiv. für Gynœkologie*, Band. xxvi., Heft 3, 1884,) read before the Gynecological Section of the *Versammlung deutscher Naturforscher und Ærzte* in Freiburg, September, 1883.

"In the course of time, almost every position of the uterus, with the exception of prolapse, has been accepted as the normal by different anatomists and gynecologists, and particularly by the more eminent ones."

Köllker (1882), from a series of examinations of the cadavers of girls, from ten to eighteen years old, has concluded that the uterus is not bent, nor curved upon itself, but is straight, and that its long axis corresponds with the principal axis of the small pelvis. Its position is variable within certain limits, depending upon the condition of the bladder and rectum. This opinion coincides closely with judgments of Kohlrausch (1854), Le Gendre (1868), Freund, Carl Braun (1857), J. Marion Sims (1855), Langer (1881). Professor Paul F. Munde, in his recent excellent work on "Minor Surgical Gynecology," favors these views to the extent that he says, "with the woman in the recumbent position, the examining finger is unable to touch the body of the uterus before or behind the cervix, if the uterus is normally situated'.'

Bandl, in the paper to which allusion was made, confirms Köllker's view. The evidence he furnishes is of a high order. His methods of investigation were:

1. The attentive examination of living women.
2. Examination and observation before and during the operation of laparotomy.
3. The bi-manual examination of the organ in cadavers, before and after abdominal section.
4. The comparative anatomical examination of many *uteri*.

Dr. Philip Adolphus thought, with Emmet, that "there is no common standard by which to determine the proper position for the uterus in all women, but that in each individual there is a point, or plane, in the pelvis which the uterus should occupy when she is in a state of health and not pregnant." He referred in detail to Emmet's "normal or health line," and to the pathological character of displacements above or below this line. It was a matter of relative insignificance whether or no the long axis of the uterus coincided with any particular pelvic axis.

In the concrete case, the sensations of the individual would indicate a normal or abnormal position.

Professor Daniel T. Nelson said the uterus was fixed in a position of unstable equilibrium by the annular and other ligaments. It could move to a certain degree in every direction, and return to its original, normal position. Displacement above or below Emmet's "health line" was productive of symptoms, if the uterus remained fixed in such a position, as was usually the case when violence caused the dislocation. Departure from the principal axis of the pelvis was of comparatively insignificant moment, viewed absolutely. The vagina and perineum are not primary supports of the uterus, and only assume this function when, as the result of the relaxation of the proper uterine supports, the organ is displaced downwards. This secondary character of the vaginal and perineal support was capable of demonstration by the examination of a woman in the erect attitude. Upon coughing or sneezing, the uterus would descend and receive support from vagina and perineum, only to regain its original position when the excitant was removed. This remark applied exclusively to normal organs in normal position.

He wished to emphasize the statement that the rectum was not the normal receptacle for the fæces. Anatomy and physiology teach that in the normal condition the gut is empty up to the sigmoid flexure. The sigmoid flexure is a sort of valve to retain fæces.

He narrated the history of a case of retention of urine in a puerperal woman, in which the bladder was displaced towards the left iliac fossa, while the uterus was directed towards the right. He would like to ask the Fellows if this displacement, observed in a single case, corresponded with their observations.

Professor Charles Warrington Earle related the history of a case of retention of urine in a puerperal woman, the bladder displacing the uterus upwards and backwards. Upon the introduction of a catheter, four quarts of urine were evacuated, and the pelvic viscera returned to their normal relations.

Dr. Edward Warren Sawyer said the uterus had great latitude of movement antero-posteriorly and laterally; elevation above or depression below the normal plane, even to a slight degree, was productive of pain. The introduction of a pessary, which merely elevated the uterus when partially prolapsed, without altering flexion, was sufficient in many cases to afford complete relief.

While a student in the Medical Department of Harvard University, he had taken plaster casts of the vagina. Such casts were of uniform shape, while they differed in size. They were curved, convex posteriorly, concave anteriorly. They were never shaped like an S. The curve did not correspond to that of the anterior surface of the sacrum, but to the floor of the pelvis.

Dr. H. T. Byford thought Dr. Sawyer's experiments were faulty. When plaster of Paris was injected into the vagina, with the rectum empty, the vagina would act exactly as the rectum would under similar conditions.

The President, Dr. H. P. Merriman, complimented the author of the paper on the careful, judicial mode of treatment of his difficult subject.

He agreed with Dr. Adolphus, Dr. Nelson, Dr. Sawyer, that elevation above or depression below a certain horizontal plane was of greater importance, in the production of symptoms, than deviation from the principal pelvic axis antero-posteriorly or laterally.

The normal position of the uterus was as variable as the quantity of blood lost at a menstruation. Every woman was a law unto herself. He referred in detail to Robert Barnes's theory of uterine support, and concluded by recommending Bozemann's plan of columning the vagina, when a hard-rubber pessary could not be borne.

Professor Christian Fenger, M. D. (Copenhagen, 1867), and Franklin H. Martin, M. D. (Chicago Medical College, 1880), were then elected Fellows of the Society.

W. W. Jaggard, M. D., *Reporter.*
2330 *Indiana Ave.*, *May* 29, 1885.

Editorial Department.

Periscope.

A Case of Syphilis, in which Ataxy and other Nervous Disorders Occurred at an Unusually Early Period.

Dr. T. Churton thus writes in the *Brit. Med. Jour.*, June 27:

John P., aged 24, of medium size, light hair and complexion, normal weight 11 stone 6 lbs., but now reduced to 10 stone, a groom, able when in health to ride any horse, to walk thirty miles a day, and to endure long abstinence from food, accustomed to drink rather heavily both of beer and spirits, was admitted into the Leeds Infirmary on December 19, 1884. He was quite unable to walk; he could stand, even when supported on both sides, with great difficulty, anxiously looking down all the while at his legs, and so tending to fall forwards, being unable to balance his trunk upon his lower limbs. He had also lost power of coördinate movements in his upper limbs; could not cut up his food; could not even pick up a match without great trouble and bungling; he could not, moreover, tell by mere sense of touch what the match was. His grasp was, however, not very feeble; he complained of numbness and "pins and needles" in his fingers, especially in those of the left hand. He had similar abnormal sensations in his feet, especially in the left. His replies to questions were hazy, and, when repeated, variable; he seemed rather dazed. There was no tenderness nor swelling of bones and joints; no special wasting of muscles. The plantar and patellar reflexes were absent; the cremasteric and abdominal present; the pupils, optic discs, and retinæ were normal. Hearing, etc., was not notably altered. The urine, on being heated, gave a marked phosphatic cloud. The organs of supply, circulation, and elimination were not particularly affected; he stated, however, that he had suffered a few weeks previously from epigastric and abdominal pains, with some giddiness. In the right groin was a dusky red scaly rash; on the inner side of the right thigh was a similar, but much larger patch; on the penis, a cicatrix was found.

At first denying syphilis, he subsequently gave the following history. At seven years of age he had rheumatic fever, but no other illness until two years ago, when he had gonorrhœa; sixteen weeks ago he had a chancre, followed by an enlarged gland in his left groin; three weeks later, he had a sore throat and a rash on the neck; he was then treated for syphilis, but not continuously. His parents are alive, but ailing; in his family there is neither nervous disease nor phthisis. Five or six weeks ago his right toes began to be numb and tingling; he staggered when he walked; the numbness spread up the leg; then the left foot and leg became affected; he was obliged to look at his legs when walking; he could not stand with his eyes shut or in the dark. At this time he was still drinking rather freely. A fortnight ago (December 5) he was quite unable to walk. Ten days ago his hands became numb and weak.

Upon this history being gained from him, mercurial inunction was at once begun; one drachm of blue ointment being rubbed in daily. He was kept at rest, had good food, and no alcohol. He improved rapidly, so that on January 10 he could walk fairly well, could stand for a few moments with closed eyes, could cut up his food, grasp the dynamometer (right 53, left 51), distinguish two points of the æsthesiometer on the finger-tips at a quarter of an inch from each other, and at one inch distance on the instep. The plantar and patellar reflexes were still absent. The inunction was continued until January 17. He was discharged almost well on the 21st. A month later, the reflexes were normal.

Though the leading and most prominent clinical features of this case were finally seen to be those of locomotor ataxy, or posterior sclerosis, it cannot be taken as a simple case of that disease. The patient could neither walk nor stand at all, eyes shut or eyes open; so that, though he looked constantly at his legs when supported in the erect position, the sight of them did not help him. The equilibrating organ could not avail itself of information, reaching it through any channel. The really noteworthy feature of the case, however, is beside its accurate pathology. For the patient, having been quite well four months previously to admission, and having then contracted syphilis, presented distinct symptoms of serious nervous disorder two months afterwards. I have previously seen nothing so rapid as this, except upon a single occasion.

Some years ago a similar case came under my observation. A young man, within a few months of his having contracted syphilis, presented, in addition to complete ataxy, certain specific signs which John P. did not present—for example, paralysis of the third nerve on one side. In him, perfect recovery ensued upon the very vigorous use of mercurial treatment, moderate treatment having been found wholly ineffective. Some authorities state that nervous diseases due to syphilis are not to be expected until from three to eighteen years have elapsed since the syphilis was acquired; but neither are changes in the arteries expected until after an equal lapse of time, yet cases have been recently recorded by Dr. Sharkey and M. Leudet, in which arteritis has followed the original sore in a few months. Now this question of the lapse of time appears to be one of some importance, for I do not remember ever to have seen a case of ataxy occurring many years after even indisputable syphilis, in which strong antisyphilitic treatment has done any good whatever; early cases, on the other hand, seem to require very decided treatment. The reason why later cases are unaffected by that treatment has appeared to me to be that, during the interval, other causes of disease, perhaps several, or even many, have come into operation, and, aided to some extent by the specific taint, have brought

about a condition of the nerves and sheaths which the syphilis alone had shown itself, even when in full vigor, unable in these persons to achieve. In such circumstances, no simple treatment, no single drug, no one precaution, is sufficient, or scientific, or in accord with common sense. It has been shown, indeed, that even such compositely caused disorders are not, when treated early, at all hopeless. But the case now under consideration is one of syphilis affecting, at an unusually early period, motion slightly, and coördination of sensations and movements gravely. Such cases appear to be as easily curable by vigorous treatment, specific and otherwise, as the commoner form of localized paralysis, due to a simple gumma.

Diabetic Neuralgia.

Cornillon (*Revue de Méd.*, Paris, March, 1884), after passing in review the writings of Dreyfous, Worms, Drasche, and others on the subject, relates two new cases of his own, in which cervico-brachial neuralgia, first on the left and then on the right side, and symmetrical sciatica, were evidently owing to the saccharine condition of the blood. Such cases are, on the whole, rare, as until now only twenty-two are on record. On analyzing these, it is found that glycæmic neuralgia is not generally an initial symptom of diabetes, but occurs rather when this condition is confirmed, and when there are much loss of power, emaciation, and polydipsia. It comes on quite suddenly; the patient goes to bed apparently as well as usual, and is suddenly wakened up by a fearful attack of pain which drives him out of bed; or the pain comes on on waking in the morning, after a somewhat restless night. It is continuous, terebrating, or lancinating, or lightning-like, and there are occasional paroxysms which exceed in keenness and duration the most violent exacerbations of other forms of neuralgia. These attacks occur three or four times a day, after meals, and again on going to bed. The pain is so violent that one of Worms's patients threatened to commit suicide; one of Drasche's ran about in his room yelling and screaming. The nocturnal attacks appear to be worse than those which occur in the daytime. One of Cornillon's patients did not go to bed for several months, from fear of the heat of the bed bringing on a bad attack. The pain is sometimes localized in the course of certain nerves; at other times it will also affect the muscles and bones. Digital pressure on the course of the nerve increases it, while compression all the way round rather relieves it. There is generally no fever, the skin is cool, the pulse normal; Buzzard, however, has seen a slight elevation of temperature, which is quite exceptional. If the pain continue for any length of time, there are loss of sleep and appetite, and great depression of spirits; but on the disappearance of the pain the patients recover themselves rapidly.

One of the most striking features of diabetic neuralgia is its symmetry. This was seen in eighteen cases out of twenty-two. It is, however, rarely at once symmetrical; more frequently one limb is first affected, and its fellow only follows suit a few days afterwards. The same nerve-fibres are then affected, the distribution being quite regular. The pain, however, is generally worse in one limb than in the other; and mostly so in the one that was first affected. In Drasche's case it was bi-hemiplegic, in this way, that it was first perceived in the right leg, then proceeded to the arm, forearm, and fingers of the same side; after a time the lower and then the upper limb of the opposite side was affected; and in one of Cornillon's cases it alternated so that at first the left cervico-brachial plexus suffered, and some months afterwards the same plexus on the other side. The quantity of sugar in the urine was in most cases large when the neuralgia appeared; in a few, however, only minimal. In general an anti-diabetic treatment, by alkalies and diet, rapidly relieved the suffering, and the improvement went *pari passu* with the diminution of sugar. The attacks occurred then more rarely, and were less severe; but if the patient broke the regimen, the pain would return in its old intensity.

The prognosis is, therefore, rather favorable, if the true nature of the disease be recognized; but if it be not properly understood, the muscles will gradually waste away, and anæsthesia of the skin sets in, which proves intractable.

The diagnosis does not present any great difficulties. It should, however, be recollected that not every neuralgia which occurs in the course of diabetes is of glycæmic origin. Where it is independent of the glycosuria, it may be owing to carious teeth, when it affects the dental nerves; or to cold, fatigue, etc., and then selects those parts which have been principally exposed. Such neuralgia is generally unilateral, the attacks being of medium or even slight intensity; and the pain generally yields in a few days to ordinary treatment. On the contrary, where glycosuria is the cause, the neuralgia appears suddenly and without any appreciable exciting cause; there are three or four long attacks during the day, and the pain is intolerable; it is mostly symmetrical, and invades more particularly the sciatic plexus. It resists the ordinary treatment by morphia and salicylate of soda, and yields to anti-diabetic treatment only. Saturnine neuralgia is also symmetrical; but it has a different history, and the urine does not contain any sugar.

Rosenstein considers the diabetic neuralgia, as well as the glycosuria, to be owing to venous congestion in the abdominal organs; but this theory is unacceptable, as then sciatica would be much more common than it really is, and it would also habitually occur in persons suffering from piles, chronic nephritis, tumor of the spleen, congestion of the liver, etc.; such, however, is not by any means the case. Moreover, diabetic neuralgia occasionally affects the brachial plexus, the intercostal nerves, and the fifth pair. Worms, on the other hand, considers the excessively saccharine state of the blood to be the cause, whereby he thinks that an anatomical or dynamic modification of the nerves is produced, just as in gout and lead poisoning. This explanation is accepted by Drasche and Peter; but it is refuted by the circumstance that in some cases there is only a minimal amount of sugar in the urine, and the preceding symptoms of diabetes, such as polydipsia, emaciation, loss of power, etc., have only been slight. Cornillon is of opinion that diabetic neuralgia is owing rather to the presence of uric acid

in the blood, since most patients have had gouty or rheumatic antecedents, and sciatica is a somewhat common symptom of gout. As for any pathological lesion in the nervous system, it is evident that we have not to do with neuritis; for there is no pyrexia, no vesicular or pemphigoid eruption, no paralysis: on the other hand, the fact that this form of neuralgia is very obstinate, and affects homologous nerves, tends to show that there must be a temporary, although not extensive lesion of the spinal cord. In what part of the spinal centre it may be situated, whether in the membranes near the posterior columns, or in the white or gray matter of the cord itself, it would be premature to say, as no necropsy has as yet been made.

Perforating Ulcer of the Bladder.

Dr. James Oliver thus writes in the *London Med. Times*, July 18th:

The type of ulcer I am about to describe as affecting the bladder, has hitherto been looked upon as more or less peculiar to the stomach and duodenum. When, however, we consider the probable cause of its formation, it is not to be wondered at that other parts of the intestinal canal, and even the bladder itself, may become the seat of a similar necrotic change. In the *Lancet* of March 7th of this year, I recorded a case in which the ascending colon had been thus perforated, and doubtless careful pathological observation will prove that such are not uncommon.

Perforating ulcer of the bladder is primarily always acute; if, however, there be extensive destruction of tissue, the functions of the organ are likely to be permanently disturbed, and the disease to become one truly chronic in character. This ulcer is especially apt to recur, a fact strongly in favor of a diathetic tendency or proneness to the affection. It usually develops without signs of inflammation or suppuration, and as in the stomach and other parts of the intestinal tract, apparently results from a plugging of the vessels which run in and nourish the coats of the viscus. If the blood supply to any tissue of the body be suddenly withdrawn—as happens when a vessel becomes occluded—and collateral circulation be not readily established, death of the part is inevitable. Embolism and thrombosis are the most frequent causes of softening in the brain and spinal cord, and it is more than likely that these play an important part in the production of perforating ulcer of the bladder. Round ulcers, similar to those we are now considering, have been produced in the stomachs of animals artificially by the introduction of emboli into the gastric vessels. This form of necrosis is truly analogous with dry gangrene occasionally seen in the extremities of the aged, where the arteries, because of the degenerative changes in their coats, have become impervious. The embolic theory of chorea is still tenable, and all who see much of this disease remark its frequent association with rheumatism or a rheumatic predisposition. Judging from those cases of perforating ulcer of the bladder which have come under my notice, I am inclined to believe that the rheumatic diathesis augments the tendency to this affection, and favors embolism as a probable cause of its production. In one case the symptoms attributable to perforating ulcer developed during an attack of acute rheumatism, and as the patient died some time after, opportunity was afforded for examining the bladder and verifying the diagnosis. The heart in this case showed no trace of valvular disease. Females, it would appear, are more prone to this affection than males, and especially about the period of puberty. No exciting cause can as yet be suggested.

One or more ulcers may develop, according to the number of vessels occluded; some days, however, must necessarily elapse before disintegration is completed. Whether the necrotic change shall invade the whole thickness of the bladder wall or not, depends on the seat of obstruction of the artery, the completeness or incompleteness of the plugging, and the period at which collateral circulation becomes established. Should, however, the destructive process attack all the coats of the bladder, and at a part covered by peritoneum, this coat tends to thicken and form adhesions with neighboring structures, it may be the small intestine or omentum, thereby preventing rupture of the organ, extravasation of its contents, and death by shock or peritonitis. If the bladder forms adhesions with any part of the intestinal canal, the ulcerative process may extend and invade this organ too; vesico intestinal fistula, though fortunately rare, may therefore depend upon simple perforation. In such cases even a careful inquiry into the clinical history may fail to reveal the probable starting-point.

The symptoms and course of perforating ulcer of the bladder are usually very insidious, and fatal peritonitis may result from destruction of all the coats ere the grave condition has been recognized. Pain more or less constant and referred to the hypogastrium is a frequent symptom—it is aggravated by pressure and any slight distension of the organ. There is frequency in micturition, and the pain, as a rule, becomes sharp and cutting in character towards the end of the act. The most distressing symptom of all is tenesmus, which results from spasm of the muscular coat, and may continue for some time after the organ has completely emptied itself. Blood usually appears in the urine about the third or fourth day, is small in quantity, and is expelled with the last drops of urine. The treatment is rest and bland food; opiates must be given to relieve pain and the intense bearing down.

Control of the Lacteal Secretion.

Dr. J. Stuart Nairne thus writes in the *British Medical Journal*, June 27, 1885:

The breasts of parturient women frequently give trouble from engorgement of the lactiferous vessels, and from other causes leading to tension and pain in these organs. The two following cases will illustrate the line of treatment I have followed for some years past under these circumstances, and which has never yet failed to afford me perfect satisfaction, and my patients perfect ease.

Case 1. Mrs. G., multipara, was confined of a dropsical and malformed dead child, at full time, on March 14, 1885. The breasts, which had been small and hard before confinement, soon became

engorged and swollen; and the patient was hot and feverish. Cloths moistened with whisky and vinegar were laid on the breasts, and ten drops of the tincture of belladonna were given every hour. Within twenty-four hours, the throbbing, which had been very troublesome, had ceased; milk could be easily expressed from the nipples, and she complained of a very dry throat. When the throat began to become dry, the number of drops of the tincture was diminished. During ten days she had this treatment; the last few days, ten drops only three times a day; and by that time the milk had almost entirely disappeared, and the breasts were small and flaccid. They gave no further trouble.

Case 2. Mrs. C. was confined of her second child on May 25, 1885; it was very weakly, being born before its time. She had a rapid rush of milk to the breasts; and next day these organs were very much enlarged, tender, and hard, and the child could draw no milk from them, and was so weakly that I thought it would die. It was, therefore, fed with a spoon, and the tincture of belladonna was given internally, as in the first case. The breasts were supported, and gently rubbed from the circumference towards the nipple. Next day, she said she felt hardly any pain, and the milk could be easily expressed from the nipples. The belladonna was continued another day, by which time the breasts were so soft, and the milk was flowing so freely, that the child was quite able to take its own nourishment. The belladonna was then stopped, and the breasts have given no further trouble.

These are only two cases which I have described, because they have just occurred, and they point quite clearly to the powerful influence that belladonna has in modifying the secretion of milk. Of course, one might say that, after a few days, the breasts settle down of themselves to their work. Sometimes they do, and sometimes they do not. My observation points to the fact that poor women, of their own accord, fly to a hundred remedies to relieve them—seidlitz powders, castor oil, rubbing with oil and various things, and exhausting the breast with some kind of apparatus, and frequently to no effect; and frequently, also, with no result, is belladonna applied externally. The worst suppurating breast ever I saw was one in which the extract of belladonna had been applied most faithfully. In fact, applied externally in any form, belladonna is most disappointing. It frequently fails to relieve pain, take out the heat, or reduce the secretion of milk; and the cleanest of its applications is dirty. The smell, too, is frequently exceedingly offensive to the patient. Belladonna given internally is at once cleanly and effective; and I believe that, administered with judgment and careful watching of its effect, it is a specific for such congested conditions of the mammary organs.

Latent Vesical Calculus.

Before the West London Medico-Chirurgical Society (*Med. Times*, June 13), Mr. Fenwick pointed out that stone in the bladder was frequently overlooked because calculous symptoms were absent owing to (1) anæsthesia of the mucous membrane of the bladder, well exemplified in a case mentioned in Deschamps' "Traité de la Taille," Vol. I., p. 166; or (2) mechanical causes preventing the stone falling upon the sensitive neck of the bladder. These mechanical conditions were of three kinds—(1) adherence of the calculus to the walls of the bladder; (2) sacculation of the bladder wall (both rare conditions); and (3) pouching of the *bas fonds* of the bladder. He drew attention particularly to this last cause, which was generally supposed to be a condition inherent in old age as a consequence of enlarged prostate, but which was also produced by stricture of the urethra in the adult. It consisted in the hypertrophy of the muscles of the ureters, commonly known as the muscles of Ellis, which cross the base of the trigone from ureter to ureter. The *bas fond* is pouched behind this ridge or bar, and the small pool of stagnant urine which collects there tends to produce or augment the size of a stone, like the similar collection in the pouch of the aged bladder behind an enlarged prostate. Moreover, it is obvious that this ridge is as able to prevent the stone contained in such a pouch from galling on the neck of the bladder as is an enlarged third lobe of a prostate. A case illustrating the latency of stone due to this cause was then detailed, and the bladder with the above-mentioned ridge or pouch exhibited. It had been removed from a man, aged 35, who had suffered for eighteen years from traumatic stricture, and had been under notice for the last nine months for chronic cystitis, stricture, and right-sided nephrosis. A month before his death he exhibited symptoms of calculus, and was immediately sounded. A large stone was discovered and removed at one sitting, weighing $1\frac{3}{4}$ ounces; he died fourteen days after the operation. Mr. Fenwick mentioned that four out of thirteen cases of calculus which had passed through his hands during the last quarter fell into the category of latent stone. In one of these four cases a stone weighing over a pound and a half had been successfully removed by his colleague, Mr. Rivington.

Mr. Swinford mentioned a case he had seen when at University College Hospital, where lithotomy had been decided upon, but at the moment of operation it was abandoned, as the stone could not be felt. The patient died soon after, and a stone was found encysted in his bladder.

Dr. Thudichum mentioned that encysted calculi were generally of renal origin. He reproached surgeons with not paying sufficient attention to the medical side of their cases, and it was to be attributed to this that so little was known as to the causation of stone.

Mr. Bruce Clarke quoted a case where the symptoms of stone only presented themselves when from any cause the urine ceased to be acid, and became alkaline; further, the symptoms were oftener in abeyance with uric acid calculi.

Dr. Campbell Pope mentioned the case of an infant at whose birth he was present, who did not pass any water for the first two days, and who, notwithstanding all efforts made to relieve it, died subsequently, and where at the post-mortem both ureters were found to be quite impervious, thus showing at what an early age the causes of stone might begin.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a reprint entitled "The Latest Systems of Medicine," Dr. J. C. Reeve, of Dayton, Ohio, gives a valuable historical review of the rise and fall of special systems in medicine. In passing, he touches up the homœopaths and the bacillomaniacs.

——Prof. J. B. McConnell, M. D., of Montreal, has published a useful pamphlet on cholera, giving a great deal of information, in small space, about its nature, symptoms, history, causes, and prevention.

——The obscure subject of hydatid tumors in the brain is handled in an interesting manner in a pamphlet before us by Dr. R. Harvey Reed, of Mansfield, Ohio.

——Messrs. Cupples, Upham & Co., of Boston, have published in handsome form a pamphlet of twenty four pages by Dr. Buckminster Brown, entitled, "Double Congenital Displacement of the Hip; Description of a Case, with Treatment Resulting in Cure." It is accompanied by several well-executed photographic plates, and the case is certainly an extraordinary one, and worthy of this careful description.

BOOK NOTICES.

Eighth Report of the State Board of Health of Wisconsin. Pp. 158. Madison, Wis. 1885.

This volume contains the general report of the Board, that of the Secretary, extracts from correspondence, a rather premature announcement of the contagion of consumption, an article on milk by Prof. Daniels, and one on the conduct of funeral services in death from contagious diseases by Rev. E. Corwin.

The Technology of Bacteria Investigation. Explicit directions for the study of bacteria, their culture, staining, mounting, etc. By Charles S. Dolley, M. D. 8vo., pp. 263. Price, $2.00. Boston, S. E. Cassino & Co., 1885.

To many investigators this work will be a welcome aid in their researches. It begins with directions for microscopical preparations and culture experiments, and for experiments in vaccination or inoculation. A second part is devoted to the special methods for investigating pathogenic bacteria, as those of anthrax, cholera, glanders, syphilis, tuberculosis, etc., including all the diseases which owe, or are imagined by some to owe, their origin to bacteria. In the last part are given a large number of recipes for the preparation of preserving and staining fluids, and other formulæ of service to the microscopist.

As a hand-book in investigations of this character, it appears to us to be the most complete which has yet been issued on this side of the Atlantic.

The Treatment of Opium Addiction, by J. B. Mattison, M. D. 8vo., pp. 49. Price, 50c. G. P. Putnam's Sons, New York.

The author details his method of breaking up the opium habit, and claims that it is vincible in all cases where not connected with organic disease. The monograph is an enlargement of a paper read before the American Association for the Cure of Inebriates.

Elements of Modern Medicine, Including Principles of Pathology and Therapeutics, with many useful memoranda and valuable tables for reference, by R. F. Stone, M. D., etc. D. Appleton & Co., N. Y.

As indicated by the title, this is an epitome, compendium, or remembrancer, for the student and physician. It is printed in small type on thin paper, and bound like a pocket diary for convenience of carrying. For those who need this sort of book, it can be recommended as carefully prepared, and containing a great deal of matter.

Diseases of the Tongue. By Henry T. Butlin, F. R. C. S. Pp. 451.

Comparative Anatomy and Physiology. By F. Jeffrey Bell, M. A., etc. Pp. 555. Lea Bros. & Co., Philadelphia.

These two excellent works are parts of the "Clinical Manuals for Practitioners and Students of Medicine," issued in Great Britain and published in the United States by Messrs. Lea Bros. They are exceptionally excellent in composition, convenient in size, well illustrated and printed, and nicely bound in cloth.

The two volumes before us are fully equal to their predecessors, and will be found a valuable addition to a medical library.

Cancer: A Study of 397 Cases of Cancer of the Female Breast, with clinical observations. By Willard Parker, M. D. 8vo., pp. 73. Price, $1.50. G. P. Putnam's Sons, New York city.

The editor, the son of the late Dr. W. Parker, informs us that this monograph was the last medical study of his father, and it was his wish that it should be published. It is certainly a valuable record, and with its full tables and sound suggestions for treatment will aid the practitioner materially in combating this dire disease.

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THE FAILURE OF THE VIVISECTION BILL IN PENNSYLVANIA.

The Pennsylvania branch of the American Society for the Restriction of Vivisection has lately distributed several tracts and pamphlets in pursuit of its aims, and to influence the public in favor of its efforts. One of these is entitled "Facts in regard to the failure of the bills presented to the Legislature for the restriction of vivisection." The brunt of this statement bears heavily on Drs. H. C. Wood and S. W. Mitchell. They are accused of having promised the Society to support a bill which, before the legislative committee, they threw cold water upon.

A careful reading of the "statement of facts"—and we have not sought other sources of information—will easily explain the position assumed by these gentlemen. Both of them, and for that matter all physicians, are perfectly willing to support a bill restricting vivisection, provided that a sensible restriction being admitted, the matter will end there, and no further agitation be begun to do away with it altogether. This was the assurance Dr. Mitchell asked, and that the Society did not give. They say their committee was not prepared for the question. We ask, are they prepared now to give an affirmative reply? We have good reason to know they are not. We have excellent authority for saying that the Society intend to continue to agitate and appeal, with the hope of abolishing vivisection entirely. This is evident from their pamphlets, as well as their spoken utterances. Their name, "for restricting vivisection," is merely a disguise for their real intentions, and not an honest intimation of their final purpose.

Such being the case, all must approve of the action of the gentlemen named. They did not intend to commit themselves to the projects of a society which declined to express its real designs, and merely wanted to use them as stepping-stones to results which they condemned.

While disapproving of causing unnecessary pain to any organic creature, we acknowledge but little sympathy with the sentimental affection for brutes now so prevalent. To a well-ordered

mind no sight is less pleasing than to see a woman fondling and kissing some ugly cur of high degree, when her own children are lacking in physical or moral education, or when she is taking nightly precautions not to have children—and this sight is no rare one in our civilization.

THE FUNCTION OF THE THYROID GLAND.

Most works on physiology pass over the thyroid gland with a very superficial mention. It is said to exercise some part of importance in fœtal life, no one knows what. In extra-fœtal life it is said to partially atrophy, and to be merely a useless organ to the adult—rather worse than useless, as in goitre it becomes inconvenient, and sometimes dangerous.

This shows how little we know about human physiology. Recent researches have shown that the thyroid gland has an intimate and all-important relation to the highest functions of man, those of his brain. This fact was first developed by the extirpation of the gland in goitre, a proceeding which, according to the received views, ought to be wholly indifferent to the economy. Such is far from the case. After the total extirpation of the gland, the subjects steadily lose their mental vigor; the features become heavy; the speech slow and dull; the muscular system weakens, and the skin turns rough, thick, and hard; in short, a condition gradually supervenes strikingly like that called by Charcot *myxœdema*, or the pachydermatic cachexia. They become *cretins*.

If ever so little of the gland remains, it is sufficient to prevent these changes; but its complete removal surely entails them. Experiments on dogs and cats yield similar results. The animals do not long survive, but are attacked with convulsions, somnolence and paralysis, which prove fatal.

Two theories have been advanced to explain these changes. One is that of Liebermeister, who maintains that the thyroid gland is the regulatory organ of the encephalic circulation, and that its abstraction throws this into chronic disorder. The other is that of Prof. Bruns, of Tübingen. He believes that the thyroid is either a depuratory gland which excretes certain substances poisonous to the nervous system; or that it fabricates certain substances indispensable to nervous vigor—which of the two he is uncertain.

The very important practical conclusion remains uncontested, that in all operations for goitre, a small portion of the gland should be allowed to remain.

POISONOUS QUALITIES OF SULPHUROUS ACID.

In indigo manufactories and straw-bleaching establishments, and in similar institutions, it has long been known that the air impregnated with the vapors of sulphurous acid is very injurious to inhale. But the question, what percentage of admixture of the acid to the atmosphere becomes dangerous to the human being, though settled long since with reference to carbonic oxide and carbonic acid, has never been determined as regards sulphurous acid.

Dr. Masonori Ogata, in Japan, has recently inquired into this point, and published the results of his researches in the *Arch. f. Hygiene*, Bd. ii., Heft. 2, 1885. These investigations took place under the supervision of v. Pettenkofer. Air containing one-twentieth of one per cent. of the acid can no longer be inhaled without injury.

The effect becomes apparent mainly in the blood, sulphurous acid being a virulent blood-poison. The animals experimented upon did not die from want of O, but from the presence in the blood of a CO hæmaglobin, entirely foreign to the normal composition of the circulating fluid. Corpuscles whose O has been taken up by the SO_2, and which contain therefore SO_3, even in very minute quantities, act as poisonous agents.

In recent times disinfection of the atmosphere with sulphurous acid has been recommended in some epidemics. While unquestionably effectual, its application will have to be practiced with care, by reason of the facts above elucidated.

Notes and Comments

Cerebro-Spinal Fever.

The experience of physicians in our country seems to be in favor of opium as the main remedial agent in epidemic cerebro-spinal meningitis. To be effective it must be given as early as possible, by all means before the symptoms of plastic effusion appear, and in decided, even heroic doses. Still some cases will die. But Dr. Lange, of Stettin, published a peculiar treatment of his own in the *Allg. Med. Centr. Zeit.*, May 6, 1885. He tried this treatment during the epidemic of 1864, and again in 1884, and found it so uniformly successful, that he recommends it as a specific cure for this dangerous malady. The records of a considerable number of cases accompanies the report. Although Lange's article is the leading one in the celebrated German medical journal (one of the best, oldest and most reliable in Germany), and although the article makes at least partly the impression of the writer's sincerity, the uniformly favorable result in this grave disease causes us to doubt the correctness of the author's diagnosis in every case. We do not think that he intends to deceive us, but we have the suspicion that he has himself been deceived. And yet he may be right, and for this reason alone we publish in the following his method of treatment:

First, especially if the vomiting is intense, when the sod. bic. is increased in dose, L. administers:

℞.	Magnes. ust.,	ʒi–gr. lxxx.
	Cupri oxid. nigri. p.	gr. iiiss.
	Aquæ nicotian. destill.,	f. ℥j.
	Aquæ destillat.,	f. ℥v.

M. S.—First every hour, then every two hours, a tablespoonful.

Then:

℞.	Sod. bicarbonatis,	ʒijss.
	Tragac.,	gr. v.
	Aqua destill.,	f. ʒv.
	Aqua nicotian. destill.,	f. ʒj.
	Cupri oxid. nigr. p.,	gr. iiiss.

M. S.—Same as first. And:

℞.	Tinct. cupri acet.,	f. ʒss (♏xxx.)
	Aq. nicot. dest.,	f. ʒj.
	Aqua cinnamomi, mucil. gm. mim.,	āā f. ʒss.
	Aqua destil.,	f. ʒiv.

M. S.—A tablespoonful every two hours.

The first (magnesia) mixture is generally administered but once; as soon as its purgative action has been established, the bicarbonate of sodium mixture is substituted. (The fact mentioned alone causes us to doubt L.'s correct diagnosis, for in true cerebro-spinal fever the bowels are not thus easily moved.) "If constipation was not present," (?) continues the author, "then two bottles of the bicarbonate mixture are given, and with them the indication for the alkalines, which is never absent, is sufficiently fulfilled. Then the last mixture, containing tinct. cupri acet. is administered, and this is continued for some time after all symptoms have disappeared, as otherwise a relapse is apt to occur. (!?) How rapidly the doses should follow each other the severity of the case must determine."

Again, very peculiar are the concluding remarks of the author, Headnits, that he believes in the infectious nature of the disease. He also acknowledges that neither copper nor tobacco are germicides, but thinks, as in other cases, it has also been shown that the destruction of the germs is impracticable, that the fact of copper, etc., not having that effect would be proof of the correctness of his views. "For," he concludes, "it is only necessary to preserve to the affected organs their normal power of resistance, and the remedies mentioned evidently effect this desirable result."

How copper and tobacco can preserve the power of resistance, normally lodged in the brain, is more than we can comprehend.

In one of the cases reported by L. he did not see the patient until all the symptoms, which had been very mild in this case, had ceased, only the deafness remaining. "But," L. says, "convalescence set in, only the deafness did not improve, though I do not doubt that this also disappeared." As all the symptoms had already ceased when the case came under L.'s charge, convalescence must have been established ere L. saw the case; and how L. can suppose that the deafness left of its own account, without his having the slightest proof for it, is the more peculiar, as it is well known, whatever other sequelæ of this frightful disease might later yield to treatment, deafness is *the* one which never improves.

For some unexplained reason there may be some virtue in L.'s treatment, and considering the fatal character of the malady, it may be worth while to try L.'s method. But if he is as unreliable and shaky in his diagnosis as he is in his other statements, we do not promise ourselves any success with his treatment.

Syphilitic Infection.

A series of lectures on syphilis, by M. Leloir, of Lille, is appearing in the columns of the *Progrès Médical*. M. Leloir has collected a large number of cases where chancres have appeared in unusual situations, and in all these cases there was evidence both that the epidermis was denuded

from the site of the chancre at or before infection, and that syphilitic virus was deposited on the denuded spot. The natural arrangement by which the tissues of the vagina are capable of great distension without rupture, and considerable friction without laceration, account for the rarity of vaginal chancres. Anal chancres have been repeatedly observed in women who have subjected themselves freely to natural coitus when suffering from slight fissure of the anus, infected fluids running harmlessly over an unexcoriated vulva and perineum, to find a nidus in a fissure. The great frequency of fissure in the anus, in women with neglected gonorrhœa, is well known. M. Leloir described cases of infection through eczematous patches on different parts of the body. There is strong evidence that syphilitic virus has lain on an uninjured epithelial surface for some time without infecting the subject. On the other hand, there is still stronger evidence of a very serious fact, which proves that cleanliness alone will not always protect the profligate and the careless from syphilis. When syphilitic virus falls on a surface denuded of its epithelium, absorption is instantaneous, and resists the most rapid preventive measures. A surgeon, who had just grazed his finger, observed, in examining a syphilitic patient, that the excoriation touched, for a second, the surface of a chancre. He scrubbed the finger thoroughly with soap and water at once, but all in vain, for in a few weeks a chancre appeared on the finger, and was followed by constitutional syphilis of the severe type often seen in such cases. Several precisely similar cases have occurred amongst British practitioners. M. Leloir believes that early cauterization may destroy the virus, but states that this theory has not been thoroughly proven. He lays great stress on the fact that a hard sore undergoes a long period of incubation. "Never has a chancre, the first sign of a reaction of the organism against the syphilitic virus, shown itself on the first day, nor on the second, nor on the fourth, nor even during the first week." M. Leloir gives the twenty-fifth day as the medium date. By unjustifiably allaying the apprehensions of a patient too quickly, he may be induced, as has not unfrequently happened, to look upon a chancre that has appeared very long after infection as a mere excoriation, and, on the strength of his error, he may spread infection to others. M. Leloir has observed the "premonitory herpes" of Cusco, a crop of herpetic vesicles sometimes appearing on the prepuce two or three days before the chancre, and possibly due to irritation of the nerves of the skin by the virus. This complication may, obviously, be a source of fallacy in a patient who persists in excesses after actual syphilitic infection.

Pyridine.

From a foreign exchange we learn that M. Germain Sée, in a communication to the Academie des Sciences on pyridine, states that neither subcutaneous injections of pyridine salts, nor smoking cigarettes of pure pyridine, offered the same advantages in asthma as the practice of administering it by inhalation. Four or five grammes are poured onto a plate, which is placed in a closed room containing rather less than twenty-five cubic metres of air. The patient, in the room, breathes the air impregnated with pyridine. This treatment should be repeated, for about twenty minutes, three times a day. Pyridine can be traced in the urine almost immediately after the commencement of an inhalation. According to Dr. Germain Sée, hypodermic injection and pyridine cigarettes provoke nervous disturbance. Inhalation produces a beneficial effect; the feeling of oppression common among asthmatic patients being relieved, breathing becomes easier, and they have no longer the characteristic intense longing for fresh air. The sensibility of the pneumogastric nerve and the excitability of the medulla are considerably diminished, and the heart's action becomes normal. It frequently happens that the patients fall asleep after the inhalations. This sleep is almost normal, and is not accompanied by profound insensibility, and is, therefore, different from that provoked by anæsthetics. While it lasts, sensations, followed by reflex phenomena, are provoked with difficulty, although contractile energy is maintained. The administration of pyridine is not followed either by paralysis, convulsions, or tremors; but the muscles are relaxed, and temporarily lose their tonicity, in consequence of the lessened sensibility of the medulla oblongata and spinal cord. This modification of reflex sensibility is the special characteristic of pyridine, as distinguished from substances like nicotine and atropine. All the patients to whom Dr. Sée administered pyridine had quiet nights, though previously tormented with violent fits of coughing and intense oppression. The physical pulmonary symptoms all showed improvement. Pyridine does not affect the general health. When the suffocating asthmatic fits reappear after inhalations for nine or ten days, Dr. Sée recommends the administration of iodides. He has treated fourteen patients, nine of whom were asthmatic,

and five subject to cardiac disease; they were all relieved. One patient had suffered from asthma for twelve years; he was greatly relieved by the treatment with pyridine, but it was discontinued in consequence of troublesome attacks of vertigo and sickness. The asthmatic patients who presented cardiac and renal complications, declared that respiration was much eased by the inhalations. Dr. Sée concludes that pyridine is preferable to hypodermic injection of morphia, its action being preferable and less dangerous.

A Study of the Subject of Spontaneous Rupture of the Membranes at Full Term of Gestation Preceding the Beginning of Labor.

Dr. G. W. H. Kemper, of Muncie, Ind., in the April issue of *The American Journal of the Medical Sciences*, offers a careful study of fifty cases of spontaneous rupture of the membranes, occurring in his first 700 obstetrical cases, and he finds that—

1. The spontaneous rupture of the membranes at full term of gestation, and preceding the beginning of labor-pains, is an event of common occurrence, averaging about once in every fourteen labors.

2. When the membranes are broken, as a rule, labor supervenes at once, or within the next four hours, but may be delayed several hours, days, or even weeks.

3. When such an accident occurs, the duration of the labor is not necessarily prolonged, nor rendered more painful.

4. The mortality of the mothers is not augmented, and the ratio of still-born children, if at all, is so slightly increased as to amount to a minimum.

5. The causes are not well defined. The repetition of the accident in certain women shows that with some a tendency is inherent. A possibility of atmospheric influences, especially a low temperature, as an exciting cause, is admissible. Smellie considered obesity a cause. His observations have not confirmed this statement.

6. It is probable that the duration of labor is shorter in cases where the appearance of pains is delayed for some time after the membranes are ruptured.

7. The proper plan of treatment, as given by Smellie, McClintock, Bard, Denman, and Dewees, and corroborated by Dr. Kemper's experience, is rest, if necessary in a recumbent posture, and patience. All efforts to excite labor-pains are hurtful, meddlesome, and mischievous. Wait for pains, and treat the case on general principles!

8. Finally, that the fear of delay and danger in this class of cases—the classical "dry labor"—promulgated by our early obstetrical fathers, and indorsed by successive authors generally, is based on a merest spark of truth, and is one of those medical traditions that experience shows to be over-estimated and to a large degree apocryphal!

Conservative Ovariotomy.

From a foreign exchange we learn that Professor Schatz, of Rostock, has described in the *Centralblatt für Gynäkologie*, June 6th, a highly interesting case of pregnancy following double ovariotomy performed after a plan recently advocated by Schröder. On February 20, 1880, Dr. Schatz removed from a girl aged 20 a large cystic tumor of the left ovary, including the outer third of the Fallopian tube, and all the ovarian tissue. The right ovary was distinctly enlarged and cystic; it was ligatured by means of three silk threads passed between it and the broad ligament, and cut away in such a manner as to leave a piece of ovarian tissue, hardly two millimètres broad, on the proximal side of the ligature. The right tube remained intact. An abscess formed, during recovery, in the track of a suture in the abdominal wound. On March 21st, when the period was due, severe pain was felt on the right side of the hypogastrium and right thigh, with vomiting and fever. The symptoms recurred on April 8th and May 8th. No deposit could be detected in the pelvis. The first "show" appeared on May 9th; it lasted three days, and was pale and scanty. It recurred on May 31st. In the interval, there were attacks of pain in the left groin. On June 11th, a swelling of the size of a plum was detected behind and to the left of the uterus, which was strongly anteflexed. On June 28th, severe sacral pain set in; it radiated to the left inguinal region, and disappeared at period, which was copious, and lasted for six days. On July 15th, the uterus was found to be small and retroverted. The catamenia thenceforward appeared regularly till the patient's marriage in April, 1884. She became pregnant in September, and was delivered on May 12th of this year.

Case of Recovery from Malignant Pustule.

Dr. W. E. Buck thus writes in the *Brit. Med. Jour.*, July 4:

Mr. F., aged 31, a veterinary surgeon, experienced on October 6 a stinging sensation at the back of the right wrist. A small bleb was formed, which he scratched off, and there was some ten-

derness of the elbow and arm-pit. He had a slight rigor. On October 8, he was seen by Dr. Meadows, who prescribed some salicylate of soda and tincture of aconite, in frequent doses, as his temperature was 104°, and the rigors continued almost the whole of the day. A black eschar began to form on the afternoon of the 8th, and on the 9th it became about the size of a sixpence; its base was red and œdematous, and surrounded by some vesicles in a circular shape.

The temperature was nearly 104°; the patient felt cold, and his tongue was foul. I visited the case with Dr. Meadows, and we injected pure carbolic acid under the eschar, using an ordinary hypodermic syringe. Unfortunately we could only introduce a small quantity, as it oozed out in the withdrawal of the syringe, and with it a serous-looking fluid. I dried some of this fluid on a cover-glass, stained it with methyl-violet, and found the well-known bacilli of anthrax. We prescribed large and frequent doses of soda-hyposulphite, and ordered also a large quantity of meat. Under this treatment he rapidly improved.

On October 12, we again injected carbolic acid. The temperature came down, and, as the patient said he felt all right, the hyposulphite of soda was reduced to three times a day. The eschar did not finally separate for nearly six weeks, and the ulcer then soon healed. I believe that the main remedy in this case was the injection of pure carbolic acid, a mode of treatment which does not seem very painful.

There was a clear history of the disease, which was contracted exactly twelve days before its first appearance. Mr. F. having examined the flesh of an animal that had died from anthrax.

A Contribution to the Pathology of Malarial Fever.

Drs. W. T. Councilman and A. C. Abbott, of Baltiomre, report, in the April number of *The American Journal of Medical Sciences*, two cases of malarial coma, with post-mortem examination, of especial interest in connection with which was the presence of small hyaline masses in the brain and elsewhere. The authors fully consider the arguments pertaining to the supposition that these hyaline bodies are living organisms, without being able to arrive at any definite conclusion.

With a view of shedding some light on the subject of lower organisms in malaria, they made a careful search for the bacilli of Klebs and Tommasi-Crudeli, and for many other lower organisms, in all of the cases of malarial fever which came under their observation on the post-mortem table. In no case were any bacilli, bacteria, or micrococci found. Only in the two comatose cases, which they have fully described, were the singular hyaline bodies found.

This is an argument against the probability of these hyaline bodies being micro-organisms. They cannot suppose the comatose form of malarial poisoning to be a special disease, and were a lower organism found in this, it should also be found in other cases.

Digital Tenotomy in Pianists.

The operation devised by Dr. Forbes, of this city, Dr. Noble Smith, of London says, in the *Brit. Med. Jour.*, July 4, 1885, promises to be one of great benefit to accomplished pianists, as well as to learners. In making some dissections on the dead body, with a view to determine the usual position of the slips of tendon which limit the action of the extensor of the ring-finger, he found that these vary very much in different cases; so that it becomes necessary to carefully determine their position by the eye and finger, during movement of the extensor-tendon, in each case before operation. He has just succeeded in freeing the ring-finger of the right hand of an accomplished lady pianist, without causing her much more pain than is felt from the prick of a needle. Before operation, she was able to raise the finger only five-eighths of an inch beyond the others. Directly after operation, she could raise the finger easily to one and a half inches, without the least feeling of loss of control over its action. The division was, of course, made subcutaneously, so that only a minute wound was left in the skin, one-eighth of an inch in length.

Laryngeal Hemorrhage.

The name laryngeal hemorrhage is used for a variety of affections which differ widely in regard to cause, nature of the disease, and severity of the symptoms, and have in common only the effusion of blood into some part of the larynx.

Dr. J. W. Gleitsmann, of New York, in a paper in *The American Journal of the Medical Sciences* for April, proposes to designate by the name laryngitis hæmorrhagica, such effusions of blood on the free surface, or under the epithelium of the mucous membrane, which are of a so-called idiopathic character, and not due to any constitutional disease or traumatic origin. He records a case of this character, and analyzes those that have been heretofore recorded. He finds that in exceptional cases only is hemorrhage from the larynx a precursor of phthisis.

Report of a Case of Partial Pylorectomy.

Dr. J. M. Spear, of Cumberland, Md., reports, in the *American Journal of the Medical Sciences* for April, 1885, a case of partial pylorectomy in a blacksmith, aged 40, who suffered from cicatricial stenosis of the pylorus. The operation was a modification of Billroth's, and required one hour and a half for its performance. The tumor was not adherent. Death ensued in two and a half hours, from collapse. In the opinion of Dr. Spear the case was an eminently proper one for operation, but it should have been performed at an earlier period in its history.

CORRESPONDENCE.

A Case of Aconite Poisoning.

EDS. MED. AND SURG. REPORTER:—

I was called to treat a case of pneumonia in a robust adult male. I prescribed aconite to lower arterial action. The pulse was frequent and bounding, and forty-eight drops of Fleming's tincture of aconite root was left in a glass of water to be taken in twelve doses. The nurse, in mistake, gave this mixture for a glass of lemonade which she had just prepared. The mistake was immediately discovered, and I was called again within a few minutes after the ingestion of the poison. I at once resorted to all the available emetics at hand, and alternately gave mustard and tepid water and thirty-grain doses of ipecac. Vomiting and purging was produced in twenty-five minutes. The patient complained of giddiness and quivering of the muscles; also the characteristic tingling. The pulse was now imperceptible. The respirations shallow and frequent. I gave a hypodermic syringe full of brandy, which brought back a feeble, irregular pulse for a few minutes, and the drug showed its depressing effect more marked than ever. The skin was cold and sweaty; the countenance livid and anxious, while the purging and vomiting continued. I informed the family of the serious condition of the patient, and Dr. G. A. Parker, of Southampton, Pa., was called for consultation.

During this time I repeated the hypodermic injections of brandy every few minutes, which seemed to sustain the heart for a very few minutes only. Ammonia was added with good effect for awhile. The pulse would gain and sink lower and lower. Thirty minims tr. digitalis was added to the injections of ammonia and brandy, and repeated alternately at intervals of five to ten minutes. This last addition had also a happy effect. The systole of the heart was perceptibly strengthened, and the patient revived for a time under its use.

Notwithstanding all this, the poison still gained its power, and by the time that nine hours had elapsed, the patient seemed in a hopeless condition. A mustard plaster was placed over the cardiac region. Bottles of hot water, and flannels soaked in hot whiskey were placed about the cold extremities. No arterial pulsations could be felt in them, and we could not detect any heart sounds on auscultation over the chest. The patient was conscious, with contracted pupils and a livid, sunken countenance. The respirations were very frequent, but the voice and sensation were not lost. At this time twelve hours had passed from the ingestion of the drug. The purging and vomiting having now ceased the remaining half-pint of hot brandy was injected into the rectum, and the patient was left for an hour.

Dr. Parker returned to the room, and found a faint radial pulse. It seems that by this time the stimulants had gained sway over the poison, and with renewed efforts the patient was on the road to recovery, which was complete, and the man is now well.

O. C. ROBINSON, M. D.

Huntingdon Valley, Pa.

Blue Lick Water in Treatment of Lichen.

EDS. MED. AND SURG. REPORTER:—

Three years ago this summer I was consulted by a man about fifty years of age, a native of England, and who had been a resident of this country for not more than a couple of years. He declared himself as driven well nigh to desperation by the intolerable itching attendant upon his malady, which was plainly a most aggravated example of *Lichen Ruber*. The characteristic papular eruption covered the thorax, abdomen, genitalia, thighs, backs of hands, and face. None of the lotions, washes, etc., he had ever used had afforded much relief, and the same he stated to be true concerning internal remedies, of which he has taken great quantities. He further mentions a fact that at the time did not convey to my mind the valuable suggestion it contained, namely, that drinking of the waters of the Harrowgate Springs, of Yorkshire, was the only agency that had ever brought him any substantial relief. I should mention that the beginning of the symptoms dated back some four or five years, and occurred only during the warm season. All the points in the history of the case were not noted at the time, but I have same vague recollection of a history of rheumatism preceding the first attack of the eruptive disorder.

I prescribed alkaline treatment with arsenic; and locally, a carbolized ointment. The use of these was persisted in for some time, with no resultant benefit. One day, during the recital of a most unsatisfactory account of his condition and symptoms, he ardently expressed the wish that Harrowgate was accessible. The idea then occurred to me to look into the composition of this mineral water, in the hope of finding an American water of similar composition and properties. It required but little research to discover a marked similarity between the Harrowgate and the Blue Lick of Kentucky. They compare as follows:

Harrowgate.	*Blue Lick.*
Chloride of sodium.	Chloride of sodium.
Chloride of magnesium.	Chloride of magnesium.
Chloride of calcium.	Chloride of calcium.
Chloride of potassium.	Chloride of potassium.
Carbonic acid gas.	Sulphates.
Sulphuretted hydrogen.	Sulphuretted hydrogen.
Sulphohydric acid.	Iodides.
	Bromides.

It will be observed on comparison of the above, that they are essentially identical in composition, and the inference of their meeting the same therapeutic indications is a most rational one. At any rate, I prescribed Blue Lick water. The effect was prompt and gratifying. The eruption rapidly subsided, and the patient's condition was soon changed from that of great misery to comparative comfort. The circumstances of my patient were not such as to permit of his visiting the springs and partaking liberally of the water. For a time he purchased it in small quantities of the local druggist, but afterwards procured it by the barrel direct from the springs. This he does with the recurrence of the warm season, and is thereby enabled to live in some measure of enjoyment. The quantity he is using this season is half a gallon per day. This amount keeps the disease effectually under control. I see much reason to believe that a thorough and extended course of treatment at the springs would effect a thorough eradication of the ailment.

Of course, I have not concluded that this is the treatment for all cases of lichen. There are cases that prove very rebellious to this and all other plans of treatment. As a general principle, it may be stated that the most promising treatment of lichen ruber is the arsenical. Lichen planus calls for alkalies and tonics. The history of rheumatism in my patient may explain the action of the mineral water in lichen ruber. This is the fourth season he has used it. It is his sole dependence in the way of treatment, the effect never failing in promptness and efficacy.

JOHN J. THOMAS, M. D.

Youngstown, Ohio, July 28, 1885.

How to Take a Pill.

EDS. MED. AND SURG. REPORTER:—

Dr. H. Asthalter, in his note to you, "How to Take a Pill," tells of a very difficult way of linguaglutition, or deglutition. One cannot easily take a pill that way. Try it. In drinking, the tongue does not "curve back upon itself." Only after the liquid has passed the epiglottis is the tongue drawn back, curved by an involuntary nervous influence. Besides, you have the disagreeable taste of the pill—the thing patients complain most of. Tell this way of *my own*, that I have used for many years, and many will be happy among our children, who are the most difficult pill-eaters.

First, I tell the patient (and this is the important step) to take a large mouthful of water (I wonder what your correspondent means by "other liquid" in his note—something to disguise the taste?); throw his head back and swallow; this opens and clears the œsophagus from sticky, thick mucus. Then take another large mouthful of water, throw the head back—away back—drop the pills in, and swallow, and you have a straight road to the stomach, not a curved one.

I have never any trouble. I have heard of the "under the tongue" way. It is only a popular fallacy.

WILLIAM M. OGDEN, M. D.

520 *Shawmut Avenue, Boston, Mass.*

NEWS AND MISCELLANY.

Lehigh Valley Medical Association.

Fifth annual meeting of this Association will be held in the National Bank Hall, Quakertown, Pa., Wednesday, August 19, 1885. The profession is cordially invited to attend the sessions of the Association.

PROGRAMME.

MORNING SESSION—10:30 O'CLOCK.

1. Roll call. 2. Address of welcome, Joseph Thomas, M. D., President of the Association. 3. Appointment of a Nominating Committee. 4. New business (including report of Executive Committee, of the Treasurer, and election of members). 5. Unfinished business (including action upon proposed revision of constitution and by-laws). 6. 11:30—Special hour.

Address, "Proper Organization of Local Boards of Health," Benjamin Lee, M. D., Secretary State Board of Health.

Recess for dinner.

AFTERNOON SESSION—2:30 O'CLOCK.

1. Report of Nominating Committee. 2. Unfinished business. 3. 3 o'clock—Special hour. Address, "The Treatment of Joint Diseases by Rest," De Forrest Willard, M. D., Lecturer on Orthopædic Surgery, University of Pennsylvania. 4. Miscellaneous business. 5. Induction of President-elect. 6. Adjournment.

Following are the officers for 1885:

President—Dr. Joseph Thomas, Quakertown.

Vice Presidents—Dr. J. A. Horn, Mauch Chunk; Dr. J. D. Dewitt, Harmony, N. J.; Dr. C. J. Keim, Catasauqua; Dr. Amos Seip, Easton.

Secretary—Dr. Charles McIntire, Jr., 104 North Fourth street, Easton.

Corresponding Secretary—Dr. Isaac Ott, Easton.

Treasurer—Dr. Abraham Stout, Bethlehem.

Executive Committee—Dr. J. F. Wertz, Berks; Dr. A. M. Cooper, Bucks; Dr. J. B. Tweedle, Carbon; Dr. G. N. Best, Hunterdon; Dr. B. E. Stem, Lehigh; Dr. S. W. Trimmer, Luzerne; Dr. W. L. Estes, Northampton; Dr. P. F. Hulshizer, Warren.

Local Committee of Arrangements—Drs. Joseph Thomas, R. J. Lindermann, and J. S. Moyer.

NOTES.

Railroads.—The Philadelphia and Reading Railroad will issue special excursion tickets, at the rate of two cents a mile, on the 18th and 19th, good to return until August 21st. Orders for these tickets may be obtained of the Secretary.

The Lehigh Valley Railroad Company will have special excursion tickets (at same rate) for sale at Easton, Allentown, Catasauqua, Coplay, Lehighton, Mauch Chunk, White Haven, Weatherly, and Hazleton, on the 19th, for Bethlehem. Tickets from Bethlehem to Quakertown must be purchased of the P. & R. agent at Bethlehem, for which the special orders must be had of the Secretary.

Dinner.—Arrangements have been made to have the Annual Dinner served at the Bush House. It is especially requested that all who are planning to come would notify the Secretary of their intention by not later than the 15th. As the person so reporting is under no pecuniary obligations

should be be prevented from coming, and as an estimate of the number expected to dine will be a great help to the caterer, it is urged that every one who hopes to be present will comply with this request.

While there will be no excursion this year, the executive committee would be glad to see the innovation of last year continued, and that the members and guests bring lady friends with them.

The executive committee will be in session in the morning, and during the recess to act upon applications for membership. Blank applications can be obtained of the Secretary.

Every one, visitors as well as members, is requested to register on arrival in the morning.

Members-elect will please also sign the constitution.

It will be a great convenience to the Secretary if the members will pay their annual fee upon registering.

DEPARTURE OF AFTERNOON TRAINS.

For Philadelphia—1:02, 3:10, 4:50, 7:26, 9:14.

For Bethlehem—3:27, 3:54, 5:35, 7:08, 9.19.

For Mauch Chunk—L. & S., 3:27, 3:54, 7:08; L. V. R. R., 3:27, 5:35, 9:19.

For Allentown, L. V. R. R.—3:27, 3:54, 7:08, 9:19.

For Reading—3:27, 7:08.

For Easton—3:27, 3:54, 5:35, 7:08, 9:19.

For Belvidere, N. J., L. & S.—3:27, 7:08. L. V. R. R., 3:54, 7:08.

For Lambertville, N. J., L. & S., or L. V. R. R.—5:38.

For Washington, N. J., L V. R. R.—3:54.

The Health of Nomadic Populations.

The *Brit. Med. Jour.* (July 4th) tells us that the Association of Sanitary Inspectors were recently gratified with a paper, in Dr. B. W. Richardson's best manner, on a subject which, lying outside the ordinary pale of sanitary criticism, possesses greater attractions for both the lecturer and his audience. The sanitary condition and inspection of our homeless and nomadic populations are important questions, and the more important because it is no one's special business to look after them. Vagrants constitute one of the gravest difficulties, not only in the work of the poor-law, but also in that of the public health. These difficulties were not, however, the special concern of the lecturer, who defined the object of his inquiry as "to trace how far modifications of life among the homeless created varieties and extensions of disease amongst the rest of the community." There were (1) the pure vagrant, who wandered about without any provision which could be called a home, trusting to the casual ward, or any temporary shelter; (2) those who carried on an itinerant trade, and possessed a van, in which they lived and slept; and (3) the pure nomadic class, gypsies, who lived in tents, and slept on the ground in sheltered nooks, or under the brushwood of commons and moors. As to the vagrant classes, his opinion was that, while they were very helpless, by nature indolent, and by position placed in the most precarious conditions, there really was not much acute disease among them. They lived a comparatively short life, and became prematurely old, but they were rather exempt than otherwise from many of the diseases which resulted from luxury or comfort. Zymotic diseases were rare in this class, and diseases like consumption were also rare. A very important question was the influence which these people exercised in spreading contagious diseases. At first sight, it might appear that they were the best of agents for disseminating contagion. They traveled from place to place, they were not cleanly in their habits, they often wore garments which had been thrown away by infected persons, and they became the occupants of common lodging-houses, where many people were herded together. For all this, according to his observations, they did not seem to be disseminators of disease. This is certainly opposed to general experience, and we fancy a good many medical officers of health will be inclined to traverse the accuracy of Dr. Richardson's decisions.

Amongst the itinerant hucksters, however, Dr. Richardson admitted that epidemic diseases were by no means uncommon. Their children were often scrofulous, unhealthy, and feeble, while their adults were subject to consumption. These people were also subject to other constitutional diseases, particularly those affecting the chest, asthma, bronchitis, and the various forms of disease of the heart. They—perhaps, too, more than the vagrant classes—suffered from the effects of intemperance. As to the third class—the nomadic or gipsy class—the lecturer said that he could speak from considerable experience of their manners, habits, and diseases. Gypsies were constitutionally a very healthy race; and, as far as observation upon them went, they were more distinctly free from the fatal diseases of the community than any other class, so long as they retained their original nomadic mode of life. When they began to mix and live with the people generally, they suffered like other people, although even then their diseases were rather special in character. In their out-door life—living in tents—they suffered from rheumatism, which was their most common enemy, but they were extraordinarily free from the other affections. He had never heard of an epidemic of small-pox among gypsies, nor seen one of them who was pitted with small-pox, although he believed they were very indifferently vaccinated. The gipsies were not intemperate, and many of them attained to considerable longevity. From these observations the lesson adduced was that, as soon as men began to aggregate in close localities, without due and proper sanitation, and with the means of obtaining "creature comforts" too much at command, they contrasted indifferently in regard to health with their apparently less fortunate brethren, who were content to confront nature in her wildest moods. No doubt over-crowding and the aggregation of great multitudes of people in towns lies at the root of many, if not most, of the maladies which make life less endurable; and the nearer we approach to pastoral simplicity of life and surroundings, the healthier we shall be. But, human nature being what it is, we fear that not even Dr. Richardson's attractive picture will tempt the majority of people to exchange their lot for that of the vagrant or the gipsy.

Adaptation of the Dietary.

We are thus led to the next important consideration, namely, that although broad rules or principles of diet may be enunciated as applicable to different classes of people in general, no accurate adaptation to the individual is possible without a knowledge of his daily habits and life, as well as to some extent of his personal peculiarities. No man, for example, can tell another what he can or ought to eat, without knowing what are the habits of life and work—mental and bodily—of the person to be advised. Notwithstanding which, no kind of counsel is more frequently tendered in common conversation by one stranger with another, than that which concerns the choice of food and drink. The adviser feels himself warranted, by the experience that some particular combination of nourishment suits his own stomach, to infer without hesitation that this dish will be therefore acceptable to the stomachs of all his neighbors. Surely the intelligence of such a man is as slender as his audacity and presumption are large. It would not be more preposterous if, having with infinite pains obtained a last representing precisely the size and the peculiarities in form of his own foot, he forthwith solemnly adjured all other persons to adopt boots made upon that model, and on none other! Only it may be assumed that there is probably more difference between stomachs, and their needs among different individuals, than among the inferior extremities referred to for the purpose of illustration. Thus, in regard of expenditure of food, how great is the difference between that of a man who spends ten or twelve hours of the day at the work of a navvy, as an agricultural laborer in harvest time, or in draining or trenching land, as a sawyer, a railway porter, or a bricklayer's laborer, or let me add that of an ardent sportsman, as compared with the expenditure of a clerk who is seated at the desk, of individuals engaged in literary and artistic pursuits, demanding a life mostly sedentary and spent indoors, with no exercise but that which such persons voluntarily take as a homage to hygienic duty, and for a short period borrowed at some cost from engagements which claim most of their time and nearly all their energies!—Sir Henry Thompson, *in Popular Science Monthly for August.*

An Heroic Cure for the Opium-Habit.

A pathetic story has lately come to my knowledge of a young man, an under-graduate in an Eastern college, who had become a victim of the hypodermic use of morphia. He went with his father, who was engaged in the lumbering interest, into the primeval forests of Maine, hoping that during a stay of months with the wood-choppers he would be able to fight out the battle of gradual abandonment successfully. Through a strange fatality, when the party had just arrived at their camping-place, and were transporting their goods across a stream, the case of morphia was broken by an apparent accident, and its contents scattered into the water. None but the haggard young man could, at the moment, comprehend the appalling magnitude of the calamity —there, as he was, two hundred miles from the nearest settlement! He survived the terrible ordeal, but no words could express, he has said, the tortures and agony through which he passed during the succeeding weeks. He was closely watched, else, at times, he would have drowned himself or have beaten his brains out upon the rocks. Months afterward he came back to the world a skeleton, worn and haggard, from his terrible contest. It was an experience to which he could never afterward refer without the most painful emotions.

Not the least significant point in this veritable account, is the fact that the young man always believed that his father had purposely brought about the catastrophe for the sake of bringing matters to a speedy end! Has the usual treatment of the disease by physicians at this day anything to offer that is much better than this man's summary method?—*From "An Experience with Opium," by* S. T. Morton, *in Popular Science Monthly for July.*

Methods of Hanging.

The mode of carrying out the sentence of the law, "be hanged by the neck until you are dead," has usually been left to the discretion of the hangman, the law taking no cognizance as to what is to be the proximate cause of death. Calcraft invariably adopted the short drop of about two feet and a half; and if I may judge from some specimens of his ropes, which are still to be seen at Kirkdale, death must have been produced by a slow process of asphyxia. Marwood adopted what is generally known as the long drop, of which he was supposed by many to be the originator, though it was used before his time, both in Paris and in Ireland.

To Professor Haughton we are indebted for a scientific exposition of the *rationale* of the long drop, and the mode in which death takes place. Dr. Haughton also gives an elaborate explanation of the American method, which is a scientific modification of the old naval method of running the culprit up to the yard-arm.

Having now briefly referred to the different modes of hanging which have been adopted in executing criminals, we will be better able to judge which is the best and most practical method when we have considered the various causes of death. Professor Tidy says that "in hanging as in drowning, death does not always take place in exactly the same way. Thus, it may result from: (1) asphyxia; (2) cerebral hyperæmia; (3) a combination of asphyxia with apoplexy; (4) syncope; (5) injury to the spinal cord and pneumogastrics (neuro-paralytic death)."—*From "The Mechanics of Hanging," by Dr. James Barr, in Popular Science Monthly for August.*

Oophorectomy Run Wild.

The *Canada Med. and Surg. Jour.* says that Dr. Furber, writing from Kansas to the *Eastern Medical Journal*, says that the surgical mania of his State is spaying of women and young virgins. He says in his waking hours he often dreams of a courting scene in which the conversation runs thus: "Miss Doolittle, have you been spayed?" "Sir?" "Have you undergone ovariotomy?" "Please explain yourself, Mr. Blunt." "I desire to be informed, Miss Doolittle, whether or not

you have been oöphorectomized." "Certainly I have, Mr. Blunt. A council of regular physicians was called by my parents when I was a child, to consider the nervousness exhibited by my three elder sisters and myself, and thus oöphorectomy was performed on all four of us, by that eminent surgeon, Prof. Cassius Fitz Greene Browne, A. M., M. D. My older sisters all died, because they were not operated on earlier in life. So the doctors said, and they all agreed that where parents neglect to have their girl babies oöphorectomized, it ought to be done by the city surgeon appointed for that purpose, to prevent the thousand and one diseases that assail girls when they grow up to womanhood as their Creator made them; and they further say it should no more be neglected than vaccination, and certainly my own case proves the truth of their assertion." "I will thank you for my hat, Miss Doolittle. Good night." "Good night, Mr. Blunt."

Wells and Bacteria.

In *Science*, July 10th, we read as follows: In many towns and cities the privy-vaults and leaching cesspools of every house drain really into the sheet of ground-water. The soil arrests the coarse material, the grease and slime; but the swarming bacteria diffuse with ease, as much as the soluble chlorides and nitrates, and follow the flow wholly unobstructed. Into this same soil are sunk or driven the wells; and the water that is drawn for use is polluted in proportion to the number and proximity of the vaults and cesspools, on the one hand, and the thinness and sluggishness of the water-sheet on the other. In the worst wells in daily use the water is distinctly colored with sewage; but the most deadly water may carry only the germs of typhoid fevor or of dysentery, and be otherwise sparkingly clear, and so pure as to pass unchallenged through the most searching chemical analysis.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended August 1, 1885.

Fessenden, C. S. D., surgeon. Leave extended ten days on account of sickness, July 27, 1885.

Godfrey, John, surgeon. Granted leave of absence for thirty days, July 29, 1885.

Irwin, Fairfax, passed assistant surgeon. To proceed to Richmond, Va., and Wilmington, N. C., as inspector, July 28, 1885.

Ames, R. P. M., passed assistant surgeon. Granted leave of absence for thirty days, July 27, 1885.

Illinois State Board of Health.

The Illinois State Board of Health is now engaged in revising the "Official Register of Physicians and Midwives."

Any notification of changes, omissions, or errors will be regarded as a favor, as the Board wishes to make the coming register as correct as possible.

Address, "Secretary State Board of Health, Springfield, Illinois."

Items.

—Last year the number of medical and pharmaceutical students who completed their curriculum at the Universities of Spain was 703, the total number of students graduating being 3,598.

—It is recorded in the Bombay Season Reports, that on the 27th of last December, seven shepherds lost their lives at Athni, in the Belgaum district, through being struck by hailstones of the size of a cocoanut.

—M. Crouzel has isolated a body having all the properties of an alkaloid from the mandrake (Mandragora officinalis). This body forms a sulphate which is crystalline. A solution of this salt was found to have marked mydriatic effects on the eye of a rabbit. (*L' Union Pharm.*, p. 264.)

—A correspondent of the *Monthly Magazine of Pharmacy*, writing from Messina, says: "A bottle of bromine left in a closed room all night with the stopper out destroys all infection and insect life. I have cleared places which were infected with vermin many times. It is far more effectual than the vapor of burning sulphur."

—Dr. Peckholt, of Rio Janeiro, finds that the pulp of the cimmaroma, a plant found both in the Brazils and in Spain, is valuable as a laxative, ten grains of the alcoholic extract being sufficient to produce an action of the bowels. Mixed with vinegar and water, it is used by the natives of Brazil for erysipelas.

—Dr. Austin Flint, jr., adds four more cases of diabetes to the fifty-two reported to the American Medical Association. The patients were placed on strict anti-diabetic diet, and Clemens' solution of arsenite of bromine, beginning with three drops, increased to five, was also given. Of these four cases, three were permanently relieved. In conclusion, he adds: "Diabetes has become today a disease easily and certainly curable, provided that the treatment be not begun too late."

—The very rapid death of a boy, aged 15 years, from the inhalation of sulphuretted hydrogen gas in its pure state, is reported from Irvine (Scotland.) He was engaged in a chemical laboratory there, and was assisting in carrying out some experiments. In the absence of the person in charge, he approached a boiler which he had been cautioned not to go near, because of the presence of this gas, and immediately he fell down insensible. Though he was at once removed to the pure air, and every effort was made, under medical supervision, to restore animation, he never recovered consciousness, and died in an hour.

QUERIES AND REPLIES.

MESSRS. EDITORS:—

My attention has been called, and opinion asked, as to the "Brinkerhoff treatment of piles, rectal ulcers," etc., by a party suffering with same. I know nothing of it. What is it? Is there anything in it? A SUBSCRIBER.

DEATH.

GIFFORD.—June 14, 1885, at Laurel, Ind., of paralysis, in the 70th year of his age, Dr. Thomas Gifford, a member of the Franklin County and State Medical Societies, of Indiana.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

AN EPIDEMIC OF ACUTE DYSENTERY.

BY JOHN A. STAMPS, M. D.,

Of Wallaceburg, Arkansas.

There is a diarrhœal trouble very prevalent in this vicinity which has given the medical man no little trouble in finding a course of treatment most satisfactory to himself and patient. It began in the latter part of June, and has continued more or less severely ever since. It is an acute inflammation of the mucous membrane of the intestinal canal, of a catarrhal nature, self-limited, the average duration of which is about ten days (though some cases last as long as three weeks), characterized by very slight and, in most cases, no fever. In the majority of cases there is tenesmus and tormina, with frequent mucous and bloody stools.

The exact cause of this malady is rather hard to get at. That it is due in part to excessive or imprudent dietary measures, such as indigestible food, or food taken in too great quantities, unripe fruits, etc., cannot well be denied, for some of the most intractable cases occur among patients of this class. There are cases, however, that had taken all dietary precautions, and had always been strictly temperate in every respect, and to show that diet had a controlling influence in the disease, these cases were the most amenable to treatment. Besides these causes, there has been an abundant rainfall in this country at short intervals during the spring and summer months, which has caused all living vegetable matter to flourish in a most prolific manner, and with increased growth there has been an increase in the amount of dead vegetable matter, and this, with all dead animal matter that may have existed near the surface, has been thoroughly saturated with water. This combined with the very hot weather that we have had for the past few months, has been sufficient to produce the so-called malarial poison.

The requisites given by Dr. T. S. Bell, formerly Professor of Hygiene in the University of Louisville, now dead, and a man of whose extraordinary talent there was no doubt, as all who have ever taken issue with him well know, was "a daily mean of temperature of 60° for sixty days, with moisture and decaying vegetable matter, opposing the views of some, *i. e.*, that decaying animal matter also produced the poison," as set forth in his lecture of October 20, 1884, and giving as a proof of his views the scourge of fever at Paris several years ago (not stating the date), in which the inhabitants attributed the cause to the germs of disease being blown from the place where all of the animals that died in the city were removed to, whereupon an inspecting officer was sent to the place to ferret out the cause, and to his surprise, found the most perfect types of health living among the carcasses, and further researches located the trouble under the Hotel Dieu. But be this as it may, the existence of such a poison in certain localities (and this is one of the places the subject of its ravages) is indisputable from the various methods by which it makes itself known, from an ordinary attack of brow-ache to the most virulent forms of pernicious fever.

And while we are aware of the fact that this many-headed monster, so to speak, has almost as

many ways of attacking the human system as there are monsters of the sea, yet to say that this is a true type of the poison would be to ignore the assertions of quite a number of the most eminent medical men of the age; for instead of being controlled by any of the salts of Peruvian bark, it seems rather to be made worse in the incipiency.

Still I am of the opinion that this disease is caused by an entity, *i. e.*, a something which while existing in the atmosphere is inhaled by all; it finds in some a constitution sufficiently vigorous to withstand its morbid effects, while in others it finds, as my very dear friend and noble teacher, Prof. Lunsford P. Yandell, jr., of Louisville, Ky., used to say in his lectures, "a soil suitable for its sustenance and growth," there develops in sufficient quantity, or if due to micro-organisms or germs, sufficient number, with, in many of the cases, the additional irritation of inordinate or indigestible diet, to produce the much-dreaded disease.

The following is extracted from J. Lewis Smith's most excellent work on diseases of children, page 693, as being well suited to this occasion, viz.: "We know that the air is a medium of communication of most of the infectious maladies, though the agents by which these maladies are produced are so subtle that they have for the most part escaped detection. We also know that when our senses can detect nothing wrong the air frequently contains principles which produce the most violent and fatal diseases; and that the impurities in the air arising from animal exhalations and excretions, and from decaying organic matter, are common and potent causes of diarrhœal maladies, is well established."

Since the microscope has been introduced into medicine, with all its modern improvements, as a diagnostic aid, there have been some very important announcements made regarding the etiology of many of the diseases which had for the past ages been a mystery to the medical man; and from the knowledge gained by this important diagnostic aid, we have been enabled to more successfully combat many of the diseases we meet, an instance of which is seen in many of the skin affections which were found to be produced by a parasite.

We can always tell pretty well by this means whether there will be benefit derived from the removal of a tumor, by finding whether it is a malignant or benign growth; while in those of a more grave and incurable character we have been led to adopt prophylactic measures to prevent the spread of the disease.

Since Dr. Robert Koch has immortalized his name by making known the results of his researches and experiments with the sputa of tuberculous patients, by which the disease is traceable to a specific micro-organism—the tubercle bacillus—Dr. W. H. Webb (in the April 25th and May 2d Nos. of this journal), in a most excellent article on the "Contagiousness of Tuberculosis," has, by means of carefully constructed germ traps through which the air might freely pass, leaving any existing impurities on veils of pyroxylin placed in the cylinders through which the air passed, demonstrated the presence of the tubercle bacillus on four of six slides prepared and examined by Dr. Morris Longstreth, of Philadelphia.

Now, with these facts before us, how can we reasonably doubt the supposition that the air is a medium through which many of the poisons are wafted, that when taken into a system somewhat below par, set up a train of morbid changes which result in the production of the disease peculiar to the changes or poison. Yet there has never been a time in the history of medicine when there were not critics ready to ridicule the researches and experiments of others; for instance, the very important discovery of the circulation by Harvey (in 1628), was scoffed at by most of the learned men of that age, and it was with the greatest difficulty that he succeeded in establishing the validity of his discovery, which was still incomplete, and he had scarcely had time to forget his persecutions, when Malpighi (in 1661), by means of a very insignificant magnifying glass compared with the instruments of to-day, completed the deficiency in Harvey's discovery by explaining the means by which the blood passed from the arteries to the veins, and Harvey was one of his most bitter persecutors.

Hence, we should profit by the lessons of the past, and receive the statements of others with that degree of zealousness that will buoy us up to search closely for ourselves, and not, through any envy we may cherish against those who have by being more diligent than ourselves brought out hidden mysteries, renounce their statements without having thoroughly investigated the matter. I hope that no one will for a moment entertain the idea that I consider the disease of which I speak contagious from man to man, for, on the contrary, I think it is a purely non-contagious disease, produced by a peculiar poison that is produced and propagated something after the order of malarial poison, if not in some way related to it, which, entering a system unable to withstand its morbid principles, develops the disease in pro-

portion to the condition of the patient's system, and the amount taken in. The symptoms begin with languor and chilliness, followed in a few of the cases by a slight elevation of temperature, which soon returns to normal, and remains so during the remainder of the attack.

Diarrhœa sets in more or less severely, with pain and slight tenderness on pressure over the transverse and descending colon, radiating pains about the umbilicus, an irresistible desire to go to stool, with tenesmus, tormina, and burning pain in the rectum; the stools at first consisting of rather thin fæcal matter, with a curdy material resembling partly-digested casein. Later on, mucus, blood and a substance looking very much like mashed vegetables make their appearance, and from this time on till there is an improvement in the case, the stools consist almost wholly of these last three elements. There are as many as four to six evacuations an hour, and in severe cases continuing this way from two to four days. There is complete anorexia, and this with the want of assimilation and excessive drain on the system produce extreme weakness and emaciation, which is most marked in the very young.

The tongue in the incipiency is moist, the centre being covered with a white fur, while the edges are free from coating, red, and the papillæ enlarged and hyperæmic. Later on the tongue becomes dry, the coating somewhat heavier, of a darker color, and in two of the three fatal cases that I have had from the disease it assumed a black hue. The pulse is increased in frequency and lessened in force, these conditions being marked in proportion to the gravity of the attack, in my three fatal cases it having reached 130 per minute and scarcely perceptible at the wrist for several hours before the fatal issue. The skin is dry, and has a peculiar leathery feel. The abdominal walls are flaccid and somewhat retracted. The kidneys act rather sluggishly, and in some cases fail altogether. The urine is scanty and high colored.

They have an insatiable thirst, and if water be allowed in large draughts it only aggravates the trouble.

The average duration of an attack may be put down at about ten days, some cases getting well in five or six days, others continuing more or less severely for as much as three weeks.

Convalescence in all cases is very slow, the patient being much emaciated and enfeebled from the excessive drain on his system, and the bowels remaining very irritable, the most trivial causes bringing on a diarrhœal trouble, while the bowels are already acting two to four times a day.

The most frequent complication is of cerebral origin, and as I have had no opportunity of holding a post-mortem, I cannot say what the lesions are, and perhaps the notes of a case would not be out of place. It was a little girl, æt. 3 years; the first indications of a cerebral involvement being a stupid sleepy condition, and when she moved she invariably went backwards, her decubitus being abdominal. Under treatment there was marked improvement for a day and a half, at which time the parents thought she was out of danger, as she was able to eat a light dinner, and talked with good reason; but, alas! in less than four hours she sank again, her decubitus being dorsal. She tossed her head from one side of the pillow to the other, was stupid, and when aroused would complain of pain in her head and ear, and pick at her ear and tongue, and would gradually doze off, muttering all the while. Temperature normal at first, but gradually subsided to subnormal. Pulse 130 and very feeble. Respiration somewhat labored, and when any of her attendants changed the position of her limbs, she would immediately move them again, with an air that indicated a desire to be let alone. In spite of all that could be done, the case terminated fatally.

In the treatment of these cases I have tried the various methods recommended by the books, as the ipecac treatment, the opium, ipecac, and camphor combined, and various others, and find the most satisfactory results obtained from the following course, to wit: I first give the following:

℞.	Hydrarg. chlor. mite,	gr. xij.
	Pulv. Doveri,	ʒss.
	Camphoræ,	gr. xij.

M.—Div. chart. No. xij. Sig.—One chart. every two hours, till a healthy action is produced.

This relieving the bowels of any fœcal matter which may have accumulated above the seat of trouble, the secretory function of the liver is stimulated to an increased action (and in all of the cases that I have seen this function has been more or less sluggish), and by bringing about this increased action relieves the portal congestion.

The opium and camphor relieve inordinate muscular contraction, quiet undue nervous excitability, lessen the purging effects of the calomel, and have a tendency to put the inflamed structures in splints, so to speak.

As quick as the stools have assumed a more normal character, I order 20-grain doses of bismuth subnit., after each action, no matter how often, this acting as a sedative, feeble astringent,

and soothing the inflamed tract over which it passes. I also order an enema, which I consider very important in all of these cases, especially when there is much pain and tenesmus, the following prescription rendering, in my experience, the most satisfactory results, to wit:

℞. Argenti nitras, gr. v.
Tr. opii, gtt. xl.
Bismuth subnit., ℥ss.
Mucil. acaciæ, and aquæ, āā ℥ij.
M. Sig.—Inject ¼ at a time every three or four hours after an action, retaining five minutes by means of a napkin.

This, acting as a local astringent and anodyne, proves very grateful to the patient.

If, after having tried this plan of treatment, the symptoms continue unmitigated, I order in addition the following mixture:

℞. Pulv. kino co., ℥ij.
Tr. opii, tr. camphoræ, chloroformi, spts. ammoniæ arom., āā ℥iss.
Spts. vini rec., q. s. ad. ℥ij.
M. Sig.—A teaspoonful in water every two hours.

This preparation, possessing astringent, stimulant, and carminative properties combined, usually affords speedy relief.

I failed to say before that as the tendency of the disease is to exhaustion from the excessive waste, I order vinous spirits of some kind, preferably blackberry cordial or wine, with the age on it, on account of its asserted astringent properties.

As to dietary, when they crave any food I allow them to drink rice-water, eat rice, well mashed, to which has been added milk boiled for a very few minutes only, as I believe it is injured by long boiling, and sugar, with such other flavoring as they may desire; or preferable to this, the whites of from four to eight eggs, well beaten, to which one-half pint of water, sugar, and other flavoring to suit the taste have been added—this not only acting as a nutritious food, but also forming an albuminous coating over the bowels. I find that quinine, instead of being beneficial in the earlier stages of the disease, rather acts as an irritant, aggravating the trouble; while later on, when convalescence has set in, it, with some preparation of iron, seems markedly to hasten the reparative process. Yet it matters not what treatment is adopted, convalescence is very tedious, and the least amount of imprudence causes a return of the diarrhœa, which has been troubling the patient to some extent for one or more weeks; yet this return is more amenable to treatment than the first attack.

PRACTICAL DISINFECTION.

BY VICTOR C. VAUGHAN, M. D., PH. D.,
Professor of Physiological Chemistry, and Associate Professor of Materia Medica and Therapeutics in the University of Michigan.

At the last meeting of the American Public Health Association, held in St. Louis, in October, 1884, the Association appointed a committee to investigate disinfectants and the modes of disinfection. The eminent bacteriologist, Dr. Sternberg, of the United States Army, was made chairman of this committee, and he has devoted several months of laboratory study to this work. At the request of the Sanitary Council of the Mississippi Valley, this committee has made a preliminary report, in which the following standard disinfecting solutions are recommended:

Standard Solution No. 1.

Dissolve chloride of lime of the best quality in soft water, in the proportion of four ounces to the gallon.

"The test of good chloride of lime is that it should contain at least 25 per cent. of available chlorine. The following directions are given for the use of this solution: "Use one pint of this solution for the disinfection of each discharge in cholera, typhoid fever, etc., mix well and leave in vessel for at least ten minutes before throwing into privy-vault or water-closet. The same directions apply for the disinfection of vomited matters. Infected sputum should be discharged directly into a cup half full of the solution."

Standard Solution No. 2.

Dissolve corrosive sublimate and permanganate of potash in soft water, in the proportion of two drachms of each salt to the gallon.

"This is to be used for the same purposes and in the same way as standard solution No. 1. It is equally effective, but it is necessary to leave it for a longer time in contact with the material to be disinfected—at least an hour. The only advantage which this solution has over the chloride of lime solution consists in the fact that it is odorless, while the odor of the chlorine in the sick room is considered by some persons objectionable. The cost is about the same. It must be remembered that this solution is highly poisonous. It is proper, also, to call attention to the fact that it will injure lead pipes if passed through them in considerable quantities."

Standard Solution No. 3.

To one part of Labarraque's solution (liquor sodæ chlorinatæ) add five parts of soft water.

"This solution is more expensive than the solution of chloride of lime, and has no special ad-

vantages for the purposes mentioned. It may, however, be used in the same manner as recommended for standard solution No. 1."

STANDARD SOLUTION No. 4.

Dissolve corrosive sublimate in water in the proportion of four ounces to the gallon, and add one drachm of permanganate of potash to give color to the solution.

"One fluid ounce of this standard solution to the gallon of water will make a suitable solution for the disinfection of clothing."

Besides the above solutions, the report contains a formula for a disinfecting and antiseptic powder, which is as follows: "One pound of chloride of lime; one ounce of corrosive sublimate; nine pounds of plaster-of-Paris. Pulverize the corrosive sublimate and mix thoroughly with the plaster-of-Paris. Then add the chloride of lime and mix well. Pack in pasteboard boxes or in wooden casks. Keep dry."

This formula has been objected to on the ground that the yellow oxide of mercury would be formed, and this, on account of its insolubility, would not be as effective as mercuric chloride. But this objection is valueless, because organic matter is capable of dissolving the yellow oxide, as may be proven by either of the following simple experiments: To an aqueous solution of egg albumen add some mercuric oxide, agitate and filter. To the colorless filtrate, add hydrochloric acid and chlorate of potash, and heat until all the organic matter is destroyed and all the free chlorine is driven off. Then treat the fluid with a current of hydrogen sulphide gas, when mercuric sulphide will be formed, showing that the mercuric oxide has been dissolved in the albumen. It is probable that the great value of yellow wash in syphilitic sores is due to the fact that the tissues dissolve and absorb the mercury. The second experiment may be made by the addition of egg albumen to yellow wash and the oxidation of the organic matter, as given above.

Messrs. Parke, Davis & Co., of Detroit, Mich., prepare all the above preparations, which I have examined chemically and found to be exact.

DISINFECTION OF THE PERSON.

The hands of the physician or attendants, or circumscribed portions of the body of the patient, when soiled with infectious material, may be washed with a solution made by adding five parts of soft water to one of Labarraque's solution. This is standard solution No. 3 of the committee, as given above. When the hands of the surgeon are soiled with highly infectious matter and the skin is unbroken, they may be washed in a solution of mercuric chloride (corrosive sublimate), one part to one thousand of water. This solution is, however, too poisonous for general use, and should not be employed by any one when there is any considerable abrasion of the skin. It is needless to say that it should not be applied to mucous membranes. When it is desirable to disinfect the entire surface of the body, one part of Labarraque's solution diluted with twenty parts of soft water is recommended by the committee. In case of death from infectious disease, the body should be thoroughly washed with a solution of mercuric chloride, of two drachms to the gallon of water. This, colored by the addition of two drachms of potassium permanganate, is standard solution No. 2 of the committee. The dead body should also be enveloped in a sheet saturated with this solution. Instead of the mercuric chloride, either standard solution No. 1 or No. 3 may be used.

DISINFECTION OF WEARING APPAREL.

Outer garments, when of value, should first be hung in a closet or small room, with the pockets turned inside out, then disinfected with sulphurous acid gas after the manner to be described in speaking of the disinfection of the sick-room; then they should be placed out-of-doors, and freely exposed to the air for twelve hours or more. Outer garments which are filthy, and also probably infected, should be burned; because, with such a suitable field for their development, the germs might not be destroyed by exposure to the vapor of burning sulphur. The best way of disinfecting the under-clothing is by boiling, as all germs are destroyed after being boiled for half an hour or longer. When boiling is not practicable, such clothing may be immersed for two hours or longer in a dilute solution of mercuric chloride, such as standard solution No. 4, diluted with water in the proportion of one fluid ounce of the solution to a gallon of water, or by immersion in a dilute solution of chlorinated lime, such as standard solution No. 1, diluted with nine parts of water. Messrs. Parke, Davis & Co. prepare standard solution No. 4 colored with bluing instead of potassium permanganate, especially for the disinfection of clothing.

DISINFECTION OF BED-CLOTHING.

The lighter articles of bed-clothing, such as thin blankets, sheets, pillow-cases, etc., may be disinfected as given above for under-clothing. Heavy articles may be spread out upon chairs, and freely exposed to the vapor of burning sulphur, and then freely exposed to the out-door air for

twelve hours or longer. Such clothing may also be disinfected by being spread out in a chamber especially constructed for the purpose, and exposed to dry heat of 230° F. or higher. The contents of the mattress should always be burned, as it is not safe to trust to either sulphurous acid gas or dry heat to sufficiently penetrate such material as to destroy any germs or spores that may have found lodgment.

DISINFECTION OF THE DISCHARGES.

Directions for the disinfection of discharges have already been given under the formulæ for the standard solutions. Rags which are used for the reception of sputa should be burned immediately, or if this is not practicable, as it may not always be in summer time, should be submerged in one of the solutions recommended.

DISINFECTION OF THE SICK ROOM.

No room can be disinfected as long as it is occupied, but the accumulation of disease-germs may be, to a certain extent, prevented by observance of the rules already given for the disinfection of the person, clothing, bedding, and discharges, and, above all, by the free admission of pure air. In the winter time, a good fire-place, with a brisk fire and ready inlets for fresh air; in the summer, the free passage of air through open door and windows; at all times, thorough ventilation is the great desideratum in the sick-room. After the room is vacated, its floor, walls, ceiling, and contained furniture are to be disinfected. The room should be tightly closed, and two to three pounds of sulphur for every 1,000 cubic feet of space should be burned. Parke, Davis & Co. prepare sulphur mixed with black oxide of manganese and pressed into bricks, each brick containing one pound of sulphur. These burn nicely, the manganese oxide furnishing all the oxygen necessary for the complete combustion of the sulphur. The room should be kept tightly closed during the burning of the sulphur, and for eight or ten hours thereafter. Then the windows and doors should be thrown open, and all the wood-work, and, if possible, the walls and ceiling, should be washed with a dilute solution of mercuric chloride, one part to one thousand of water.

DISINFECTION OF PRIVY VAULTS, CESSPOOLS, ETC.

The contents of privy vaults and cesspools should, even when there is no infectious disease in the neighborhood, be freely supplied with some antiseptic powder; and these receptacles of filth should be frequently cleansed. But when there is the possibility of some disease germs finding a lodgment in such places, they should be treated at once with disinfectants. The committee recommends the following: "Use one pound of corrosive sublimate for every five hundred pounds (estimated) of fæcal matter contained in the vault, or one pound of chloride of lime to every thirty pounds."

The disinfecting and antiseptic powder, the formula for which has been given, may be sprinkled freely over the surface of the matter in the vault or cesspool each day. All the wood-work above the vault should be freely washed with a solution mercuric chloride.

HOSPITAL REPORTS.

LECTURES ON INSANITY.

Delivered at the University of Pennsylvania,

BY CHARLES K. MILLS, M. D.,

Lecturer on Mental Diseases in the University of Pennsylvania; Consulting Physician to the Insane Department of the Philadelphia Hospital; Neurologist to the Philadelphia Hospital; and Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic.

Reported by WILLIAM H. MORRISON, M. D.

LECTURE V.

Monomania—Simple Monomania, or Monomania of Character—Delusional Monomania—Cases of Simple and of Delusional Monomania.

GENTLEMEN: The subject of monomania is one which has within recent years, especially since the assassination of Garfield, and in connection with a number of prominent cases, attracted considerable attention. It is a subject of which we should all have some precise knowledge. Some confusion exists in the minds of alienists, much confusion in the minds of many practitioners of medicine, and confusion worse confounded in the legal and lay mind in general, in reference to monomania. This is due to many causes. One cause is, that many different significances have been given to this term, monomania. It has almost been made an opprobrium from the peculiar manner in which it has been used. The common idea of a monomaniac is, or was, a person who has one false belief—in other respects being sound. This is the etymological meaning of the word, and the lay idea, the novelist's idea, and the idea of the sensational newspaper writer. You will read accounts, as I did a short time ago, of visits to insane asylums. The article to which I refer was a description of a pretended visit to an insane asylum some years ago. Among other things, the writer told how he was conducted from one part of the institution to another by an intelligent, good-looking, and physically-healthy man, who described to him the various portions of the asylum, and also gave the peculiarities of the different patients, exhibiting no trace of an unsound mind until he came to a certain patient, when, continuing his description, he said: "Now, this poor fellow imagines that he is the Redeemer

of mankind: but, poor fool, he is wrong, for I am the Redeemer of mankind—I am Jesus Christ." He then passed on to another patient, describing his peculiarities in a sane manner. This is the common idea of monomania, and while there may be some foundation for a view of this kind, you must at once dismiss yourselves of the idea of the general soundness of the minds of monomaniacs. Again, the term monomania has been applied to patients who have a single morbid impulse; but I shall discuss this under the head of impulsive monomania.

As defined by Spitzka, this is a form of insanity which is usually inherited, and is characterized by a flaw in the understanding, manifesting itself in a general direction. This is a general definition, which gives an idea of what is meant by monomania, but is not sufficient to convey a good practical idea of its varieties. It is the so-called partial insanity of some of the older writers, and even of some of the writers of the present day. It is not moral insanity, yet monomania may include some cases of moral insanity. It is not delusional insanity, and yet it includes some of the most interesting forms of delusional insanity. Nor is it impulsive insanity, yet it includes forms of impulsive insanity.

You will find that some writers discuss monomania under heads different from those which I have given you. Hammond attempts a psychological classification of insanity, and forces his subject to this idea. He is thus compelled to erect various classes of monomania under his general subdivisions of insanity. He divides insanity into intellectual, emotional, and volitional forms, these being based upon the analysis of the mind into the emotions, the intellect, and the will. Thus you will find he discusses emotional monomania, volitional monomania, intellectual monomania, reasoning mònomania, and so on through a long list. It is better I think to adopt some simple division, such as—

1. Simple monomania, or monomania without delusions.

2. Delusional monomania.

In the first place, we have monomania without delusion. This is the monomania of character. It is simple monomania. I am dissatisfied with all of the terms which are used as descriptive of this variety of mental disorder. I think that the best of all would be a term which would express the idea of monomania of character, or insanity of character. It is a peculiar defect or flaw in the character of the individual, which exhibits itself particularly in the logical apparatus, although it may show its presence in many ways. What is meant by monomania of character, simple monomania, or monomania without delusions, can only be understood by description and by seeing cases; not simply from seeing them, but by studying them minutely and carefully, and from a broad standpoint. This is the form of insanity which is so much doubted by many. Many disputed cases of it are on the border line between sanity and insanity. It is one of the forms of insanity so many cases of which get into the courts, and about which disputes arise even among the doctors. I think that no one who had seen these cases as I have seen them, and studied their histories, in some cases from the cradle to the grave and in others from the cradle to the time of examination, would fail to reach the conclusion that they represent a form of insanity.

What are the characteristics of these cases? They are, it may be, without any special impulse or delusion; they are not melanchiacs, not maniacs, nor katatonics; they are not representatives of any of the forms of insanity which we have yet studied.

I was called upon not long since to examine a case of this kind in connection with another physician. I shall briefly give you the history of this case. He is of good family, as many of these patients are. By "good family" I mean principally that the intellect, as far as the other members of the family is concerned, is good. He is now about 40 years of age. All that can be said about his childhood is that he was peculiar. He grew up to manhood and began to exhibit certain eccentricities and peculiarities of conduct and behavior. While his mother was very ill, he went through the community and invited a number of people to attend her funeral, and even had the house crowded with people coming to the funeral of his mother before she was yet dead. Then it was noticed that this man of good family and good surroundings now and then committed some form of misdemeanor without any cause for so doing. He obtained money under false pretences, without any excuse for his actions. He went to a western city, but was unable to keep any position for any length of time, although having a good education and some ability as a writer. He has occupied the position of reporter and editor on a number of newspapers, but was unable to keep any situation for any length of time. He obtained money from one of his relatives on the statement that he wished to use it in obtaining employment. Instead of doing this, he spent the money in feasting reporters and others connected with the newspapers: the result of this expenditure was that he got a few passes to the theatre. Not satisfied with this, he also forged passes to the theatre. He was arrested for forging the passes, and there was a great exposé of the whole matter. He was sent to an asylum.

In New York he again obtained money under false pretences, was arrested, and was sent to the penitentiary. He has been in three or four asylums, in a county penitentiary, and other penal institutions. He has done many things to try to gain notoriety. His strong personal characteristics are intense egotism and vanity. He seems to have no appreciation of the distinction between the truth and a lie. I believe that in the interviews I had with him he told more outrageous lies, with more coolness and appearance of truth, than I have heard from any other individual in the same time. So striking is this characteristic in these individuals, that they impress upon others the apparent truthfulness of their statements, and thus interest others in their statements. It is for this reason that worthy persons —clergymen, physicians, lawyers, philanthropists —have been induced to believe the representations of such people, and fight their battles for them. They can lie so plausibly, give so complacently a history which is entirely the opposite of the truth, that almost any one would believe them. As for the occurrence of distinct delusions in patients of

this kind, it would often be difficult to make a point of this. They have delusions as to their own importance. Their reason for doing this, that, or the other thing, is based often upon a delusive idea.

Guiteau was undoubtedly another case of this kind, but his case has been so much discussed and described that it is hardly worth while to go into it now. Guiteau had all the peculiarities of a man with the monomania of character. It is doubtful whether he had the delusions which he claimed to have. His was one of those cases in which a mam who was really insane claimed to be insane in a way in which he was not. This is my own view of his case, and it is the view which is held by many. He claimed and urged upon his counsel to base his defense upon the idea that his crime was committed under an inspiration from the Lord—an Abrahamic inspiration of some kind. His real delusive state was as to his own importance, as shown in in his application for positions for which he had no qualifications or claims. He applied for, and supposed that he would get positions as far removed from him as they were from any porter in the streets of Washington. A certain degree of erotomania was exhibited by him. Instances came out in the investigation of this case in which he tried to force his attentions on women high in social position, and to whom he was utterly unknown; he even imagined that they reciprocated his affection. I will not dwell here any further on this case. I have discussed it more fully elsewhere.*

As a rule, these monomaniacs are not possessed of much real intellectual power. It is sometimes strongly averred otherwise. Those who come in contact with them but casually sometimes get the idea that they are people of wonderful ability, but it will generally be found that it is simply an appearance of brilliancy which has no real basis. During the progress of the Guiteau trial, it was often said that he was too smart to be crazy. A careful consideration would, however, show that he was far from being even "smart." The very interruptions which he made, and the varying methods by which he endeavored to free himself from the consequences of his crime, were opposed to this idea. The brilliancy which is present in these cases is merely an occasional brilliancy of speech. This is not uncommon, but real intellectual power is usually wanting.

We had a reasoning monomaniac at Blockley for a few weeks. She, like these other individuals to whom I have referred, had the appearance of intellectual ability, but to use her own words, "She had been at all kinds of labor, and although she was good at all, she never succeeded at any. Although acknowledged to be the best book-canvasser in the country, she could not make her living." So she told me how she went from one business to another. She was egotistical beyond all measure. When first admitted, she was put into the ward for nervous diseases, where there were about twenty-five or thirty other patients. In about five minutes she remarked that she thought she would have a room somewhere else, as she did not care about mingling with the Irish trash, and began to raise a row. She was a source of interminable trouble, and at last we sent her to the out-wards. She finally was dismissed from the hospital, and I thought we were well rid of her, but three days later she came to my office and made a great fuss. She was at the Pennsylvania Hospital, but they, sharper than we were, got rid of her in twenty-four hours. She then went to the mayor with charges against the nurses and the managers of that institution. She was, I believe also at the Presbyterian Hospital.

A patient of the same kind came to the polyclinic some two or three months ago. I will give you the history which I obtained in part from one of his friends. In Ireland, he was being educated for the priesthood, but before he had finished his course, he left college, probably in consequence of his mental peculiarities. He then began teaching languages in Ireland. He was tolerably well educated, and had a good memory for poetry. He appeared to be better educated and to know more at first sight than he really did, as is the case usually with these individuals. He was always eccentric, excitable, and irritable. He was egotistical and overbearing, and would talk most of the time of himself, his abilities, and his troubles. When he came to this country, he went into the liquor business, and although he had good financial backing, he soon failed. On account of his overbearing manner, no employee could stay with him. He then went to New York and served a short time as reporter for one of the large dailies. One or two notorious sensational interviews of a Presidential campaign were largely the product of his imagination. He finally got into a condition in which he was absolutely unbearable. He was excitable, always talking about himself, and yet sometimes he seemed to be aware that there was something wrong with him.

Let me say a few words here in passing about what is sometimes termed *emotional monomania*. When monomania takes the emotional form, any one of the emotions may be the one affected. It may, for instance, be that of fear. I have one patient, in particular, who is so terror-stricken by a thunder storm that she passes almost into a maniacal condition. Then there is the dread of hydrophobia. I have two patients who suffer from this peculiar form of mania. Both are ladies. I have known one of them to become convulsed at the sight of a dog. Her whole life, and the lives of those around her, are made miserable simply because she is possessed with this special idea. Some individuals cannot go into an open space without becoming terribly agitated or getting into a half maniacal condition. There is also the opposite condition—the fear of closed spaces. One of the best illustrations of such a space, and one most likely to reveal the trouble, is a hotel elevator.

Instead of this form of morbid fear, any one of the special peculiarities of the individual may be developed into an insane state. Jealousy, avarice, pride, or any of the emotions, may become exaggerated to an insane degree, and produce emotional monomania. I have one patient who has an insane fear of having cheated some one. She scarcely ever purchases anything without being worried for hours, and perhaps for days, with

* Transactions of the Pennsylvania State Medical Society for 1882.

this fear. I have another patient who owned a large plantation in the South, and was an intelligent and highly educated man, greatly respected in the community in which he lived. On pay-day he would pay off his hands, and he had never been known to make a mistake, and yet he would become almost distracted for fear that he had made a mistake and cheated somebody.

Let me not mislead you. If you study these cases carefully, you will find that the special manifestations to which I have referred are connected with some general evidences of perverted mentality. I should not consider an individual, simply because he or she exhibited these symptoms of this sort, as insane in the ordinary sense of that term, and certainly not in a legal sense. This is only another illustration that sanity and insanity are closely related. One may be at one end of the scale and another at the other end, and between the two there are very many grades.

Delusional monomania is a form of insanity characterized by the existence of delusions of a systematized character. In some of the books you will find these cases considered under other heads than the one which I have given you. They are sometimes classed under the head of delusional or chronic delusional insanity. This term, however, is not a good one; it is too broad, and might embrace other special forms of insanity, not strictly monomania. Clouston treats of these cases under the head of *states of fixed and limited delusion*. This is a good general designation.

Monomania with delusion is the more common form of monomania, or, at least, the form more commonly recognized as insanity. A patient with simple monomania may sooner or later become the victim of monomania with delusions; or I believe that he may by education, training and treatment be delivered from the condition of monomania.

Certain peculiarities about monomania with delusions, enable it to be diagnosticated from other forms of delusional insanity. The delusion may be either expansive or depressing. At one time it was thought that monomania was a form of insanity in which the patient had only ambitious and expansive delusions. The term *megalomania*, still sometimes used, was applied to this condition. But further investigation showed that the monomaniac might have depressing delusions. The delusions of melancholia are depressing. The delusions of mania are expansive, and those of dementia paralytica are usually expansive. The delusions of monomania have this peculiarity, and it is this which stamps the case as one of monomania. They are, as I have already stated, what are termed systemized or organized delusions. The patients can reason about them in a way of their own, it is true. They can tell you why they are the commanders of armies, the heads of the church, the victims of conspiracy, or the suffererers from spiritual agencies. They will describe their inventions to you, and show you that you are wrong and that they are right. This is the striking peculiarity of monomania. In mania a man has an expansive delusion, but one minute he is a great man, he is very rich, or very strong, and the next minute he is something else. He does not stop to explain why he is strong or rich or great. The paretic dement also is worth $10,000,000 this minute, and $50,000,000 the next; one minute he is a king, the next something else. A monomaniac is a king, and he never altogether loses sight of the regal character which he has assumed.

The Germans have a word meaning a "fixed idea," which they apply to cases of this kind, and which also expresses the peculiarities of the patient. In this fact we find the justification for the use of the term monomonia. I tried to explain this at the beginning of the lecture. You must not get the idea that a monomaniac is one who has but a single fixed idea or delusion, and is absolutely sane in every other respect, yet it is a fact that the flaw is usually shown in one general direction. Sometimes the delusion is so prominent that it overshadows everything else, and hence the layman, and sometimes the physician, can see nothing except that the man imagines that he is the pope, or a king, or the Almighty. If, however, the character and history is analyzed, other things will be found showing that the patient is insane. Although the delusion is fixed and limited at one time, it is possible for it to change. It does not change from moment to moment as in melancholia. In monomania, a patient who has had in the beginning the delusion of suspicion and persecution may at another time have delusions of aggrandizement or of unreal greatness; but the change is not usually a sudden one.

In delusional monomania the delusions can in most cases be classed, as they have been by Clouston* and others, under three heads: (1) Delusions of unreal importance; (2) delusions of suspicion and persecution; and (3) delusions of unseen agencies.

Many of those known as "cranks," are cases of delusional monomania. Personally, I deprecate the indiscriminate use of this term "crank," applied in this way. Many seem to use it simply to give them a way of escape from the diagnosis of insanity. Philadelphia has and has had its quota of these people. I well remember when a boy seeing one of these characters at the Falls of the Schuylkill. He was known as the long-haired prophet, from the fact that he never cut his hair, and went around the streets without a hat. He was given to preaching and taking up collections. When the receipts were sufficient, he would often drink too much and get before the court before he had time to recover from the effects of his potations. On such occasions he would defend himself, and rebuke the audacity of the court for "rebuking the Lord's anointed." On one occasion, when sentenced by Judge Parsons to thirty days' imprisonment, he raised a great laugh by earnestly declaring, as he was being removed, that "God made religion, but the devil made Parsons."

A man wanders about town who has been to see me several times, and who believes that his wife is trying to poison him by putting poison in his drink and food. He is intelligent, and has studied up the action of poisons, and certain symptoms which he presents are attributed by him to the effect of poison. On one occasion he took a substance to Dr. Leffman for analysis, but the doctor soon discovered that he had to do with

* Clinical Lectures on Mental Diseases.

a delusional monomaniac. A woman, whom I also know well, believes that she has been poisoned by the nurses at the Pennsylvania Hospital, and that she is being kept under mesmerismic influences. She believes also that she is a clairvoyant, and that she is connected with the royal family of England.

Another of these characters was Captain McC., a Delaware river pilot. He had the delusion that he was the sole heir of Jonathan Dickinson, who had owned about half of the ground of the city of Philadelphia. During the time that the river was open to navigation he devoted himself to his occupation of pilot. As soon as the river became closed with ice, he would every morning go to the office of the Recorder of Deeds and spend the day in copying deeds. He attended auctions of real estate, and when a lot was knocked down to the highest bidder, the Captain would warn him against completing the purchase, as he had the title to the estate, and no deed could be given. On other subjects he appeared to be sound, and was regarded an unusually shrewd man.

"Mad Dallas" was another well-known character in this city. He resembled Vice-President George M. Dallas. Whilst sane on all other points, his desire to look like the Vice-President soon affected him so that he at last came to believe that he really was Mr. Dallas, whose walk, dress, and manners he affected. Every day he would walk to the steps of the State House, and deliver a disconnected address to the crowd which would collect. He would then go to the steps of the Custom House and repeat the same harangue.

Another living Philadelphian believes he is a lineal descendant of Patrick Henry. Possibly there is some of the blood of Patrick Henry in his veins, and he certainly says so with much emphasis. He is a great man in his own estimation, and thinks that he is very eloquent.

In future lectures I will call your attention in more detail to some remarkable cases of monomania, both simple and delusional.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, June 11, 1885. The President, Dr. Shakespeare, in the chair.

Dr. H. R. Wharton presented a large tumor removed from the posterior portion of the left thigh of a patient in the University Hospital, under the care of Prof. Ashhurst, with the following history: Geo. H——, aged 32 years, whose father is still living, and whose mother died, when he was an infant, of meningitis, whose brothers are living and healthy, noticed some eight years ago a small tumor appearing on the posterior portion of the left thigh, about six inches above the popliteal space. Since that time it has gradually increased in size, until at the time of his admission to the hospital it presented itself as an oblong tumor larger than a man's head. The growth of this tumor was accompanied by paroxysmal attacks of severe pain. He could not remember ever having received an injury at this portion of his body. The tumor was enucleated without difficulty, and in so doing about six inches of the sciatic nerve was laid bare, which was directly in contact with the tumor; a portion of the semi-tendonosus and biceps muscles, were stretched over the tumor.

Upon examination, after removal, the tumor was found to consist of one large cavity containing a reddish-brown fluid, surrounded by a thick fibrous wall, varying in thickness from an inch to two inches, and at points presenting numerous points of calcareous degeneration; the inner surface of this wall was lined with irregular flocculent masses. Microscopical examination proves it to be a spindle-celled sarcoma, with areas of calcareous degeneration scattered through it.

The principal points of interest in this case are the large size of the tumor, the slow course of its development, the ease with which it was removed without injury to the surrounding structures.

Dr. Tyson said that he was much interested in the cystic feature of the tumor. It would be interesting to determine if this cyst—which is a typical example of the cysts by softening—has an endothelial lining. He also asked the nature of the fluid contents.

Dr. De Schweinitz replied that he had been foiled in his efforts to make satisfactory sections by want of time for decalcifying the growth. He had determined, however, that it was unquestionably a spindle-celled sarcoma. The cyst's contents had been spilled during the operation, but were of a chocolate color.

Dr. Barton said that at the previous meeting Dr. Nancrede had exhibited two growths with a similar clinical history and analogous histological structure. It would be interesting to examine both growths with reference to the character of the walls of the blood-vessels, as suggested by Dr. Nancrede, to ascertain if any light could be thrown upon the non-malignancy of the so-called recurrent fibroid tumor of Paget.

Dr. Nancrede remarked that he had at the previous meeting specially called attention to the fact that the *so-called* recurrent fibroid of Paget was a small spindle-celled sarcoma. The position which such growths occupied, viz., the subcutaneous connective tissue, did not seem to him as had been suggested by Dr. Stimes, a satisfactory explanation of their non-recurrence. He was under the impression that a careful study of the histology of their vessel walls could demonstrate that they more closely approached those of a fibroid tumor than those of other sarcomata in not being merely channels through the tissue, directly—or almost directly—in contact with the tumor-cells. Dr. Nancrede thought that the term "recurrent fibroid" was a good clinical one, as applied to a certain class of sarcomata, since other tumors much resembling them in histological character pursued a far different course.

Dr. Tyson said that he had early made study of these growths, first known as fibro-plastic tumors of Lebert, and later, named by Paget "recurrent fibroid," but now correctly included among the sarcomata of Virchow. Dr. Tyson thought that the explanation of its non-malignancy was found in the fact that the physiology of sarcomata varies greatly in this respect, some being scarcely more so than certain fibromata, while others vie with the worse cancers in this

characteristic. The former are represented by the hardest of the sarcomata, which again are the small spindle-celled, which may be said to be the type of the recurrent fibroid of Paget. He agreed with Dr. Nancrede that the term was a good clinical one, designating a small spindle-celled sarcoma recurring in loco, but seldom by metastasis.

Dr. Formad said that no true tumor ever had arteries or veins; their blood-vessels were merely blood-channels, without muscular walls, even in fatty tumors. The cancers are an exception to this; they have true blood-vessels and nerves, hence are painful.

Dr. Nancrede replied that, as Dr. Formad's statements were totally at variance with all reliable observers, he was not prepared to accept them at present, and still thought that careful study of the histology of the vessel walls in the various sarcomata might reveal something of practical interest.

Dr. Formad said that, to him, the relative malignancy of these growths was plain. The spindle-cells can never move from their position, especially if the blood-vessels are small. The small round-celled sarcomata have small cells and are more vascular, and, hence, are very malignant, *i. e.*, give metastasis. Giant cells never travel.

Dr. Shakespeare said that the suggestions of Drs. Nancrede and Barton as to a possible difference in the blood-vessel walls of sarcomata of differing malignancy, was doubtless based upon the well-known fact that these growths become generalized through the blood-channels. It seemed to him a matter of interest, and also raised a point which might be found of importance if properly investigated, as explaining the clinical differences. It is indeed true that the tendency to malignancy from metastasis was in large part due to the ease with which cells could be detached from their place, and this has as much to do with metastasis as the supposed mobility of elements. As to the condition of the vessel walls in recurrent fibroma, he was very sure that in the primary tumors, which have been, after removal, diagnosed as pure fibromata with numerous endothelial cells along the bands of fibrous tissue, recurrences have shown a change of type to perfect sarcomata; yet the blood-vessels in the first were those of connective tissue, while in the second they have the character of simple blood-channels.

Dr. Hughes would like to call attention to the theory of a late German observer that all sarcomata arise from the endothelia of blood-vessels. It is then easily understood how they become generalized; the cells arising from the endothelium setting up the same change in the endothelium wherever they touch, while cells derived from other structures will have no effect. This distinction might be made between sarcomata remaining local and those becoming generalized, that the former arose from fibrous tissue and not from endothelium.

Dr. Nancrede desired to say in conclusion that he was of course perfectly familiar with the fact that mobility of cells had much to do with malignancy, but he felt compelled to positively deny, upon the basis of experience, the so-called fact so positively asserted by Dr. Formad that large spindle-celled sarcomata never can become generalized because, from the form of their cells, they must "stick" in the vessels. He had presented a specimen to this society some years since of the most malignant growth that he had ever had the misfortune to deal with (here followed history). He believed that Dr. Formad examined the specimen, and had not then dissented from his opinion. He would relate other instances presented to this society, but further remark was unnecessary, since all other observers except Dr. Formad had repeatedly called attention to the special malignancy of large spindle-celled sarcomata, except in certain situations. He would suggest that positive statements founded on any one observer's experience were apt to be delusive.

Specimens from a Case of Pneumonia.

Presented by Dr. M. H. Fussell.

The subject from which the specimens were removed was a child, æt. 7 months, with following history: Mother is syphilitic, was under treatment for perforating ulcer of palate at the time of death of child. Had previously had a syphilitic iritis.

I had treated the child itself for snuffles and a syphilitic eruption. On the 2d of May child suddenly taken with convulsion. He had three more before I saw him on the 3d.

At first visit, aside from a little dullness, there was nothing wrong that could be discovered. Slight rise of temperature (99.5°). No eruption; no lung symptoms; pupils were normal. He was put on iodide and bromide of potassium, continued to have convulsions until midnight of same day, having passed through eight in all.

May 4. Temperature normal. Still nothing abnormal noted.

May 5. Temperature had risen to 101.8°, expiration hurried, a few fine rales noticed over both chests.

May 6. Respiration 60, pulse 160, temperature 100°. Physical signs of a capillary bronchitis.

May 8. Blowing breathing noted over right chest posteriorly, some dullness in same position. A friction sound was also noted. The crepitant rale was absent.

May 10. Temperature 103°. Blowing breathing and dullness over right chest, especially posteriorly. Child looked remarkably well, was bright, and took notice of parents. When sleeping he had an "expiratory moan."

May 13. Lay in stupor all day. Pulse 180, respiration jerky and 80 per minute. Died at 8 o'clock on 14th.

Post-mortem.—On opening thoracic cavity, the lungs had not receded, but almost met in median line. The edge of the lung was very light color. Left pleural cavity contained a small amount of purulent liquid. Lung connected to chest wall by a few recent adhesions, easily broken down. Left pleural cavity almost entirely obliterated. On separating the lung from the chest wall, the latter had the appearance of an abscess cavity. There was no liquid exudate in this side. Between the base of the heart and the overlying lung was a patch of puriform membrane, size of a nickel five-cent piece. The entire right lung, with the exception of a strip one-half inch deep, extending along the anterior edge, is consolidated.

The pleura is converted into a puriform membrane one-half line in thickness, over the entire lateral part of the lung, covering a surface of about two and one-half by three inches. A strip of similar membrane is along the posterior edge. All the lobes of the lung are united by membrane. There is also a patch on the diaphragmatic surface. On section of the consolidated portion of the lung a purulent liquid exuded from several bronchioles. The anterior crepitant edge was filled with a frothy liquid.

Left Lung.—Crepitant throughout, except a small portion of the base. Pleura converted into a thin membrane in different portions.

Pericardium.—Was filled with a serous fluid; both surfaces roughened. Over the base of the heart, just under the position of membrane between the lung and the pericardium, was the seat of greatest amount of disease, as though this had been the starting point of the pericarditis. The lower surface of left ventricle of heart was covered by a thin puriform membrane, which was easily detached.

Heart.—The right ventricle filled with a chicken fat clot, which extended into both branches of the pulmonary artery. Left ventricle contained a clot which extended down aorta two inches. Valves all normal.

The abdominal viscera were all normal.

The head was not examined.

The microscope shows the consolidated portion of lung to be the seat of a typical catarrhal pneumonia. The alveoli are partially or entirely filled with epithelial cells. The left lung showed a microscopic picture that might be expected in a case of capillary bronchitis.

This case interested me from both its clinical and pathological aspects.

Clinically, as to what relation the convulsions had to the lung trouble. It was not until the third day after the first convulsion that any evidence of lung trouble appeared, and until that time the patient was not apparently seriously ill between the convulsions. The lung lesion was not *overlooked* until the third day, because I had made a careful examination each visit. At first I supposed it likely the convulsions were due to the syphilitic taint, because of the absence of anything else to explain them, but the subsequent history of the case I think proved that they actually marked the beginning of the lung trouble. The entire absence of any cerebral symptoms in the progress of the case would go to prove this.

Pathologically, the case is interesting from the unusual amount of time involved in the pneumonic process, for it is the rule in cases of catarrhal pneumonia to have scattered patches of consolidation, instead of, as in this case, an entire lung. It is also interesting to trace the sequence of the lesion found. Doubtless the first trouble was a bronchitis, this was soon followed by the pneumonia, which in turn gave rise to the pleuritis. The pericarditis doubtless arose from the irritation caused by the inflamed portion of pleura overlying the base of the heart, for immediately under this spot is the seat of the greatest disease in the pericardium, and here the disease spread both by continuity and contiguity of tissues.

Dr. Musser said that he could recall a case in some respects very similar. It was one of purulent pericarditis and pleuritis in a child aged 8 years, who had been rendered ill by exposure to cold seven days previous to Dr. Musser's first visit. In the early history there were nervous symptoms so prominent as to lead to a diagnosis of cerebro-spinal meningitis. During the first week of Dr. Musser's attendance, typhoid symptoms were marked, rapid respiration, extreme dyspnœa, rapid pulse. Purulent pleuritis was proved by the hypodermatic needle. Under stimulants the child improved, but occasional dysphagia, pulsation of the veins of the neck, evanescent and later persistent aphonia, were noticed. The heart was not displaced. Dr. Musser did not make out the pericarditis. The child died suddenly of heart-clot. At the post-mortem pus was found in the left pleura and pericardium, and no connection or evidence of extension such as was found in Dr. Fussel's case was detected here. The pericardial effusion had been overlooked. What then would have been the result of pleural tapping? The amount of pericardial effusion would certainly have influenced unfavorably the withdrawal of fluid from the pleural cavity—sudden death resulting. Hence a pericardial effusion should be looked for in all cases of pleural effusion, and in its recognition stress should be laid on the non-displacement of the heart, the absence of the apex-beat and impulse, the presence of the pulsating veins in the neck, as well as aphonia and dysphagia—pressure symptoms arising from a large pericardial effusion.

Two Specimens of Sarcoma of the Choroid.

Presented by Dr. G. de Schweinitz.

Dr. William L. Norris kindly permits me to exhibit these specimens, both the patients from whom they were removed having been under his care, the one in private practice, the other in the University Hospital.

J. McT., aged 21, applied for treatment at the Eye Dispensary of the University Hospital three weeks ago. He stated that for three months the vision of his left eye had been gradually diminishing, and for the last month the eye had been totally blind. This loss of sight was accompanied by no pain in the eye, neither did he suffer from headache or ciliary neuralgia, nor was his own general health or nutrition in any way impaired. His occupation was that of a weaver, but there was no history of injury or inflammation. He was examined by Dr. S. D. Risley and myself, and the following account is taken from Dr. Risley's description at that time: The vision of the right eye was normal, $\frac{20}{XX}$; in the left eye there was absolutely no light perception. The pupil under the influence of a solution of hematropia is dilated widely, but not so completely up and in as elsewhere. Using transmitted light, the eye looking directly in front, there was not the slightest reflex from the eye-ground. When the eye was slightly turned down, a small area of the ordinary red reflex was seen below, shut off above by an abrupt dark line, curved downward. In this space detachment of the retina was easily detected. Oblique light showed a reddish-brown mass occupying the upper and inner half of the eye-ground, coming almost to the posterior plane of the iris, so near as to apparently exclude the

lens. This, however, was present and not opaque. When the eye was strongly rolled down, the upper lid raised, palpation over the ball detected an area of increased resistance and density as compared with the remainder of the eye. Over this region the perforating branches of the anterior ciliary vessels were enlarged and markedly tortuous. The general tension of the ball was not increased apparently. The diagnosis of intraocular tumor was made, and the patient advised to have the eye-ball enucleated. To this he consented. Dr. Norris performed the operation. The optic nerve was cut off one half inch from the ball, and the succeeding hemorrhage rendered the tissue about the oblique muscle so tense as to make it doubtful in the case of the superior oblique whether this thickening was due to escaped blood or infiltration of the new growth. This suspicious orbital fat was removed. On section of the eye the cavity is seen to be occupied by a melanotic sarcoma growing from above and out, leaving a small space posteriorly and below, with attached retina and subretinal fluid.

The second case was removed by Dr. Norris from a girl, aged 18. The history of the duration of the tumor is deficient. Here the new growth almost entirely filled the eye. The section which I exhibit to-night shows that the growth is composed of round and spindle cells, many of the cells of an epithelioid type, and portions of the tumor separated into an alveolar arrangement by a fine vascular structure. The tumor may be classed as an alveolar sarcoma. The optic nerve entrance shows atrophy of its elements, but no true infiltration in the new growth. A year after the operation no return *in situ* had occurred.

Dr. Tyson had examined the specimen with interest, and was at first at a loss to name the growth, as there were round cells of a connective tissue type, epitheloid cells, and some suggestions of an alveoloid arrangement.

Dr. Formad thought that the growth should be classed as an alveolar sarcoma.

Dr. Tyson thought it was an alveolar sarcoma, the sarcoma carcinomatoides of Rindfleisch and others.

Dr. Shakespeare said that the growth was a most extensive combination of epithelioid and connective tissue elements, evidently springing from the choroid, leaving the hexagonal choroidal elements untouched. There was also an evidence of dilatation of the blood-vessels, and filling up of their lumen with detritus and, perhaps, proliferated endothelial cells and leucocytes. In one portion of the growth there is a channel with as perfectly formed cylindrical cells as is an adenoma or cylindrical epithelium. The fact that the patient has lived over a year since the removal of the eye, free from disease, would lead us to believe that the growth was benign. Whether it can be positively classed as a sarcoma was doubtful. By following around the section there can be no doubt that in the portion represented by the section the retina is not affected, as the hexagonal layer of choroidal cells can be traced unbroken.

Dr. De Schweinitz said that the retina was certainly not affected.

Dr. Shakespeare said that the non-recurrence of the growth was also against its sarcomatous nature, as the alveolar sarcoma was the one most certain of all to become generalized; besides, this growth contained germinal epithelial cells.

Editorial Department.

Periscope.

The Treatment of Writers' Cramp.

Dr. R. P. Robins thus spoke to the Philadelphia County Medical Society, March, 1885:

It would be supererogatory, I think, to give to the members of this Society any detailed account of the symptoms of the disease commonly known as writers' cramp, as most of those to whom these remarks are addressed have doubtless seen, and, perhaps, been baffled in the treatment of cases of that very troublesome and annoying neurosis, in one of its three forms. It will be necessary for me, however, before discussing the methods of treatment which, in my hands, have met with varying success, to touch somewhat upon the mooted question of the pathology of the disease. I spoke of writers' cramp as a neurosis; in this view of the nature of the disease, I would be supported by many of the authorities to whom you would be likely to refer; but you would also find almost an equal number who would not regard the malady as a neurosis at all, or at least would quarrel with any theory which located the lesion in any part of the central nervous system. As far as I am aware of the history of the disease, and I have lately given the matter considerable study, there is no record of any case where an autopsy gave opportunities for an exact determination of the seat of the lesion, and it does not seem likely that we are now any nearer the solution of the problem by this means, than we were in 1857, when Zuradelli, of Pavia, published his brochure "Del Crampo degli Scrittori," in an Italian journal. The writer was strongly of the opinion that the cramp was a muscular, rather than a centric disease, his theory being that there was a debility of certain muscles, generally employed in certain coördinative movements, and a secondary spasm of opposing muscles. Even so late an essayist as Dr. Poore, of London, to whose admirable little book, "Electricity in Medicine and Surgery," we owe many excellent suggestions as to the treatment of many diseases in which the battery can be used with advantage, does not array himself strongly in opposition to this theory, and I am aware that many of those whom I am addressing to-night probably hold the same opinion. On the other hand, an array of authors, Duchenne, Erb, Althaus, Solly, and others, very emphatically give, as their dictum, the conclusion that the disease is due to a lesion of some point of the nervous centres, although they are divided

as to its localization. Dr. Solly is the only one who definitely gives it as his belief that the lesion is to be found in the cervical portion of the cord, and that there is a granular degeneration of what he calls the "nucleated vesicles."

I have said this much regarding the possible pathology of the disease, simply as prefatory, because, of course, the nature of the treatment will be influenced to a greater or less extent by the views which you hold as to the ætiology of the disease, although I may say for myself that my opinion, formed after some experience with a number of obstinate cases, and also after considerable investigation into the literature of the subject, strongly tends towards the conclusion that the lesion is to be found just where Dr. Solly says it is, in the cervical portion of the spinal cord; it is with this belief that I have to suggest a course of treatment which, I think, will benefit any case, if the disease be taken in time.

As I have intimated, I pass over any attempt to describe the symptoms of the disease as entirely unnecessary, only noting that all cases will present themselves under one or the other of three forms. They will be either (1) spastic, (2) tremulous, or (3) paralytic, and these three divisions will, to you, carry their explanations in their names. Nor do I think that the variety in form would influence the method of treatment, which could be applied to any of them indifferently.

Now, there are three factors in the treatment of writers' cramp, or, indeed, of any of those analogous conditions of incoördination, which are met with in tailors, telegraphists, pianists, milkers, and others. One of these factors is essential, the other two are simply effective methods of local stimulation. I refer to *rest*, *electricity* and *massage*. I will speak of these *seriatim*.

1. Your patient must have absolute rest, not necessarily of the whole body, but absolutely and entirely of the affected muscles, as far as those particular movements of coördination are concerned, whose abuse has brought on the attack. It is necessary to be very firm in demanding this element of treatment from your patient. Various objections will be urged; the disease is to be met with amongst a class of men upon whose pen depends their livelihood—to suggest rest to them is to suggest starvation. Your only answer can be the unfavorable prognosis, which is unchangeable in all cases where you cannot secure this factor. I have no hesitation in saying that no case can possibly recover, unless time be given to the degenerated nerve-centres to regenerate themselves; and that they assuredly will not do, if the demand upon their functional activity continues. In some cases I have been accustomed to order the arm to be carried in a sling for a week or so, to remind the patient that all writing is to be shunned; with the majority of patients this suggestion will be unnecessary; of course, I need hardly add, any other coördinative movement, involving the same group of muscles, may be indulged in with impunity.

2. Electricity is an important factor in the treatment, but I do not regard its use as absolutely necessary in simple uncomplicated cases, when taken early enough. I believe, however, that it hastens recovery, and therefore should always be employed. The continuous, and not the faradic, current should be used. The latter has been a favorite amongst the Germans, so high an authority as Dr. Erb sanctioning its use; but I am inclined to think, with Dr. Poore, that the best results are most certainly obtained by the employment of the continuous current. A weak faradic current may be strong enough even to destroy the electric irritability of the worn-out muscles in writers' cramp. Galvanism, to my mind, offers the safest and best mode of electrical treatment, and one which, in favorable cases, is sure to be followed by good results. The current should not be so strong as to cause muscular contraction, but should produce a slight tingle at the ends of the fingers when circuit is made or broken; It should be used every day for the first fortnight. after that time, the séances should be gradually diminished in number until the end of the second month, when they may be discontinued in a typical case where recovery progresses without intermission. But the disease varies so much, some cases yielding easily to treatment, and some proving so unreservedly obstinate, that it is hard to lay down an iron-clad rule with regard to the administration of the electricity. With regard to the method of its administration, I think the suggestions of Dr. Poore so admirable that there seems no good reason for departing from his method of treatment. He says:

"One pole (the positive) is placed, let us say, over the axilla, and the other over the ulnar nerve just where it leaves the biceps muscle *en route* for the olecranon. The strength of the current is short of that which causes muscular contraction, but is just sufficient to make the patient conscious of a tingle in the end of the little finger when the circuit is made or broken. The patient is made to exercise the interossei by separating and approximating the fingers rhythmically. Take another example: The positive pole may be placed over the median nerve at the inner border of the biceps, and the negative over the body of the flexor longus pollicis, while the patient is made to flex rhythmically the distal phalanx of his thumb; or, again, the positive pole may be placed in the axilla, and the negative over the musculo-spiral nerve as it turns forward alongside of the supinator longus, just above the bend of the elbow; and the patient is then made to supinate the hand or extend the fingers rhythmically."

Of course, this plan laid down by Dr. Poore is subject to variation, but the general scope of treatment by electricity which he suggests, should not be departed from. Dr. Erb, indeed, advises galvanization of the head, cervical sympathetic and cervical cord. This does not seem to me to be necessary, but there is no reason against its employment.

3. I approach the subject of massage in the treatment of these professional over-movements with considerable diffidence, because of the extravagant claims that have been made for it, as a curative agent in these diseases; yet I must say that the statistics which have been published, both in America (by Dr. Douglas Graham, in his Practical Treatise on Massage), and abroad by different observers who have employed the method of Wolff, are very strong in favor of its use. It is claimed that Wolff has cured at least 54 per

cent. of the cases of over-movement which have come under his care. His method is endorsed by many leading continental specialists, Charcot amongst others; and since his sojourn in England, so lately as January of this year, Dr. de Watteville has reported several cases which he submitted to Herr Wolff, and whose treatment resulted in a cure. Briefly, Wolff's method "rests exclusively upon active and passive gymnastics of the fore and upper arm, upon massage, percussion, and friction of the same parts, and after a time of elementary exercises in writing, prescribed and adapted to each case by holding the pen in a definite manner. These are gone through with two or three times daily for half an hour or so at a time."

I need hardly add that when massage is employed, and it should always be employed when the means of the patient will admit of it, it should always be entrusted to a skilled manipulator; no course of shampooing, rubbing, or other manipulation by the patient or the physician, can take the place of the operations of a trained masseur. It is therefore unnecessary for me here to enter into a description of the method of its administration; Dr. Graham has done this thoroughly in his treatise, to which I refer you.

When there is a depressed condition of the general nervous system, strychnia may be employed with advantage in these cases. I have also found the acid phosphates (after Dr. Pepper's formula—see "Tyson on Diseases of the Kidney") a very valuable tonic. Calisthenics, addressed to the development of the affected muscles, are also of some value.

Finally, the physician will often be called upon to suggest some means to aid in writing, those who by reason of the duration of their disease have defied all treatment, or who are unable, for pecuniary reasons, to quit their employment, even for a brief period. Many appliances have been invented for the support of the arm and the relief of the affected muscles, but, as you are no doubt aware, the lasting benefit derived from the employment of such apparatus is *nil*, as they only serve as a means of enabling the affected arm to be used for writing, and in nowise act as a curative agent. I exhibit to you, to-night, a few of these apparatus, through the courtesy of Mr. Spellerberg, who has loaned them to me for that purpose; and one or two, which I was not able to obtain, I have endeavored to figure in rough sketches.

The first apparatus which I show you is that of M. Velpeau. As you will see, this consists of an oblong ball made of wood or of hard rubber, to be grasped by the hand, keeping it in a proper position. To this are attached a couple of half rings for the index and middle fingers. A penholder passes through the neck of the ball at a convenient place near the extremity, which can be adjusted and made firm with a thumb-screw. The picture shows you the hand grasping the ball and in position for writing; whilst this, which is a slight modification of the Velpeau apparatus, devised by Mr. Spellerberg, gives you a general idea of its shape. These two apparatus which are here at hand, are also modifications of the Velpeau, the differences being trivial, and consisting simply in a modification of the position of the half-rings, or of the swivel which holds the pen. The disadvantage of all of these instruments lies in their weight.

This instrument, of which I have a drawing, is that devised by M. Mathieu. It consists of two rings for the index finger, and a half-ring properly distanced from the others, in which to rest the thumb. These are fixed to a spring-slide, into which a common pen-holder can be easily adjusted. This is a light and easily managed instrument, but, as you may see, it gives no rest to the pronators, which are often affected with the other groups of muscles used in writing.

M. Cazenave, of Burdeaux, has invented an instrument, which is figured in this drawing. It is, as you see, a hybrid between the two which I have shown you. It has the half-rings for the index and middle fingers and the thumb, like that of M. Velpeau, and the pen-holder is held in a spring-slide with a screw like that of M. Mathieu; but it differs from the former in that the pen is held between the thumb and forefinger, instead of passing between the fore and middle fingers, and from the latter in that the supporting rings are halved instead of being whole.

This instrument, which I show you, is the invention of von Nussbaum, of Munich, and is, perhaps, the simplest, and at the same time the most satisfactory, of any which I have yet exhibited. It consists of an oval band of hard rubber, through which the fingers pass, and which is held in position by the thumb. On the upper part of this band is fastened, by its base, a grooved right-angled triangle sloping towards the fingers. In this groove the penholder is held by a screw. Writing, with this appliance, is entirely from the wrist, there being no finger movements, and the hand must, therefore, be held in complete pronation. This, of necessity, prevents the instrument from being of any use where the disease has involved the pronator muscles.

Finally, I have here a little instrument, which was suggested to me by Mr. Gemrig, for one of my patients, who was in the first stage of the disease. It is, as you see, simply a solid rubber ball, perforated at about one-third of its circumference; through this perforation a penholder has been thrust. This apparatus was used by my patient alternately with her ordinary pen-holder, and she derived much comfort from its use. It should, however, be employed only in the first stage, and before over-movements have begun.

I must, in closing, however, re-iterate my statement that no amelioration in the symptoms can be expected to be accomplished by these instruments alone, and they are only to be employed in old cases where a cure can hardly be hoped for, or as adjuvants to the rest, electricity and massage course of treatment. In the latter case, indeed, I am inclined to believe that the patient is better without than with them.

Nitrite of Amyl an Eliminator of Uric Acid; Its Employment in the Treatment of Gout.

Dr. Archibald D. McDonald thus writes in the *Brit. Med. Jour.*, May 23:

I propose to support the title of this short paper by three distinct yet closely connected statements.

1. On September 13, 1882, I attended a case of what is usually called puerperal eclampsia. After the first hour, and during three and a half hours, I repeatedly gave nitrite of amyl by inhalation, in the usual way and dose. In the course of the following eighteen hours, one minim of nitro-glycerine, of 1 per cent. solution, was four times administered, and chloroform to a limited extent, as well as an operative procedure, also marked that period. Nine hours after the last dose of nitro-glycerine, that is about 31½ hours after the first inhalation of nitrite of amyl, I drew off the urine. After standing for nearly 48 hours, it was seen to have deposited, *inter alia*, crystals of uric acid.

Then, this fact somewhat puzzled me, but I was inclined, for reasons which need not be specified, deduced from the hypothesis of authorities on the subject of this eclampsia, to look upon this as an interesting clue to a rationale of the colchicum treatment of the disease. A notice of the observations of Signori Guiseppe and Sansoni, of Turin, however, has forced me to reconsider the point.

2. Accordingly, I instituted a check-experiment, the subject of which was a healthy adult, whose urine was previously normal. The experiment, except the non-administration of chloroform, corresponded, as far as possible, to the case just mentioned. Thus, from 10:45 a. m., till 2:50 p. m., seven inhalations of 5 minims each of nitrite of amyl were taken. The urine passed at 4 o'clock, an hour after food, was of a clear dark straw-color, very acid in reaction, and, on cooling, deposited a little mucus, and copious urates. One ounce without the urates, but *plus* a drachm of hydrochloric acid, showed, after forty-eight hours had elapsed, a large deposit of uric acid crystals. Also, as in the first case, nitro-glycerine was taken.

A similar quantity, passed seven hours after the last, almost free from visible urates, similarly treated, gave what may be relatively termed a very considerable deposit; and next day (36 hours after the first drug was first administered), from the sample, a considerable amount of the crystals was obtained.

I hope shortly to narrate an experiment with regard to the effect of nitro-glycerine *per se*.

Thus I was able to confirm the statement of the Italian observers named, and also to find that the balance of fact against theory compels me now to believe that the excretion of uric acid in the case of eclampsia was, at all events, largely due to the drug employed, and not wholly to the disease, and that no deduction could be drawn from the premises as to any connection between the gouty diathesis and puerperal eclampsia, or the consequent colchicum treatment of that affection. My inquiry into the symptom had no pretense to have been exhaustive; the case, however, is pretty clearly, though not yet quite logically, proven now.

3. A practical application of this property of the nitrite of amyl as an eliminator of the gout-poison immediately occurred to me, to which I at once gave effect.

H. G., of Tue Brook, a powerful, slightly ruddy man, aged 37, had suffered from gout, and now had an attack chiefly in the ankle-joint. For four days he had had an alkaline mixture with colchicum, and had obtained some relief, also, from local treatment. At 4 p. m., on April 17, his urine was clear straw-colored; on standing, it contained a very little mucus, no other deposit. One ounce, acidulated with a drachm of hydrochloric acid as before, and set aside for forty-eight hours, showed only a very few crystals of uric acid.

That statement enables a fair judgment to be formed of the state of matters previously to the use of the nitrite, during which the medicine and special local treatment were, of course, abandoned.

The first inhaled dose of four minims was given by myself at 4:2; a faint flush and sensation of fullness in the head resulted. At 6, 8, and 10 o'clock, the dose was repeated. Next morning at 9 he was much better, but had a slight headache, which soon passed off. His urine passed at that hour showed a very acid reaction, and, being treated as above, gave what I describe, in the absence of a quantitative analysis, as a considerable deposit of uric acid. On the 20th he was able to walk, the ankle-joint being very nearly well.

Remarks would be redundant. Further research is manifestly required. I will only say that all I claim is to have established a *prima facie* case for the administration of nitrite of amyl as a rational therapeutic agent in those cases of gout in which the usual contraindications do not prevent its use. And if we can by its means procure a more than normal discharge of uric acid when an attack threatens, we may find it prophylactic as well as curative.

Cocaine in Operations for Fistulous Canals.

Dr. J. G. Barford, thus writes in the *Lancet* June 6:

The following case is interesting from two points of view: (1) as indicating the risk a patient appears to run in moving from a healthy country district to town to have a surgical operation performed, however skilfully done; and (2) the great value of cocaine as a local anæsthetic, even when considerable flesh wounds have to be inflicted, in cases where it is undesirable to administer a general anæsthestic from some idiosyncrasy in the patient.

A country clergyman, whose home is situate in an open, bracing, and exceptionally healthy locality, 600 feet above the sea, was the subject of hemorrhoids, for which he was advised to place himself under the care of one of the best known specialists for this affection. He went from the pure air of the country into a private surgical home for the purpose of having the hemorrhoids removed. No difficulty was experienced in the operation, and the inner surface of the rectum healed readily, and remains sound up to the present time. But a few days after the operation some untoward constitutional symptoms presented themselves. The temperature rose to 104°, and general febrile disturbance ensued. In a few days, pain, tenderness, and swelling displayed themselves along the perineum to the scrotum, and in due course a considerable accumulation of pus was apparent. A free incision was made, and with the discharge of pus the general symptoms improved. There was also another small accumulation of pus in the inner surface of the but-

tock, running up in the direction of the rectum. This, too, was freely opened. At the end of the fifth week from the operation, the patient was removed in one of Ridding's invalid carriages into the pure air of the country. His general symptoms had somewhat improved; but the discharge from the wounds was very sanious, and far from healthy looking; he was not making the progress a patient should do under the circumstances. His condition was one of evident septic infection. Two sinuses remained at the points of suppuration, about the depth of half an ordinary surgical probe, and leading to what appeared to be soft and easily broken-down tissue, threatening to work their way towards the rectum, or it might be into the urethra. The patient's condition at this time did not justify further operative interference. At the end of two months from the operation two other sinuses were formed in the perineum between the anus and the scrotum. One of these healed spontaneously, as, indeed, a sinus occasionally does. Two of the other sinuses communicated with each other. At the end of three months from the removal of the hemorrhoids the patient's constitutional condition had sufficiently improved to justify further surgical interference, and it was decided to lay the sinuses freely open. The patient had, however, on previous occasions proved to be such a bad subject for general anæsthetics, that their administration was thought unjustifiable: I therefore decided to use cocaine to destroy the sensibility of the part. Some small plugs of cotton-wool were saturated with a 20 per cent. solution of cocaine, supplied by Mr. Martindale, of Cavendish street, and these were inserted into the sinuses, one plug in each, and allowed to remain for a quarter of an hour. They were then removed, and each sinus laid freely open with an ordinary bistoury and director. No pain whatever was felt by the patient in laying open two of the sinuses, the patient not knowing even when the incisions were being made. In laying the third sinus freely open a considerable portion of skin had to be cut through, and while the bistoury was passing through the skin the patient displayed some consciousness of it. The skin is evidently not so ready an absorbent of cocaine as either mucous membrane or an abraded surface. If I had again to use cocaine in an operation involving the skin, I should apply a little liquid blister to abrade the surface before the application of the cocaine. Exactly one drachm of the 20 per cent. solution was used. In operations with cocaine there is but little hemorrhage, thus it is not unlikely to become a valuable remedy to restrain bleeding.

Reviews and Book Notices.

BOOK NOTICES.

Poisons, their Effects and Detection. A Manual for the Use of Analytical Chemists and Experts, with an Introductory Essay on the Growth of Modern Toxicology. By Alexander W. Blyth, M. R. C. S., etc. Vol. I. Wm. Wood & Co., New York.

This work is an enlargement and revision of that portion of Mr. Blyth's work on chemistry which treats of poisons. As one of the English public analysts, he has had ample opportunities for the practical study of toxicology, and the pages of the treatise abound in original observation, as well as reveal a thorough acquaintance with the literature of the subject. An interesting chapter is that on the "ptomaines," the cadaveric alkaloids of a poisonous character which have of late attracted so much attention with reference to the consumption of canned meats.

The volume constitutes one of Wood's series of "Standard Medical Authors," and is neatly printed.

A Text-Book of Physiology. By M. Foster, M. A., etc. Third American from the Fourth English Edition, with Notes and Additions by Edward T. Reichert, M. D., with 271 illustrations. 8vo. Philadelphia: Lea Bros. & Co.

The popularity which this physiological text-book has met, is well deserved by its convenient size, and the care with which each recurrent edition is conscientiously revised, both by the English author and the American editor. Although since the appearance of the former edition no striking discovery in human physiology has been chronicled, there is a constant advance in all its departments, and these the author and editor have been on the alert to note and incorporate in the work.

The cuts are numerous and well finished, and the manufacture of the book is of the most satisfactory character.

Second Report of the State Board of Health of the State of Tennessee. Nashville, 1885.

This well-prepared volume of 600 pages bears strong testimony to the energy and efficiency of the Tennessee State Board of Health. It shows that the Board is fully aware of the gravity of the interests which are committed to its charge. Thus we find among the articles composing the volume a careful article on School Hygiene, by Dr. D. F. Wright, and one on Physical Training in the Ladies' (why ladies'? why not woman's?) Department of the State Normal College, by the director, Mary E. W. Jones. Dr. J. D. Plunket speaks of bovine tuberculosis as a frequent cause of disease in man, and in another article gives directions for instituting ozone observations in the State. Quarantine is discussed by Dr. G. B. Thornton, and abattoirs by the same. The medical topography of East Tennessee is described by Dr. S. B. Boyd, and a report on the vital statistics of the State is furnished by Dr. Plunket. There is a report from the committee on prisons, and a general review of the field by the Secretary, Dr. J. Berrien Lindsley.

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POSSIBLE MISTAKES.

It is a well-known fact that, especially in children, pneumonia is apt to simulate meningitis. There scarcely is a text-book on the practice of medicine that does not make mention of this observation. But few cases, however, have been put on record to illustrate the possibility of such an error. For this reason the following case is very instructive, that Dr. Cadet de Gassicourt publishes in the *Revue Mens. des Malad. de l'Enfance*, January, 1885:

A boy, aged five, is suddenly attacked with vomiting and convulsions. The latter do not recur, but the former continue to the next day. Besides, a general lassitude is noted, headache, grinding of the teeth, and constipation make their appearance, and twenty-four hours later, somnolence, with gradual transition into coma, sets in. In this condition, the boy arrives at the hospital. There, besides the data already mentioned, divergent strabismus, and a mild degree of rigidity of the muscles of the neck, are plainly noticed. In consequence of these facts, and on account of the complete absence of any other indications, the diagnosis of meningitis is made, although the pulse was regular, not even slower (120 beats per minute), the abdomen not retracted, and no alteration of the pupillary reaction present. The first symptom causing the suspicion of a pulmonary malady was very plain flapping of the alæ nasi, accompanied by a frequency of respiration amounting to forty per minute. The third day after his admission to the hospital there appeared a gradually-increasing dullness on percussion at the angle of the left scapula, having first an extension of three cm., and on auscultation, the crepitant rale was plainly to be perceived. The first diagnosis was, therefore, dropped, and instead, that of acute lobar pneumonia recorded. This diagnosis seemed, also, to be confirmed during the next few days by a gradual increase—of degree as well as of extension—of the physical phenomena, until the eighth day, the whole part on the left side, anteriorly and posteriorly, gave a flat sound on percussion; only be-

low the clavicle in front of the chest, as well as at the back, a clear sound could be elicited.

Less the local state of affairs than the general condition of the little patient soon produced, however, in G., the suspicion that the boy did not suffer from croupous pneumonia, but from that rare form of broncho-pneumonia to which G. has given the name of subacute pseudo-lobar broncho-pneumonia; and it was especially the continuous lassitude which induced G. to this other change in his opinion.

The tenth day the same physical signs as had been observed on the left side also made their appearance on the right, only not being quite so extensive there; and this fact served to confirm G. in his diagnosis. By increasing asphyxia, death set in two days later.

The post-mortem examination showed a double-sided pleuritic effusion, besides pseudo-lobar left-sided broncho-pneumonia of the lower lobe, and disseminated pneumonia of the left upper lobe. and of the same lobe of the right lung.

Besides the interesting diagnostic data, the case also contributes to medical literature one more proof of the infectious character of all these kinds of pneumonia.

KRAO.

Now that the hairy little girl has made the tour of the country, and excited the usual amount of wonder in the breasts of the people and a corresponding amount of influx of profit to the showmen, it is fair to remove the cloud of mystery with which she was surrounded by her proprietors.

The story was told that she belonged to a hairy race dwelling in the interior of Borneo, and that she was, both in appearance and anatomical conformation, a fair representative of the long-sought-or "missing link." Her "keeper," as we may call the gentleman who accompanies her, took good care not to contradict this story. He went a good deal farther. On inquiry by ourselves, he stated it to be true of his own personal knowledge. He showed what he alleged were photographs of her father and mother, represented as equally hairy people, and asserting that he had learned their language, promised to send us a vocabulary of it—a promise which it is needless to say he found convenient to forget. He even showed her to various physicians, and induced the editor of one of the Philadelphia medical journals to write a long editorial description of her, well calculated for quotation and for keeping up the nine days' wonder.

The simple truth of the history of Krao is that she is merely one of those anomalies which occur in different quarters of the globe, and is not at all an example of the "missing link," or anything of the kind. She was born at Bangkok in Siam, of parents both of whom are still living, and both of whom are of the ordinary Siamese type. In her physical structure she has nothing whatever pithecoid or ape-like about her, although she has been taught to hold objects in her mouth as an ape does in his cheek pouches, and in other respects her exhibitors have tried to make the resemblance to the lower primates as marked as possible. The flexibility of the joints which she possesses is indeed curious, but as the comparative anatomist knows, this is not at all a characteristic of the members of apes. Her mental powers are fully up to the average of girls of her age, and indeed she seemed to us rather precocious, as one might expect from her public and roving life.

Such are the facts about Krao, and while she is an interesting specimen of a human "sport," to use a horticultural expression, she has no ethnological importance whatever. It is a pity that there must always be so much humbug and lying about the exhibition of natural curiosities. They should be more interesting when the precise truth about them is known.

DR. FERRAN'S INOCULATIONS.

The majority of the medical press seem as ready to reject Dr. Ferran's cholera inoculations as a boon to humanity as they were to accept Dr. Koch's comma-bacillus theory of cholera. Let us make haste slowly.

Dr. Ferran has refused to let into his secrets the

German and the Frenchman who went down into Spain to investigate his inoculations, and they forthwith rush home and denounce him as a fraud.

But hold up; Pasteur, the greatest of them all, still champions Ferran—and while his great voice is raised in his favor, and while Koch keeps silence, let the smaller fry hold their braying tongues.

We do not mean to champion Ferran, because we do not know anything about his processes further than what we read in the press; but we merely say, wait until we hear from Pasteur and Koch. All those who have gone to Spain say that the statistics are in Ferran's favor; but then, they maliciously add that the statistics are unreliable.

The secrecy with which he shrouds his processes his opponents make much of; but this he explains by saying that he is a candidate for the Breant prize, of the value of $20,000, for the best cure of cholera, and that he cannot, therefore, divulge his secrets until the decision of the Prize Commission is known. He has sent some material for inoculation to Pasteur for experiments.

Again, we say, we do not mean to champion Ferran, but we do say that after reading all that the foreign journals say on the subject, we cannot see that his claim is disproven, and we therefore say, let us *wait* and see whether Ferran is destined to become a second Jenner or not.

Notes and Comments.

Erysipelas in Paris.

A debate upon erysipelas has been occupying several sittings of the Paris Academy of Medicine, and at a recent meeting M. Verneuil summed up the conclusions arrived at: "In Paris, a few years ago, erysipelas was very common and very fatal, especially in surgical practice. The antiseptic treatment of wounds has considerably diminished it in frequency and gravity, without, however, succeeding in causing its complete disappearance; the erysipelatous endemic remains, ever ready to reproduce its epidemics, brief and restricted no doubt, but still involving a certain number of victims. It occurs in two distinct foci, the hospital and the town, which reciprocally infect each other. Antisepsis, powerful and efficacious in the nosocomial area, is almost impossible to be applied as a prophylactic measure in the urban area, that is and will long be contaminated so that, after having by every precaution purified a hospital or ward, a single case imported from the town suffices to again introduce the poison. It would be easy to prove that every year in our hospitals a certain number of patients attacked with other affections, sometimes trivial, succumb from the contagion of cases of erysipelas admitted from outside. In spite of the immense value of antisepsis, it is not applicable to all cases, and cannot prevent the introduction, dissemination, and multiplication of heterocthonous erysipelatous germs. Nor can it prevent these germs, cultivated and multiplied in hospitals, being subsequently reproduced in the town. In order to prevent re-infection of insanitary places and the dispersion of germs, to destroy the evil at its root, there is only one serious plan, viz., the isolation of cases developed within the hospital or introduced from the town. The establishment of isolation wards for the erysipelatous is a necessary measure, strenuously demanded both by science and humanity. Consequently, the Academy of Medicine demands of the authorities the immediate formation of such institutions." After some discussion, MM. Verneuil and Trélat were authorized to bring up a further report to the next meeting of the Academy.

Puerperal Convulsions without Albuminuria.

Dr. N. Vuccino, of Rodosta, writing in the Constantinople *Gazette Médicale d' Orient*, gives the case of a lady usually enjoying excellent health, except for occasional hysterical attacks, who in the fourth month of her first pregnancy was seized with a severe frontal hemicrania of quotidian type. At the end of the sixth month she was awakened one night with intense pain in the head, followed by a slight convulsion affecting the upper extremities. In the morning the writer found her suffering from general convulsions, consciousness being lost, and a bloody froth issuing from the mouth; the pulse was small and hard; but the urine was then, and continued to be, perfectly normal. Various methods of treatment having proved fruitless, it was decided to bring on the labor; which was done by injecting hot water (32°). After this had been continued for three hours and a half, the os uteri became fully dilated, and a dead child was shortly

afterwards expelled. The convulsions ceased as if by magic, and in twelve days she was able to resume her household occupations. She afterwards enjoyed good health till the eighth month of her second pregnancy, when convulsions reappeared with greater intensity than before. Chloral and chloroform proving inefficacious, the continual hot vaginal douche was again employed. In consequence of the irregularity of the contractions of the uterus, forceps were required. The convulsions ceased five hours after delivery, and in seventeen days she was again in her normal condition. She subsequently became pregnant for the third time, and during the second month suffered from some premonitory convulsive symptoms, which were increased by vaginal examination; these came to an end on the patient aborting. The author considers the case interesting, as showing how convulsions, due, as he believes, to a highly nervous condition of the uterus, may simulate those connected with renal and urinary mischief.

Cocaine in the Avulsion of Ingrowing Toe-nail.

Dr. F. Peyre Porcher thus writes in the *Med. News*, July 11:

A lady came to me after undergoing very great suffering all winter from the ingrowing of both toe-nails. She had been incapacitated for taking exercise; there was loss of sleep, and her health was being undermined.

As it was a condition precedent that there was to be *no pain*, chloroform was promised if required, and I proceeded as follows:

A four per cent solution of hydrochlorate of cocaine was instilled, drop by drop, from the point of a hypodermatic needle upon the slightly raw surfaces in the furrows on each side of the ingrowing nail of the big toe. A rag, wet with the same, was kept pressed against the upper surface of the toe, and three injections of this strength were made hypodermatically in the flesh at the base of the nail, just above the matrix. The tissues here being thin, and not very cellular in structure, probably ten to fifteen drops may have been received and absorbed.

After the lapse of fifteen minutes, the narrow blade of a fine-pointed pair of scissors was passed under the nail, which was divided to the matrix, when the two portions of nail were forcibly extracted with strong forceps, and any shreds of nail remaining at the roots were cleared out.

Having remarked that the operation was finished, the lady, who had not winced, expressed great surprise. After three days she was well enough, wearing a light slipper, to visit friends some miles in the country, and three days later returned to her home in one of the upper counties.

I had witnessed a similar operation performed by a gentleman in this city, which was successful.

A Singular Case.

Such cases are sufficiently rare to warrant the reproduction of the case which Dr. Samuel West records in the *London Med. Times*, July 11:

James C. was brought into the hospital unconscious and paralyzed, and died two hours later. He had been seen to fall suddenly in the street. The pupils were equal, but minutely contracted.

It transpired that he had had an injury to the head two years before, and since then had had pains in the head, for which he had been two months in the Doncaster Infirmary. On post-mortem examination, the convolutions of the brain were found flattened on both sides. The vessels at the base were very atheromatous. The pons and upper part of the medulla were covered with blood; this extended under the pia mater, over the upper part of the cerebellum, corpus callosum, and crown, all of which parts were softer than natural, but otherwise normal; the ventricles contained a little clear serous fluid. In the middle of the pons on the right side the tissue was discolored, and a long transverse slit was found infiltrated with blood, from which hemorrhage proceeded. The right side of the cerebellum was remarkably soft, and on section, a cavity was found, containing recently extravasated blood, from which the finger could be passed into the cavity corresponding with the slit described. This was not the source of the hemorrhage, but a laceration produced by the blood as it passed from the pons. The aorta was slightly atheromatous, the left ventricle slightly hypertrophied, but the valves healthy. The kidneys were large (right = 6½ ozs., left = 5½ ozs.), and the liver firm, weighing 3½ lbs.

A Cuban Cure for Neuralgia.

The *Lancet* tells us that Dr. Antonio L. Esperon reports in the *Crónica Medico-Quirúrgica* of Habana, Cuba, two cases of neuralgia treated with parthenin, a drug extracted from a plant known in Cuba as "bitter broom" (Escoba amarga). The first was a married woman, aged twenty three, who, after an abortion, became subject to severe pain at the menstrual periods affecting the iliac fossæ. In one of these attacks, when the author attended her, he found morphia,

chloral, and bromide of potassium useless, but that relief was afforded by quinine. In a subsequent attack, when there were rigors, headache, pyrexia, and furred tongue, ovarian neuralgia was diagnosed. A subcutaneous injection of morphia was given, and afterwards one-sixth of a gramme of parthenin every two hours was ordered. At the next visit it was found that after an hour the effects of the morphia began to pass off, and the pain had returned. The medicine had not been administered. After three doses of the parthenin the pain disappeared, and did not return. The second case was that of a colored woman with severe coccydynia. Morphia only relieved this temporarily, but after a few doses of one sixth of a gramme of parthenin in pills the pain permanently left her. The writer has also employed parthenin in many cases of facial neuralgia with great success. He believes that it is especially indicated in neuralgias of malarial origin.

Terpine and Terpinol.

The Paris correspondent of an English exchange tells us that at a recent meeting of the Société de Thérapeutique, Dr. Dujardin-Beaumetz recalled the fact that in treating turpentine with an alkaline carbonate, a substance is obtained to which the name of "terpine" has been given. This substance has been experimented with by Dr. Lépine, of Lyons, who ascertained that it is endowed with very marked diuretic properties, and that it modifies the bronchial secretion in old catarrhal affections. Dr. Dujardin-Beaumetz has since experimented with a derivative of terpine, namely, terpinol, which is made by reacting on the former with sulphuric acid. Terpinol is described as being an oily substance, having an odor of jasmine, and being but little soluble in water. Dr. Dujardin-Beaumetz prescribes it in the form of pills as follows: Terpinol, benzoate of soda, of each sixteen grains; powdered sugar, q. s.; to be divided into ten pills, of which as many as ten can be administered daily. Terpinol is eliminated almost exclusively by the air-passages, and gives to the breath a strong odor of jasmine. It exercises its action principally on the bronchial secretions, which it rapidly fluidifies.

Diaphoretic Treatment of Nephritis.

N. Hess (*Vratch*) having made a number of observations on the treatment of nephritic patients by wet packs, hot baths supplemented by wrapping in blankets, and hot-air baths, draws the following conclusions:

1. The least rise of temperature occurs with packs, the greatest with hot-baths.

2. While the temperature is found to sink still still further twenty minutes after the pack, it remains at the same height for an hour after both the other methods of treatment.

3. After water baths the temperature regains its original height more slowly than after air baths.

4. During the pack the pulse becomes slower; during hot water and air baths, on the contrary, it is quickened for an hour afterwards.

5. Under the influence of the pack, respiration is moderately quickened; during both water and air baths it is still more quickened, but subsequently returns to its normal rate more rapidly than after the pack.

6. The most powerful sudorific effects are produced by hot baths, the least powerful by packing.

7. Though the baths are more stimulating, packing soothes the action of the nervous system, brings the patients on better, and produces a subjective feeling of improvement afterwards.

Sterility Occasioned by the Vaginal Secretion.

Dr. Jung, of Vienna (*Wien. Med. Presse*, xxiv., p. 1132), reported the case of a woman æt. 32, otherwise quite healthy, who, during fourteen years the wife of an officer, had remained barren. Menstruation always regular. She had been treated by gynecologists for her sterility by incision of the os uteri, and cauterization of the cervical canal, without success. Examination showed the cervical canal to be open, also no dilatation of the urethra. On a microscopic examination of the spermatozoids three or four hours after cohabitation, they were found to have no movement. On further examination, it was found that the movement was not lost at the time of the ejaculation, but occurred only after the action of the vaginal secretion had commenced. Hip-baths with astringent injections were ordered. After three months the woman found herself pregnant, and after a normal pregnancy gave birth to a healthy boy.

Indurated Chancre of the Eyelid.

Dr. Moty (*Gaz. des Hopitaux*, 128), a soldier, was received into the hospital with a double-sided conjunctivitis. The internal angle of the upper eyelid was swollen. Suitable treatment, cold applications and weak solutions of argenti nitratis, decreased the general tenderness, and the seropurulent exudation became less. In the mean-

time the place on the lid became harder, and an ulcer formed in the connective tissue in the neighborhood of the tear-ducts. This was accompanied by a heavy penetrating pain and light fever. After two or three weeks a swelling formed under the skin in the left temporal region. This was round and flat, hard, painful on pressure, and about the size of a hazelnut. This appeared to be grown fast to the periosteum of the skull. As there was no doubt left as to the diagnosis, the patient was placed under the influence of mercury, then of iodide. The recovery took place after about nine weeks. Concerning the manner of infection nothing is said.

Fistulous Communications Between the Intestines and the Female Genital Tract.

Since the application of plastic surgery to gynecological operations, the treatment of vesico-vaginal fistulæ is as well understood as are the etiology and symptomatology. The result, though, when contrasted with the old tedious plan of cauterization, is brilliant no less to the operator than to the unfortunate woman whose life is rendered miserable by such conditions.

Dr. H. D. Fry, of Washington, in *The American Journal of the Medical Sciences* for April, directs attention to less frequent forms of fistulæ that communicate with the genital canal, and records a very obscure and interesting case of intestino-vaginal fistula, which terminated favorably without surgical interference.

The Use of Cocaine During the Removal of a Needle from the Foot.

Dr. Samuel Nall publishes the following case in the *Brit. Med. Jour.*, June 27 :

A little girl happened to run a needle into the fore part of her heel ; the point broke off and lay embedded. By passing the blunt end of another needle along the track left by the broken one, the latter could be felt about a quarter of an inch from the surface. The pain, however, caused by the process of probing was so acute that he determined to try the effect of cocaine during extraction. He painted the surface near the puncture with a four per cent. solution of the hydrochlorate, and allowed some to trickle into the wound ; altogether, about eight or ten drops were used. In about half an hour's time, the part was so deadened that I was able to dilate the wound by means of a fine probe and forceps, and to extract the broken needle, without causing the slightest pain.

Treatment of Whooping-Cough.

Dr. W. Graeffner, of Breslau, has obtained remarkably good results in whooping-cough from cocaine, which he used in the form of the steam-atomizer, or of inhalations, or of the common cold atomizer. The solution employed by him is the following :

℞.	Cocain. muriat.,	gr. i–gr. iss.
	Aquæ destillat.,	f.℥iss.
	Pot. chlorat.,	gr. ix.
	Aq. amygdal. amar.,	♏x.

M. S.—Externally.

The applications were made twice daily, and rapidly brought about a cure. It proved also beneficial in cases of hysterical cough.

Correspondence.

Strychnia in Malarial Fevers.

Eds. Med. and Surg. Reporter:—

Never having seen an account of the use of strychnia in malarial fevers, I thought I would give my experience with it. Having tried quinine in heroic doses, and so often having a return of the disease, I concluded to experiment, and at last combined quinine and strychnia. This resulted admirably, and I continued to reduce the amount of quinine, until now I give no quinine at all in "chills and fever." I invariably give ℞. Liq. strychnos, ♏x., before each meal; and I have yet the first chill to see after the commencement of the remedy.

W. W. Reynolds, M. D.

Proctorville, Ohio.

News and Miscellany.

Notes of a Visit to Some of the Lying-in Hospitals in the North of Europe, and particularly on the Advantages of the Antiseptic System in Obstetric Practice.

These notes were read by Dr. Priestley, before the Obstetrical Society of London, July 1. The hospitals visited were those at Copenhagen, Helsingfors, and St. Petersburg. At Copenhagen, the new system began in 1870. In the Maternity Hospital, in the fifteen years from 1850 to 1864, the mortality was one in 24; between 1822 and 1843, it had been one in 19—that is, only slightly lower than the mortality in the Nightingale Charity of King's College Hospital, which compelled the author to close the ward. From 1865 to 1874, the mortality from puerperal fever was one in 51 ; from 1870 to 1874, it was one in 87, the improvement coinciding with increasing strictness in antiseptic precautions. The hospital was constructed in the most elaborate and expensive way to secure hygienic perfection, including ventilation, isolation of each part of the building (if desirable), and even a separate room for each patient. Moreover, the rooms were only used alternately, which was equivalent to halving the number of beds. The attendants were under strict rules of periodical purification, and were not allowed to pass di-

rectly from the convalescent to the lying-in wards. If a patient had been ill, the nurse was fumigated with sulphurous acid gas by an elaborate process. The same was used for disinfection of the rooms. The personal precautions included careful antiseptic hand-washing, soaking of catheters, etc. No sponges were used. The vagina was injected twice a day with carbolic acid lotion. The beds were of canvas, filled with chopped straw, which was destroyed after use. Each bed had its own basins, syringes, catheters, etc. The placentæ and dressings were burnt. On suspicion of infection, the patient was carefully isolated. The medical officers were not allowed to attend necropsies. The director lived in the hospital, of which he was absolute master. As in other hospitals, there was an undue proportion of difficult cases and of primiparæ, and the primiparæ had a large share in the mortality. The midwives of Denmark were compelled to use antiseptic precautions, and this had sensibly reduced the mortality. At Helsingfors, the hospital was arranged on the pavilion system, one block being devoted to diseases of women, including wards for operations and rooms for out-patients. The wards for lying-in cases contained about 42 beds; the beds were in the middle of the rooms. The mattresses were sacks of fresh rye-straw for the non-paying patients, and with horsehair or bark of the lime-tree for paying patients, all being cleaned, baked, and remade for each new patient. Some patients lay on the bare boards of the bottom of the bed, as was usual in Finland. Antiseptics were not as minutely carried out here. Midwives and nurses were made to wash their hands and arms with soap, and afterwards to rub them with hypochlorite of lime, before examinations. Abnormal cases were isolated. The medical officers were forbidden to attend necropsies, or to touch infectious wounds, without taking antiseptic precautions afterwards. Catheters were carbolized, and the wards periodically closed and cleaned. After labor, a single injection of carbolic acid was given, and often when specially indicated. The linen was simply washed; the blankets were fumigated by burning sulphur. Professor Pippingsköld trusted largely to the excellent hygiene of the hospital (built on a rock high above town), and to the clean habits of the people; but the external genitals were always washed before delivery, otherwise the object was to guard against external morbific influences, more minute care being thought unnecessary under the circumstances. Before the new maternity was opened in 1879, the total mortality averaged 1.83 per cent. From 1872 to 1884, the total mortality was one per cent. In the Grand Duchess Catharine Maternity Hospital, in St. Petersburg, there were arrangements for isolating the various parts. Scrupulous cleanliness, the disinfection of rooms, concrete floors draining into a central gully, and the careful use of antiseptics, were included in the system. In the last three years there had only been one death from puerperal fever, though six had occurred from other causes.

Dr. Matthews Duncan said that the subject of antiseptics in midwifery was the greatest in the whole obstetric department, but it got very little attention. The subject was greater than the prevention of epidemics, which came occasionally, while puerperal deaths were constantly occurring amongst the most valuable members of the community. The value of antiseptics in midwifery had only lately been estimated, because it was only lately that the profession had agreed as to the mortality of childbed. Some men had their thousands of cases without a death, and while he did not doubt their veracity, he did not accept their statements. No man could claim immunity from deformed pelves, placenta prævia, puerperal convulsions, phlegmasia dolens, puerperal inflammation, puerperal scarlatina, puerperal septicæmia, or puerperal insanity. Farr began by ridiculing the demonstrated puerperal mortality, but he eventually nearly accepted the received view—that about one in 120 died in childbed, or within a few weeks after delivery. In the history of the subject, all measures had failed to reduce mortality till antiseptics were introduced. Abroad, the great mass of women were attended by midwives, who were compelled by law to use antiseptics. In Great Britain most were attended by medical men, very few of whom used antiseptics. He hoped they would be universally adopted.

Dr. John Williams said that while it was not possible to abolish by antiseptics the effects of pregnancy and labor, the abolition of deaths from puerperal fever might be hoped for. The mortality of the St. Petersburg Hospital (one death from puerperal fever in three years) was a near approach to this. The results at Copenhagen and Helsingfors were little better than those in the Rotunda of Dublin before antiseptics were used. In seven years of office, Dr. Collins admitted about 16,000 women, and had two epidemics of puerperal fever, in which about 80 died, and the total mortality was one per cent. Dr. Macon, the present master, admitted, during his first year of office, 1,090, and of these six died, two at least from other causes than septicæmia. This excellent result had been obtained by careful antiseptic precautions. Dr. McClintock calculated that a quarter of the deaths in childbed were not due to childbed. Taking the deaths in childbed at one per cent., the lowest mortality in childbed after the destruction of puerperal fever would be a quarter per cent., or 2.2 per 1,000; and the object should be to reduce the mortality to this level; this, he believed, might be attained by antiseptics. This was the object of Dr. Champneys and himself at the General Lying-in Hospital, but the object had not been attained. During the first four years there were 7 deaths in 1,174, or a little more than 0.5 per cent. During the first 12 or 18 months carbolic acid was used; during a second similar period, permanganate of potash; and, since May, 1884, corrosive sublimate. During the first two periods, there was a good deal of illness, though the mortality was low; since the use of corrosive sublimate was begun, there had been no deaths from puerperal fever, and almost an entire absence of morbility. The mortality mentioned was the total mortality for all cases which were not well at the time of their discharge from the hospital, and were admitted into St. George's Hospital, under Dr. Champneys, or into University College Hospital, under Dr. Williams; and the result was incorporated with the statistics of the General Lying-in Hospital.

Dr. Champneys said that the total mortality

from all causes in the General Lying-in Hospital in the last four years and a half, since Dr. Williams and he had had charge of it, was nine in 1,360, one in 151, or 0.66 per cent. The last two deaths were from phthisis, with which the patients were practically moribund on admission. These results were decidedly good at the present time, though it was hoped to improve them in the future. The greatest care was taken to follow up the cases; on discharge, each patient was furnished with a post-card directed to the hospital, on which she was requested to write her state and that of the infant about a month after her discharge, or six weeks from her confinement. No statistics of lying-in hospitals were trustworthy which did not give the total mortality from all causes, and which did not state that no patient was transferred to another hospital, or that, if transferred, her progress was ascertained. The statement that no deaths occurred from puerperal fever was worthless in the absence of the whole mortality; and, indeed, all cases dying after childbirth were presumably, or in the absence of distinct proof to the contrary, cases of puerperal fever, and such cases often gave unmistakable, though unexpected, evidence of septic processes after death. Thus the statement that, in the St. Petersburg Hospital, there had only been one death from puerperal fever in three years, while there had been six deaths from other causes, did not carry conviction. That was certainly a most unusual proportion. What were the causes of the other six deaths? The triumphs of antiseptics had been greatest in the most filthy localities; where cleanliness and general hygiene had been attended to, the benefit, though undoubted, was less striking. Antiseptic teaching should be as clear and as definite as possible; if details were unnecessarily multiplied, nurses, and even practitioners, were liable to confuse the essentials with non-essentials, and even to throw the whole thing overboard. He found no difficulty in carrying out the same details in private as in hospital practice. The all-important thing was scrupulous antiseptic cleanliness of the hands. On this he insisted, on the part of nurses as well as on his own; and inspection of the nails and skin of the hands of nurses was important on this account.

Dr. West thought that the teachers of midwifery, or, better still, the Obstetrical Society, should pronounce definitely as to what was essential in antiseptic treatment. In Vienna, frequent vaginal washing and the introduction of iodoform into the uterine cavity, formed part of the system. Women would, he thought, be apt to dislike this interference, and it would also suggest to them the great danger which there must be to necessitate it.

Dr. Playfair was sure that, in private, not one man in a hundred used antiseptics in any thorough way. There were not the difficulties which Dr. West had imagined, and, in his own practice, antiseptics were as rigidly enforced as possible. Absolute surgical asepticism was, of course, impossible. He now supplied his nurses with antiseptic rules printed on a card, the chief rules being that the nurse should never touch the neighborhood of the genitals without careful antiseptic washing of the hands. The same precaution was taken with regard to all sponges, catheters, etc. Corrosive sublimate was preferred to carbolic acid. These rules were even more important for nurses and midwives, who often touched the genitals, than for medical men, who, as a rule, only did so during labor. Nurses were apt to be careless of details and of cleanliness, and the result was visited on the medical man. He hoped that antiseptics would soon be the routine practice, and he was sure the result would be most satisfactory.

Dr. Gibbons remarked on the common practice of pouring a few drops of antiseptic solution into an unmeasured quantity of water, which was useless. He asked Sir Joseph Lister what strength of carbolized vaseline should be used.

Dr. Murphy (Sunderland) regretted that the discussion had not included the details of the antiseptic treatment recommended. He asked the opinion of the Society as to the justifiability of attending a case of labor shortly after having examined a case of puerperal fever in consultation. The text-books said that practice must be given up for several months. Dr. Murphy thought that change of clothes and a warm carbolic bath, one in 100 for half an hour, gave sufficient security.

Dr. Braxton Hicks agreed with Dr. Matthews Duncan as to the value of antiseptics in midwifery, but not as to his estimate of puerperal mortality. He had, in ten years of early practice, 800 to 1,000 cases, and only one death, which was from puerperal fever. Morbility was as important as mortality. He referred to the injurious effects of human lochia inoculated into rabbits, as showing their poisonous character. The antiseptic vaseline or oil was of little importance compared with antiseptic cleanliness of the hands.

Dr. Harvey said that, in Calcutta, for many years, carbolized oil had been used for vaginal examinations, and that vaginal injections of carbolic acid or corrosive sublimate were used if any fœtor was noticed in the discharges. When there was pyrexia besides, the uterus was washed out. Good had resulted, but the mortality in Calcutta would always be high, as patients were often admitted after many hours of labor, and after the the establishment of septicæmia.

Dr. Priestley, in reply, congratulated Dr. Williams and Dr. Champneys on the results obtained by them, and said that he was informed by Dr. Grigg that, of 1,100 deliveries in Queen Charlotte's Hospital, between February 14, 1884, and July 1, 1885, there had only been one death, and that was from puerperal convulsions. He agreed with Dr. West as to the desirability of defining what amount of antiseptics were necessary, and he doubted if autogenetic infection existed. Antiseptic cleanliness of all things touching the genitals was all-important, but vaginal injections had better be retained meanwhile.

Manslaughter by a Midwife.

The necessity for warning the public against entrusting their lives to ignorant midwives was never better demonstrated than in the following occurrence which which we find recorded in the *Lancet*, July 11, 1885. It seems that a midwife, reported as reading and writing imperfectly, was lately charged with manslaughter. The prisoner was called in to attend a patient early in the morning of June 16. She had already attended her in one of her three previous confinements.

Finding a cross-birth, she pulled on the arm, and about two p. m. pulled it off, wrapped it in a cloth, and gave it to a little girl to put in a box. About 4:15 the husband came in, and asked the midwife if he should send for the doctor. She replied, "There was no need; it would have its time." Later, she seems to have told the little girl to get any doctor she could. About six p. m. the husband returned, and fetched a doctor, who found a broken bone protruding and the child undelivered. In reply to his question to the nurse as to what she had been doing, she said, "Oh, nothing; the arm came down in the afternoon." About nine p. m., a neighbor found the midwife administering brandy and water to the corpse. A post-mortem examination revealed the uterus ruptured. The doctor gave it as his opinion that the rupture was due to the violence used in tearing off the arm. After a strong appeal by the counsel for the defense, the jury found the prisoner guilty, and the judge sentenced her to a month's imprisonment without hard labor. The case is a most pitiful one, and on reading it (says the *Lancet*), feelings of indignation, depression, and almost despair, follow each other in rapid succession. For such ignorance, what is to be said? For the refusal to call in help, what punishment is sufficient? But for such a termination to a long life, spent, for all we know, respectably, soberly, and honestly, . . . ! Does not the blood of such people as this poor man's wife lie on the heads of those who neglect the great question of the education and registration of midwives? Is each successive government to be allowed to be content with the excuse furnished by the urgency of some measure required by the interests of a party? Are the lives of the poor matters of such utter indifference to politicians? A distinguished French teacher was in the habit of impressing on his class the danger of pulling on the arm in a shoulder presentation by relating a case in which a medical man had done so and had torn the arm off, the child being born alive and surviving. When he grew up, he brought an action against the doctor, and got 4,000 francs damages. "Never shake hands with a fœtus," said the teacher; "remember that that hand, so small, so silent, cries to you in a voice of thunder: '*Je vous demande quatre mille francs d'amende!*'"

Drugs Deficient in Strength.

Drs. Henry Leffman and Chas. M. Cresson have been purchasing various drugs from different stores in this city, and subjecting them to examination, with the view of testing their efficiency and strength. From a preliminary report made to the health officer, we learn that a variety of drugs sold in this city are deficient in strength. An analysis of samples of laudanum showed that it possessed only half the strength laid down as the standard in the United States Pharmacopœia.

Samples of tincture of iodine were found to contain only two per cent. of iodine, though the tincture should contain eight per cent. The proportion of iodine in other samples varied from two per cent. up to the regular standard. The standard quantity of mercury in mercurial ointment is fifty per cent., but in samples analyzed the percentage of mercury was as low as thirty.

Several samples of articles sold as disinfectants were analyzed, and some of them were found to be of little or no value for the purpose they were sold for. Samples of what was represented to be crude carbolic acid contained only about ten per cent. of that acid. Professor Leffman remarks, however, that "crude carbolic acid" is a very indefinite term, and there is no rule laid down as to the amount of the acid it shall contain, but people would expect to get at least fifty per cent. Some of the samples consisted of tar oils, containing slight quantities of carbolic acid, but they would be of no value as disinfectants.

Chlorine combinations sold as disinfectants were also found to be very deficient, some of the samples containing only one-half of one per cent. of chlorine, or but one fourth of what they should have contained.

Professor Leffman says that a sufficient number of samples has not been analyzed to warrant definite statements concerning the extent of the manufacture and sale of adulterated or defectively manufactured drugs. He would not apply the term "adulterated" to the drugs analyzed, but would call them defectively manufactured drugs. He says that it is probable that some of the samples which he and Dr. Cresson found to be below the present standard of the pharmacopœia probably reach or approach the standards of old editions of that work.

Dr. Leffman says that investigations in other cities have shown very extensive adul eration of drugs.

The Relations of the Catholic Surgeon to Craniotomy.

The *Detroit Lancet* (July, 1885,) says editorially:

"It is said that the Archbishop of Lyons, France, got the idea that the professors of his city were teaching and practicing some things which the church should not allow, especially in the matter of craniotomy. He argued that as life was ro be taken, the church must decide in the matter, tather than the doctors. Hence he submitted the question to the Holy Roman Inquisition in the following terms (*St. Louis Med. Jour.*): 'Is it lawful to teach the operation of craniotomy, when by its performance the mother's life may be saved and the child's destroyed, but when it is not performed both mother and child must perish?' The answer was returned from the Holy Father, and his advisors or associates, that the 'operation for craniotomy could not be lawfully taught.' It would seem from this that hereafter no Catholic surgeon could perform craniotomy without being liable to the displeasure of the church.

"A late French journal gives the history of two cases of uncontrollable vomiting of pregnancy, which were both allowed to continue till death relieved the sufferers. The physician reporting exclaims: 'O, what am I to do? On the one hand a poor woman implores me to save her, and on the other the priest says, "Thou shalt not kill." Doubt overcomes me, and my patient dies.'

"From time immemorial the Cæsarian section has been a favorite operation in Catholic countries, for doubtless the same reason that forbids the craniotomy.

"In this case, which speaks, the voice of God,

science, or the priest? We doubt whether there be a Catholic surgeon in America that would let a woman die when he was convinced that the operation of craniotomy would save her life. If he would, would he not be accessory to her death?"

Dr. Ferran's Inoculations.

The Paris correspondent of a foreign exchange tells us that Dr. Ferran has sent another letter to the Académie des Sciences. He protests against the statement that he wishes to keep his method a secret. Dr. Ferran proposes to go to Paris, and make inoculations in the presence of the Academicians. M. Bouley regrets that Dr. Ferran did not profit by the presence of the French Commission at Valencia to prepare his cultivation fluid under their inspection, and to make inoculations with it. M. Paul Bert suggests that, as Paris is free from cholera, and, therefore, cholera inoculations are unnecessary, Dr. Ferran should be asked to send over some of his inoculation fluid, in order to submit it to an accurate scientific examination. M. Brouardel, in his report concerning the Cholera Commission sent to Valencia, states that Dr. Ferran refused to indicate his method for attenuating the virus, nor would he give any of the fluid, although he said he could make two cubic metrès of it a day. The statistics published are not unfavorable evidence of the good effect of Dr. Ferran's inoculations; but the alcaldies of the different towns, and the provincial magistrates, declare that Spanish statistics are not reliable.

Alcoholic Consumption in Belgium.

Belgium, according to the London *Times*, affords incontestably the worst statistics in regard to the consumption of alcoholic liquors. In less than half a century the use of spirituous liquors has more than trebled itself in that country, while the population has only advanced from 3,500,000 to 5,500,000. The use of spirits increased 66 per cent. between 1851 and 1881, and of beer increased during the same period 15.75 per cent. The consumption of spirits, wine and beer for 1881, amounted in value to 475,000,000f. Although the country is so small, it contained in 1880 no fewer than 125,000 places devoted to the sale of intoxicating liquors. There was a public house on the average for every 12 or 13 grown-up males. The suicides rose from 54 per 1,000,000 inhabitants in 1848 to 80 in 1880. The lunatics advanced from 720 per 1,000,000 inhabitants in 1846 to 1470 in 1881. The Inspector-General of Belgian Prisons reports that four-fifths of the crime and social misery during the last quarter of a century has been directly attributable to intemperance.

An Enormous Calculus.

Professor Humphry writes to one of our foreign exchanges that there is now in the Pathological Museum of the University of Cambridge, a stone that weighed when removed 33 ounces, 3 drachms and 36 grains, troy weight. The patient was an old woman, who had experienced no inconvenience from the presence of the stone, until on one occasion she took a long horseback ride, when she was suddenly seized with violent pains. Thereafter she could never make water, unless the stone was first moved, and she continued in great agony until she died. The stone was removed post-mortem. The nucleus is lithic; to this succeeds a considerable portion of the oxalate of lime variety; this is followed by layers of the triple crystals, covered by a thick coating of lithic, which is occasionally broken by a layer of the triple crystals, and the external surface is principally composed of the fusible calculus.

The Traction Conduits as Nuisances.

It has been repeatedly hinted that the conduits of the Traction Company were likely to prove prejudicial to health in so far as owing to the opening for the grip, they are really open sewers. We now note that at a recent meeting of the Board of Health a letter was read from Dr. P. N. K. Schwenk with reference to the conduit of the Union line of cars, on Spring Garden street, between Ninth and Seventh streets. This, he said, was "filled to within three inches of the surface with a semi-fluid offensive mass of filth." He regarded this as an "infection centre," and a nuisance detrimental to health. The matter was referred to the Medical Inspector to examine and report.

An Out-Door People.

To read of the "camps" this summer, religious and military, within less than a hundred miles of Philadelphia, is sufficient to show that as many thousands of people, now-a-days, as there were dozens a generation ago, get their ten days of open air in that way. The subject may differ, but the object is pretty much the same, a holiday of enthusiastic pursuits. The military encampments by the sea-shore are fortunate in their selection of places. They are not compelled to undergo the camp commissariat, and they have the beaches for parade-ground, if they choose to take them. Whether the bathing makes better soldiers of them or not, it certainly must add very much to the comfort and cleanliness of camp life.

The Bridgeport Epidemic.

It is reported under date of August 16, that the epidemic in the town of Bridgeport, Fayette county, Pa., is growing worse. The disease is dysenteric in nature, and is attributed to the dual circumstances of the filthy, unsanitary condition of the town, and the depraved physical condition of the people, due to the scarcity of good and wholesome food, owing to the hard times and absence of work. Dr. A. W. Howell, the only physician in the town, died recently of the disease, while Drs. Wakefield, Marsh, and Watson, of Mount Pleasant, are kept busy night and day.

The Lifeless Paris Morgue.

The morgue in Paris is too lifeless, so to speak, to suit the *Evenement*, which complains that it has nothing Parisian about it, that it wants gayety, and is generally unworthy of a city where the cemeteries are gardens, where funerals are festivals, where criminal courts are places of public entertainment, where executions are spectacles, and where a siege is the excuse for a carnival. An Irishman would probably say that the way to enliven the morgue is to put some life into it.

A Clever Impostor.

A Russian, who has been going about New Haven, Conn., soliciting alms on the strength of a badly swollen hand, which he told people was caused by rheumatism, was arrested a few days ago. At the hearing it was developed that the culprit was not afflicted with rheumatism at all, but had tied tightly a bandage around his arm, near the elbow, so as to make the blood settle in his hand and produce the swelling. A German present at the hearing said it was a regular trick of ordinary beggars in European cities. The prisoner was sent to jail for sixty days.

Items.

—A congress of Russian alienist physicians will be held in Moscow in September.

—The *Revista de Pharmacia e Drogaria* of Rio de Janeiro states that a free school of pharmacy has been founded by the Pharmaceutical Institute of that city, and is to be maintained at its expense.

—Dr. J. C. Neal, of Archer, Fla., writes: "In all the cases of exophthalmic goitre I have seen for several years, the patients, mostly female, have had auburn hair. Is this a coincidence or not? Have others noticed such cases?"

—M. Magnan cites a number of cases of madness among anti-vivisectionists. One woman first renounced animal food, then took in all stray dogs, and finally went round to the butchers, begging them not to slaughter any more cattle. She became finally mad.

—Professor Billroth, of Vienna, has lately received from the King of Portugal the large gold collar and star of the order of St. James, for skill and knowledge. The decoration is one which is very rarely bestowed. Some time ago, Dr. Billroth was called to the Portugese Court to consult in a surgical case.

—A. Häcker mentions in the *Vratch* some cases of foreign bodies in the air-passages. In one of them the patient, a child of five years of age, had been given a powerful emetic by a "feldsher" (a hospital sergeant), and when Dr. Häcker arrived, the child was almost moribund. He thinks that, as a rule, emetics do no good in these cases, and may produce serious mischief.

—In spite of severe sentences, the disgusting offence of biting still continues to be frequently practiced in Liverpool. In two recent cases the victims were city constables, and in each case the assailant was awarded three months' imprisonment with hard labor. In a recent case, the prisoner, a young woman, was committed to the sessions for trial for biting severely another woman, whom she also dragged to the ground and beat.

—The *London Med. Times* says that Professor Gustavus Jäger, well known in Europe as the apostle of woolen clothing, lately patented a pill, which contained, as he said, a distillation of the liquid which exists in human hair, and advertised his pill in a learned-looking pamphlet as a sovereign cure for many internal disorders. The Austrian Minister of the Interior was inquisitive enough to have these pills analyzed, and finding them to contain nothing but sugar of milk, has forbidden them to be sold.

—The Boston *Traveller* tells the following on the authority of a truth-telling auctioneer of that city: "A year or more ago, the auctioneer had for sale a lot of homœopathic medicines. All these medicines were dumped into one pile, and disposed of in one lot, there being various kinds of medicines in the mass. A boarding-house keeper bought the lot, and some days after the purchase, the auctioneer asked her, 'What did you do with that homœopathic medicine, Mrs. ——?' She replied, 'I thought I could use it, and it was cheap, and so I crushed it under the roller and then filled my sugar-bowls with it. The boarders seemed to like it, and especially when powdered over pies.'"

—Dr. G. Krosz writes to the *Deutsch Med. Zeit.*, that the removal of a plaster-of-Paris dressing is greatly facilitated by first scraping a groove with a knife, and then dropping along it a solution of caustic soda. In a few minutes the plaster becomes pulpy along this line, and the bandage can then easily be cut through. If two lateral grooves be made, instead of one, a lid can be cut out of the bandage, the leg can be lifted up for the necessary inspection and returned, the lid being reapplied and retained with a roller bandage. In this way the plaster dressing is not cracked, and the limb is not jolted in the effort to remove the bandage. By this method, also, it is a very easy matter to cut any fenestra that may be needed.

MARRIAGES.

ARNOLD—BRUMMELL.—August 5, 1885, at Seabright, N. J., by Rev. Charles Searles, Dr. Thomas B. Arnold, of Babylon, L. I., and Miss Adelaide Viola Brummell, of New York.

DOTY—BRUCE.—August 3, 1885, in New York, at the residence of the bride's parents, by Rev. D. Parker Morgan, Dr. Alvah Hunt Doty and Mary Thornton, daughter of Col. Sanders D. Bruce, all of New York.

HUSTEAD—KELLY.—June 25, 1885, in Wheeling, West Va., at the residence of the bride's parents, by Rev. D. A. Cunningham, D. D., Ashbel F. Hustead, M. D., and Miss Alice V. Kelly.

LEAVITT—KACHLINE.—June 23, 1885, by Rev. W. H. Filson, John F. Leavitt, M. D., and Miss Clara Kachline, all of Frenchtown, N. J

NIEL—WEEKS.—July 22, 1885, by Rev. John G. Oakley, Dr. James Niel, Jr., and Miss Georgina Weeks, daughter of Mrs. Margaret Kidd, all of New York city.

SAILER—DUFFY.—July 29, 1885, in New York, Dr. Zachary T. Sailer and Miss Rose Duffy, both of New York.

DEATHS.

ALEXANDER.—July 29, 1885, in Evansville, Ohio, Dr. Wm. Alexander, of apoplexy.

CORSE.—August 10, 1885, James M. Corse, M. D., in this city, aged 73 years.

FINLEY.—August 4, 1885, at Fort Concho, Texas, Dr. Samuel Moore Finley, Acting Assistant Surgeon U. S. A., oldest son of the late Surgeon-General Clement A. Finley, U. S. A.

TULLY.—July 30, 1885, suddenly, in New York city, Marcus C. Tully, M. D., in the 67th year of his age.

UPDEGRAFF.—August 3, 1885, in Elmira, N. Y., Dr Thaddeus S. Updegraff, chief of the staff of the Surgical Institute, of Bright's disease, aged 46 years.

He was an eminent microscopist, and two years ago was made a Fellow of the Royal Microscopical Society of England.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

FRANZ STAFFEL'S APPARATUS FOR SCOLIOSIS.

BY A. B. HIRSH, M. D.,
Chief of Orthopædic Clinic, Philadelphia Polyclinic.

Dr. Staffel is Interne of a specialist orthopædic institution at Wiesbaden, and, in the *Berliner Klinische Wochenschrift*, of June 15, writes a valuable and interesting though lengthy article upon "New Aids in the Therapy of Scoliosis," which I have translated and condensed for the REPORTER.

He reviews the arguments which have within the past few years been advanced for and against the Sayre jacket; concludes that the jacket serves its purpose well on general principles, but that individual cases require special braces in *combination* with the sustaining corset, whether the latter be made of plaster, soluble glass, felt, leather, or any other material, and quotes Beely to the effect that the Sayre jacket may well be applied in clinics and hospital practice, because of economy in time and cost, but this necessity does not exist in private practice.

Although many varieties of braces already present themselves for professional favor, new models are being continually brought forward, some defect existing in each of the earlier ones.

The question is not here discussed of the actual *curative* power of these apparatuses. Suffice it to say that, in the incipient stages of scoliosis, such appliances are absolutely required to improve the deformity or, at least, to stop its further progress. For the latter purpose, the brace is purely a supporting one, and its value none can here dispute.

The extent to which the deformity can be reduced depends largely on the opposing amount of rigidity of the tissues uniting the bones involved. Orthopædic gymnastics here add their quota in accomplishing the desired object. So, also, will each apparatus suffice to fix the replaced spine into but the one position which corresponds to its own shape.

Nearly all braces for scoliosis are formed of a padded band of sheet-steel which fastens around the pelvis; the pelvis is thus the fixed point upon which plays the movable upper part of the corset. Furthermore, by adding certain fixtures (Stützvorrichtungen), some weight of the upper part of the trunk can be transferred directly from the spinal column to the pelvis. The pelvic band obtains a firm support about the trochanters, which grip can be increased by means of bent strips of metal, etc., passing diagonally over the iliac crests. The shoulder-band is frequently utilized by which to apply the support or counter-pressure; yet this is an uncertain point of application as, especially in the upright position, the shoulders are very evidently not fixed points.

Most of the braces in ordinary use are intended for the typical cases of scoliosis—the lumbar spine bowing to the left and the dorsal to the right—and work by means of pads or pad-like bandages, together with or minus axillary crutches. The mode of replacing such a doubly curved deformity, would be about as follows: Standing behind our patient, the palm of one's right hand, when applied to the back of the right side of the thorax, pushes the latter towards the left into its normal position, and rotates the twisted spinal column into its proper vertical

axis. The results of the forces applied are a *diagonal* and a *direct* (straight) pressure. When the individual is slim, and the chest yields easily, it will suffice to simply bear forward without rotating it; and to prevent rotation here, counter-pressure is made by the left hand at a point more forward upon the front and left side of the chest.

In practice, where the rotatory and oblique movements are desired together, the bands are exchanged for a compress or pad upon the right side for the oblique pressure, while, at the same time, another pad upon the front and left side of the thorax affords the direct counter-pressure. The action of such an anterior pad is uncertain as its application is attended with difficulty. It is thus usually avoided, and, consequently, a rotatory action of the apparatus not expected.

The nearer the dorsal pad to the pelvis, so much the more is the whole chest pushed forward, and so much easier can we avoid using the anterior counter-pad to rotate the spine as desired. The higher lies the hindmost pad from the pelvis, so much more does the converse hold true.

But, when the right-sided dorsal pad is employed, the lumbar pad upon the left side (used by many orthopædists) serves no purpose, and is in most cases, therefore, superfluous. Where, as usual, the dorsal curve is the main one, the lumbar curve is too short to afford support to a pad other than would merely steady the whole apparatus. Should the lumbar curve, however, be greatest, then, of course, the lumbar pad would be applicable; the reason is that the apex of the dorsal curve in this instance lies so high up in the axilla that the dorsal pad would have to be applied necessarily almost upon the shoulder-blade, and its value in that situation would be questionable. Extra pads, of course, render the brace more complicated, heavier, and costlier.

Even where the rotating and reducing action of the posterior dorsal pad cannot be fully expected, there remains the direct portion of its pressure, which is greatly to be desired. On the one hand, where simply forward pressure is made, there is danger that the chest wall, already greatly deformed, will be still further bent together; and, on the other, if by such portion of this compress it is not firmly pressed, there yet remains (by means of an extra attachment) a proper direct force. *Oblique* pressure forces the pad firmly against the projecting ribs.

The only practical appliance for scoliosis whose pads allow of considerable pressure—either direct or diagonal—is the one devised by Nyrop; but, good as is its design, it has its weak points, such as a rather too heavy application, uncertain regulation of pressure by the pads, etc. Other orthopædists have tried to remedy some of these defects.

Accordingly, having in view the scoliosis apparatus of Eulenberg and Langenbeck, I have had constructed an appliance which combines the padded corset with an arrangement for diagonal pressure, which has given me highly satisfactory results. The essential difference between the original apparatus and my own lies in the situation of the endless screw which controls the mechanism of the pads—lying, in the former, parallel to the band about the pelvis and, therefore, exerting a merely forward pressure. This I have placed *vertically* to the pelvic band, at a point half way around to the side of the body. This allows of increasing at pleasure either the straight or the merely forward pressure, *i. e.*, it pushes the cuirass either to the middle of the back or over to the side.

The basis of this apparatus (figure shown) consists of a sheet-steel pelvic band shaped exactly to fit the body. Now, when this girdle, as also the other metallic parts, are only roughly finished, I apply it so as to see that every point fits and lies correctly, and then carefully direct at what precise point upon the band the screw arrangement shall be fixed. The pelvic band is strengthened at this point by having riveted upon it a strip of iron some fifteen centimetres long, so as to give a

firm base for the superimposed mechanism. The thread of the endless screw forces upwards the iron bands which embrace the trunk, and to these bands is affixed the pad already spoken of. The screw arrangement is controlled by a key.

A crutch for the axilla is attached to the left side of the pelvic band—partly to secure a symmetrical position of the shoulders, and also to somewhat relieve the spinal column. A similar crutch upon the right side is superfluous, because the dorsal pad serves a like purpose both for the thorax and the axilla too.

A strong corset, which laces up in front, is sewed upon this frame, and the pad is next sewed fast at the place exactly required. On the left side, as also upon the right side, beneath the pad, are whalebones or steel ribs inserted. Shoulder bands are employed. The left one, applied loosely, passes from near the inner and upper angle of the shoulder-blade, outwards across the shoulder, and fastens on a button upon the crutch tip. The right band, on the contrary, crosses the shoulder from the front, is drawn tightly obliquely across the back over the deformity, and fastened into a hook upon the left side. By this means the right shoulder is drawn backwards and outwards and the ribs sustained in a fixed position. It would be difficult to retain this pad in place were these bands wanting.

For the other forms of scoliosis, modifications of this apparatus would be necessary, and would readily suggest themselves.

In order that the pad should fit hermetically to the desired spot, it is my custom always to personally make a model for it beforehand. Taking a piece of sheet-lead of about the required size and shape, I press it firmly and evenly with the palm of the hand over the surface where the future pad shall lie. A solution of plaster-of-Paris, when poured into this mould and allowed to harden, serves as a block over which the final pad of steel plate or of brass may be finished.

Upon turning the screw the reacting force of the pad naturally strains the pelvic band into a position, having the left side directed forwards and the right side backwards (the upper edge away from the trunk and the lower border bent towards it); but, by means of carefully shaping the cuirass to the body, and by the supplementary band upon the pelvic ring already mentioned, we are enabled to overcome this tendency to bowing of of the band. Then, as a result of this oblique displacement, there is generally some irritation from the pressure upon one or both anterior-superior spines of the ilium; these points usually lose their irritability after a time, or it may even be necessary to interpose layers of wadding, etc. Otherwise, no trouble is caused by the apparatus; especially do we have no trouble from the pad in the back, as it is applied so hermetically to so large a surface.

As conclusions, this apparatus suggests the following:

1. Its simplicity, therefore corresponding lightness and cheapness.

2. It produces a regulated pressure in the necessary diagonal line of leverage, which may be modified to suit.

3. It is not bulky, therefore can be worn beneath the clothes.

4. Both shoulders remain free from all untoward pressure.

The qualities required for all scoliosis apparatus is likewise here demanded. So as to attain definite results (supposing no very skilled instrument maker to be near), the attending surgeon must first fit the brace in the roughly-modeled state, so that all its parts acquire their exact shapes and positions. The apparatus must always afterwards be carefully reapplied, and the surgeon cannot too often change it to suit the requirements of the case in point. He should possess, on this account, a knowledge of mechanics as well as their practical application, along with boundless perseverance. But these qualities wanting, nothing can be expected from any treatment of scoliotic patients.

In treating curvature of the lower half of the spinal column, which is accompanied by but little or no compensatory curvature on the opposite side above, I have obtained the best results from the application of ribbed corsets; and, although ribbed cuirasses are by no means a novelty, yet in the mode employed by myself they are scarcely or not at all known. I designate them as *flexible ribbed corsets*.

This deformity presents itself chiefly with the convexity toward the left side, the so-called C-shaped scoliosis, where the prominence lies deeply. It is always my purpose here, by means of these ribs, to hold in a fixed position the completely replaced trunk, and its vertical contour is thereby obtained.

The patient's back being turned towards me, his knees and heels together, I order him to draw in his convex (let us say to the left) side until he has, as far as he is able, produced a perfect symmetry of the sides. Then, taking a strip of sheet-lead about 2 centimetres broad, 2 millimetres thick, and of the length to be covered, I lay it vertically against the trunk, beginning about the

middle of the scapula, and ending just above the trochanters, and press it firmly into place. This leaden model is twice outlined by lead-pencil upon a sheet of paper, if the patient be a young child, and three copies made if older or more fully grown. The second—*i. e.*, third—measure is taken in the line of the axilla, and reaches from the axilla to just above the trochanters. Steel ribs from 1½ to 2 centimetres broad, and from 1 to 1½ millimetres thick, are now made over these outlines. These ribs of sheet steel will "feather" somewhat when hardened, bending sufficiently under moderate force to be shaped to fit.

I thus have made a strong, exact-fitting corset, closed behind and lacing up in front, which reaches far down below, and covers two-thirds of the scapula above. When finished, it is put on and fastened everywhere; then the steel ribs which have previously been lacquered and covered with strips of linen, are slipped up between corset and undershirt to their proper situations. Their measure is here again taken, for, if rightly placed, the outlines of the ribs stand in relief, and can be outlined by lead-pencil. Over these pencil-marks strips of the corset fabric are sewed tightly, and the ribs slipped into the gutters thus made, after which the minor details can be finished. Merely light whalebones or steel ribs suffice for the opposite side. Shoulder-straps go from behind the shoulder-blades, over the corresponding shoulders, through the axillæ, and cross upon the back, fastening by a hook upon the outer opposite side; these insure firmness for the corset, and especially the steel ribs. The scoliotic individual is forced into an erect posture while wearing this corset, always provided the ribs can be shaped to the fully reduced deformity of the body, and the ribs themselves seem to cause little or no irritation at all. About from two to three months must be allowed in a growing patient before withdrawing the ribs, obtaining the new shape, properly changing them, and, finally, sewing into the proper sleeves these re-formed steel plates.

Were this corset to find its application in simply mobile, deeply-seated lateral curvatures, I have nevertheless learned to regard it as the simplest, but most practical, curative mode yet offered, and, being simple and ready at hand, can recommend it to be employed.

The various orthopædic gymnastics come into play here also (supplementing the action of the corset), and, by removing the obstacles to the correction of the deformity, make it so much easier to retain the trunk in its wished-for position.

No. 2130 *Master Street.*

EXTRA-UTERINE GESTATION—RETRO-UTERINE HÆMATOCELE—DEATH—AUTOPSY.*

BY ISAAC N. SNIVELY, M. D.,

Of Waynesboro, Pa.

GENTLEMEN: You will remember my reporting a very interesting case of retro-uterine hæmatocele to this society over ten years ago, which was afterwards published in vol. ix., folio 118, Transactions of the Medical Society of Pennsylvania, which happily terminated in recovery, and the lady is still enjoying excellent health, and has since given birth to several children. To-day I desire to report to this society my second case of this rare kind of pelvic tumor, produced from different causes, from which my patient speedily died.

Mrs. McP., aged 44 years, and the mother of five children, sent for me May 3, 1882, whom I found feverish and very feeble, complaining with uterine trouble, indigestion, and flatulency. She was placed upon careful general and local treatment.

May 9. I again saw her, and my former treatment was continued.

14th. A careful examination of the uterus revealed considerable hypertrophy of this organ.

22d. Dr. H. A. Bonbrake and I met at her house, and found her suffering very much from pain over her bladder and uterus, with considerable abdominal distension. External applications and morphia sulphas hypodermically gave her a comfortable night.

23d. We found her more comfortable, but there was some retention of urine, which was relieved by the catheter.

June 3. Our patient has been getting along more comfortably until to-day, when we were hurriedly summoned to find new symptoms presenting themselves. An examination per vagina revealed a large retro-uterine hæmatocele pressing upon the bladder and uterus, forcing these organs out of their normal position, and pressing with great force upon the bowel, making it impossible for her to have a natural evacuation. The urine was drawn. There was a good deal of tenderness over the bladder and kidneys. Pulse 100; temperature 98°; respirations 16. Tumor fluctuating, and temperature of the vagina and tissues adjacent to the tumor about normal. She menstruated two weeks ago.

4th. She had her bowels relieved by an enema, and her skin is soft and moist, her temperature

* Read before the Franklin County Medical Society.

normal, pulse 90, and respirations 16. Her urine dribbles away when not frequently drawn with a catheter.

5th, 8 a. m. Pulse 90, respirations 16. She had a more comfortable night. She is able again to void her urine. A small quantity of blood passes per vagina.

6th, 9 a. m. Temperature 102°, pulse 96, respirations 16½. Some epistaxis.

7th, 8 a. m. Temperature 98½°, pulse 120, respirations 16. Bowels relieved by an enema. Bloody discharge per vagina continues. Epistaxis again to-day.

8th. Temperature 99½°, pulse 110, respirations 16.

9th. This a. m., temperature 102°, pulse 122, respirations 17. Bloody discharge per vagina.

10th. This a. m., temperature 99°, pulse 120, respirations 16. Bowels moved by an enema.

11th, 10 a. m. Temperature normal, pulse 116, respirations 17. Anodynes are used at night. Skin moist, and she is able to void her urine. She is growing weaker. The tumor is diminishing in size, but is harder. The aqueous portion of the blood in the tumor is gradually absorbing. She is not suffering much, and seems cheerful.

13th. Temperature 99°, pulse 120, respirations 17. Bloody discharge per vagina continues.

14th. Temperature 99°, pulse 115, respirations 17.

16th. Temperature 98½°, pulse 110, respirations 17. Tumor smaller and patient cheerful.

18th. Temperature 98½°, pulse 108, respirations 17. Bowels well moved, and she passes urine without difficulty; little appetite; pain in legs, thighs, and back. She can now put on her stockings for the first time since her illness. Less distension.

21st. Temperature 99°, pulse 110, respirations 18.

23d, 9 a. m. Temperature 99°, pulse 130, respirations 20. At 2 p. m., mind wanders. At times does not know members of her own family. Had no opiates since the 21st. She is inclined to stupor. We fear septic poisoning. 11 p. m., temperature 99°, pulse 124, respirations 27.

24th, 4 a. m. Temperature 100°, pulse 130, respirations 26. Skin moist, and there is very little delirium. 10 a. m., temperature 100°, pulse 124, respirations 27. There is some blood passing from the bowels. 11 p. m., Dr. Bonbrake found rupture of the sac into the rectum. Temperature 102°, pulse 140.

25th, 9 a. m. Temperature 104½°, pulse 140, respirations 34. Blood continues to pass per rectum. The cyst seems to be gradually emptying. Some tenderness over abdomen. Sudden rise of temperature shows peritonitis developing. This inflammatory trouble and considerable loss of fresh blood will soon terminate the case.

26th, 5 a. m. Temperature 104°, pulse 150, respirations 35. 6¼ p. m., she died without a struggle.

27th. This a. m., 14 hours after death, Dr. J. D. Weddells, of Adams county, Pa., and I, made an autopsy. Upon opening the abdomen, we found general peritonitis, with extensive adhesions of the bladder, uterus, and bowels. The omentum was bound fast with strong adhesive bands. The bladder was firmly adherent anteriorly to the walls of the abdomen and posteriorly to the uterus. The uterus was very much hypertrophied, enlarged at least five times the size of a normal organ.

The omentum was highly inflamed—large quantities of coagulated blood filled Douglas' space. This *cul de-sac* contained a large cyst—the retro-uterine hæmatocele composed of fibrous tissue. We cut into the tumor and removed large quantities of grumous blood. In the centre of this grumous mass was found the fœtus, with placenta, etc., all complete. An opening communicated with the bowel, through which a large quantity of blood escaped the last few days of the patient's life. Another opening communicated with the pelvic cavity, a quantity of blood being found over the bowels. Kidneys and other organs healthy. This is the first case of extra-uterine gestation I have had the misfortune of meeting with in a practice of over twenty years.

Perhaps one of the saddest accidents which can possibly befall a woman is extra-uterine pregnancy. Fortunately this is of rare occurrence, but when it does happen the rule is that your patient dies.

As to the frequency of extra-uterine gestation, Bandl mentions that out of 60,000 gynecological and obstetrical cases received during seven years at the cliniques of Carl Braun, and Späth in Vienna, there were only five cases. As to the relative frequency of the various forms, tubal gestation is the most common—about two-thirds of all the recorded cases. Indeed, Lawson Tait, Surgeon to the Birmingham Hospital for Women, etc., and of high authority, maintains that every case of extra-uterine pregnancy is tubal in its origin, and that it may become intra-peritoneal or extra-peritoneal, just as the tube happens to burst; that the intra-peritoneal termination is, beyond all question, the more common and more

fatal; whilst the extra-peritoneal development of the ovum is very rare, less fatal, and, what is of more consequence, far more amenable to treatment. This rupture usually occurs between the second and third month.

Etiology.—The cause is thought to be some mechanical obstruction to the passage of the ovum through the Fallopian tube. Bandl explains the relatively greater frequency of extra-uterine gestation in older patients by the fact that catarrh of the tubes is more frequent in them. Polypi in the tube have been found as the cause of obstruction.

Diagnosis.—The diagnosis of extra-uterine gestation in its early stage is surrounded with difficulties, and we are seldom called upon to consider it until all hope of successful interference is over. I refer now to cases of tubal rupture.

Differential Diagnosis.—When the sac ruptures early, *differential diagnosis of hæmatocele*, due to this cause from that due to any other cause, is impossible without a post-mortem examination.

Before the rupture of the sac it must be differentiated from the following conditions:

1. Normal impregnated uterus.
2. Retroflexed gravid uterus.
3. Simple hæmatocele.
4. Ovarian tumor.
5. Fibroid, or fibro-cystic tumor.
6. Extensive pelvic inflammation.

Progress and Termination.—Over four-fifths of the cases end fatally. Kiwisch found the mortality 82.5 per cent. Hennig found a fatal result followed in 88 per cent., and death occurred most frequently at the second, third, or fourth month.

Treatment.—Four methods have been adopted:

1. Tapping the sac.
2. Tapping and injecting morphia or other narcotics.
3. Electricity.
4. Removal of the fœtus by abdominal section, or through the roof of the vagina.

PROSTATITIS; A DISEASE PECULIAR TO THE MALE SEX.*

BY G. W. GARRISON, M. D.,
Of Utica, Ohio.

It may be either acute or chronic, and a person so afflicted (chronically) may be subject to acute attacks, should the urine become in any way irritating to the bladder, as by decomposition in consequence of retention. We may be summoned at any moment to relieve a great sufferer. The period of life when this dyscrasia is most liable to occur is sixty years or upwards. The first evident admonition of the onset of this dreaded disease from which we may take warning of dangerous forebodings, is when we discover that favorite force by which we are enabled to evacuate our bladders by squirting the water from us a distance of fifteen to twenty feet, is on the wane, and as age creeps upon us, with its accompanying decrepitude, it is strikingly manifest to us the slowness in starting to urinate and the time required to complete the operation by a dribbling stream. When this condition of things overtakes us, we should be extremely careful to inquire into any and all prophylactic measures to prevent an acute attack of prostatitis, as a slow dribbling stream may be a symptom formative of congestion and hypertrophy, or still worse, prostatitis, as before indicated.

Etiology.—The most exciting cause is sitting on a cold stone, or passing cystic calculi, or decomposing urine retained in the bladder, etc. These are the honorable exciting causes; whilst gonorrhœal virus traversing up the urethra might be denominated the dishonorable exciting cause. Again, we find cases where our patient cannot give us any evident assignable cause, but seemingly a local hypertrophy of the gland, with considerable heat and congestion, will be recognized, accompanied with frequent desire to micturition.

Diagnosis.—In order to ascertain what is prostatitis, should we be called to the bedside of a man with certain symptoms, heretofore named, we must take all his symptoms—subjectively and objectively. First pass index finger up the rectum, and should you discover an enlarged prostate gland, with heat and *pain* on pressure, together with frequent desire to urinate, the diagnosis will be clearly made out as one of prostatitis.

Prognosis is favorable unless the difficulty should run into suppuration, followed by constitutional disturbance, such as chill and fever, night-sweats, and the sufferer a feeble old man, and the urine allowed to become decomposed by long retention, etc.

Anatomical Appearances.—The structure of a hypertrophied prostate gland, due to inflammatory engorgement, or otherwise, wherein suppuration does not ensue, is but a slight modification of that of the gland itself.

Treatment.—If non-specific—with no constitutional disturbances worth mentioning—local fomentations, with hot hops and a saline cathartic, followed by anodynes *pro re nata;* and a suppository of opium and belladonna in the rectum at night is all that will be required. As a drink,

* Read before Licking County, Ohio, Medical Society.

give warm mucilaginous lotions, and use the catheter whenever indicated. This, with fluid diet, will be all that is required; but should some specific virus, as gonorrhœal, be the exciting cause, your attention must be directed to the relief of that venereal complaint. In case suppuration occurs, you must boldly let the pus escape by using the bistoury, for if we wait for nature to effect an opening, the urine will follow the pus sinuses; then, of all sufferers, our patient will be the most miserable, and the cure will be entirely thwarted.

I would add, on closing, that these terrible sufferers require an abundance of attention in several particulars, viz., drawing the water regularly at stated intervals of eight to twelve hours, due watchful care of the gland for pus; testing the urine with litmus paper; if found other than neutral, you must resort to appropriate remedies to render the urine non-irritating, and by constantly watching in order to apprehend all side issues that will make your patient more miserable; then, in the event of the recovery of your case, everlasting praises will be heaped upon your name.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Stated meeting June 25, 1885, the president, E. O. Shakespeare, M. D., in the chair.

Dr. Wm. Osler exhibited for Dr. McLaren, of Paisley, Ontario, some specimens, which he had sent him, of

Hydatids Passed with the Urine,

with the following history, dated April 13, 1885. The patient, Geo. S., aged 58, an Englishman, resident of Ontario for thirty-five years, at present a farmer, but formerly a butcher for fifteen years. Always enjoyed good health until about four years ago, when he had a severe attack of nephritic colic on the right side, lasting only a short time and quickly relieved. Had no further trouble until two years afterwards, when a similar attack occurred, confining him to bed for several weeks; some days he was better, but always worse on exertion. After a period of improvement for several weeks, during which time he was able to attend to his farm duties, he felt pain and uneasiness over the right kidney, followed in a day or two by pain at the point of the penis, which continued for several hours, and was relieved by the passage of gelatinous-looking masses in the urine. These bodies—hydatid—he has continued to pass at intervals of from two to four weeks. The discharge is always preceded by an uncomfortable feeling of fulness in the region of the kidney and pain or uneasy sensations at the penis. No tumor has at any time been discovered in the neighborhood of the kidney. With the exception of these attacks of pain and distress in the urinary organs, prior to the discharge of the hydatids, he enjoys good health. He lost no weight; appetite good; bowels regular.

The specimens, which were given to me for examination by Dr. Palmer Howard, of Montreal, consisted of ten or a dozen hydatid cysts, ranging in size from a pea to a grape, and contained in a small quantity of urine. They were evidently the daughter-cysts of a larger one which was in communication with the urinary passages. Several of the cysts contained smaller ones (granddaughter-cysts). On examination of a drop of the urine in which they were, numerous hydatids and the characteristic hooklets could be seen.

Echinococcus of the kidney or urinary passages is very uncommon. Statistics show that the left organ is more frequently affected than the right. The points of interest in this case are: the long duration, the absence of evident tumor, and the excellent condition of the patient. Here is evidently a cyst of considerable size, possibly in the right kidney, and which bursts at times into the pelvis with the discharge of the hydatids.

In 1882 Dr. Osler had reviewed the literature of American cases of echinococcus disease, and had made inquiries of the curators of the principal museums, the result of which was the collection of sixty-one instances of the disease (*Amer. Jour. Med. Sciences*, 1882). In not one of these was the cyst in the kidney. Since that date six other cases have been reported by Carson (*St. Louis Courier*, 1884), cyst of liver; Schæffer (liver), Trans. Med. Soc. Penn., 1884; liver (liver and mesentery), *N. Y. Med. Jour.*, 1885; Helen, *New Eng. Med. Jour.*, 1883–4, cyst of liver, ruptured into intestine; Welsh, spleen, *Med. News*, 1884.

Dr. Morris Longstreth exhibited a series of six specimens of echinococci situated in various organs. Owing, however, to the notes not having been forwarded to the Recorder, no details can be given.

Dr. J. H. Musser presented the following specimens, the histories of which will be published elsewhere: Melanotic sarcoma, acute suppurative pancreatitis, thrombosis of portal vein, cirrhosis of liver, and syphilitic disease of the lung.

Dr. J. R. Mitchell presented a specimen of carcinoma of the peritoneum, liver, and pancreas. The details will be published at a future time.

Dr. C. B. Nancrede presented a specimen of suppurating hæmatocele which he had that day removed by castration from the person of a patient 74 years of age. It presented some points of interest, which were dwelt upon by the exhibitor.

Dr. Formad presented a specimen of supposed typhoid lesions in a child fifteen months old. There was no history, as it was a coroner's case.

—A wealthy Lothario, who was blessed with a beautiful wife, called on a physician of one of our summer watering-places, to consult him about a severe pain in his back.

"What have you done for it?"

"Applied a belladonna plaster," replied Crœsus.

"Well," said the doctor, "give up the belladonna and stick to the Donna Bella, and you will be cured."

EDITORIAL DEPARTMENT.

PERISCOPE.

The Operation of Laparotomy: Hair-Pin (Three and One-half Inches) Introduced Into Rectum, and Removed from the Sigmoid Flexure of Colon

Dr. Thomas Bryant thus writes in the *Medical Press*, March 18, 1885:

Cases of laparotomy for the removal of impacted foreign bodies in the intestinal tract are not so common as to make the particulars of any special case uninteresting. The one here recorded is very exceptional, and it may be said very successful, since it went on from the first steadily towards recovery, although a pleurisy and bronchitic trouble complicated its progress. In the treatment of the case the greatest simplicity was observed. Simple iodine-water was the antiseptic employed, and Lembert's suture used to stitch up the wound in the bowel. The sutures were introduced through the peritoneal covering of the bowel before the walls were incised. The wound in this way being closed at once without any manipulation after the removal of the hair-pin. The use of cold, as maintained by Leiter's metallic coil, had doubtless a good effect in preventing peritonitis.

Nelson B., æt. 9, was admitted into Job Ward, Guy's Hospital, on January 13, 1885, under Mr. Bryant's care.

Patient had measles when quite a baby. When three years old he had rheumatic fever badly. He has never been a strong boy since that time, having had a small appetite, and never eating any meat, except a piece of rabbit, chicken, or fish. About three years ago he had a second attack of fever, which was not so bad as the first. When four years old he had a fall and hurt his head. For this he was laid up four months, being delirious at times. Has not shown any signs of permanent injury since to his mental powers.

History of Present Injury.—He had been in his usual health, attending school until June last, six months before his admission, when after a bath he was put to bed. About two hours later his mother found him fretting and crying, but it was late that night before he told her that he had pushed a long hair-pin, bent end first, up his rectum. Patient also told her that he had tried to get it out again, but could not. It was not until the lapse of several days that he suffered much pain. His father did not for a long time believe that he had done anything of the kind; consequently, he did not seek advice for two and a-half or three months, when Mr. Bisshopp, of Tunbridge Wells, saw him. At this time he was suffering from severe abdominal pain, coming on in paroxysms; sometimes he was screaming all night. Mr. Bisshopp made an examination per rectum under chloroform, and on pushing his finger up as far as he could reach, he could just feel the pin, apparently impacted in the wall of the intestine, or close outside. He could not get hold of it to remove it, and thought that the patient, on trying to get it away, must have pushed it into the gut. At first he was able to attend school, though now and then he was in pain, and stayed at home; but since the beginning of last November—that is, for ten weeks—he has been confined to the house, the pains coming on very suddenly. Three times the pain has been so great as to cause him to faint away, with much sickness and intense pain in the lower part of the abdomen on the left side. He has also had sharp twinging pains in the arms and legs. His mother says there is a gathering in his stomach, which causes him great pain when passing a motion. After a motion, he is better for a few days. The last was eight days ago. At times, he has bladder symptoms, and he has to micturate suddenly. And oftentimes when in these pains he is very helpless. Sitting over warm water relieves him in these paroxysms. Latterly, he has slept in bed in a sitting position.

Condition on Admission.—Patient is a fairly nourished, not very strong looking, little boy. On examination, the abdomen presents a very considerable degree of fullness on the hypogastric and both inguinal regions. The upper part of the scrotum and pubic regions are also full, giving somewhat the appearance of a hernia. There is resonance over the lower part of the abdomen, with the exception of the pubic region, which presents dullness. Both the inguinal regions are very tender to the touch, especially the right. When the left groin is pressed or touched, he likewise winces, and complains of pricking pain in the right groin. With careful touch, a hard body, feeling as though it might be the bent end of a hair-pin, can be felt, one inch at the inner side, and slightly below the left ant. sup. iliac spine.

January 13. Placed on middle diet. Eggs, ij. Pil. Doveri, iv. gr. o. n. s. o. s. Hot belladonna fomentations to be continually applied to the lower part of the abdomen. Ol. Ricini, ʒij.

14th. Urine passed this morning, neutral or slightly alkaline, pale straw color. No albumen. Contains some phosphates. Sp. gr. 1028. No blood nor sugar.

15th. Seen for first time by Mr. Bryant, who, having felt what he believes to be the pin one inch within the left anterior superior spinous process of the ilium, proceeded to operate for its removal. Patient having been placed under chloroform by Mr. Parsons, Mr. Bryant made an oblique incision, about 1½ inches in length, extending about half an inch from the left ant. sup. iliac spine inwards and slightly downwards. There was but little fat beneath the skin. The external and internal oblique muscles were carefully divided upon a director, as also the transversalis muscles. Mr. Bryant next carefully divided the transversalis fascia and peritoneum upon the bent end of the hairpin, which had been felt throughout, and served as a guide. The bowel was now laid bare, and grasped between the fingers and thumb upon the bent end of the

pin. The right groin was gently pressed during this step of the operation to keep the pin forward. The pin was found to be lying obliquely in the direction of the skin incision, namely, with the bent end towards the ant. sup. iliac spine, and the forked end toward the pubes. Making the bowel tense over that end of the pin. Mr. Bryant then carefully divided it, previously passing two fine carbolized gut sutures through the margins of the incision. The pin was extracted from what was probably the sigmoid flexure of the colon, and proved to be a very large one, 3½ inches in length, and black pointed. The gut sutures in the bowel were now carefully tied, and the peritoneum and skin incision sewed up with three carbolized gut sutures. The wound was washed with iodine water. Two narrow strips of India rubber straping were placed between the stitches. A pad of iodoform gauze was then laid over the wound, and one of cotton wool superposed, and the whole kept firm with a spica. It should be stated that while the patient was under chloroform, and prior to operation, Mr. Bryant passed his finger up the rectum, but could not feel the pin, as it was out of reach. He did this thinking the pin felt rather deeply placed from the front. There was very slight bleeding during the operation, only two small vessels requiring to be twisted. On being replaced in bed the patient cried a good deal from pain, and was ordered tinct. opii, gr. iv., aq. chloroform ℥j., every four hours. Cold was applied to the wound by means of a Leiter's coil, and iced soda water and milk was ordered. So far as could be judged, he had borne the operation well. . Pulse E. 96.

16th. About 1 a. m. his pulse was about 120, and very hard. He was sick twice about 1 o'clock, but afterwards spent a very quiet night comfortably dozing, and suffering little or no pain. This morning his temperature was 103, and his pulse hard and bounding, 112 per minute. The bowels had not acted since the operation. Passed about three ounces of muddy urine, acid, sp. gr. 1020, full of lithates and urates, no albumen, no sugar, and almost total absence of mucus, no pus, no blood, salmon-colored. The lower part of the abdomen is tender, and the patient cries out at times with pain. Was seen by the house surgeon at about 12 noon, who found his pulse 124, and considered there was some peritonitis. Towards 5 p. m. patient seemed worse, his breathing being rapid, respiration 40, and his face flushed. Prior to this he had been ordered pil. opii, gr. ½, every four hours. On examination with the stethoscope symptoms of both bronchitis and pleurisy were revealed. His pulse at the time was 120. A mustard plaster was applied to his chest. There was a pleuritic rub on the right side especially, and rales on both sides of the chest.

17th. At 2:30 a. m. his pulse was 120, respiration 60, temperature 99.2°. Had five ounces of milk given during the night, and a Dover's powder, gr. v., at 2 a. m. and 6 a. m. At 10:30 a. m. his temperature was 99°, pulse 110, and respiration 44. His face was pinched and drawn, considerably flushed, but the breathing was rather better. Every now and then he coughs a little, which appears to hurt him very much. Two specimens of urine passed during the night were examined, both were very turbid, and salmon-colored, with profuse deposit of urates, contained no albumen, acid, no sugar, mucus, or pus, sp. gr. respectively 1042 and 1045. The high sp. gr. is probably due to the small quantity passed, four to five ounces each time, and larger percentage of solids to liquids. The pulv. doveri, gr. v., was ordered to be repeated every six hours. At 11:30 a. m. a steam kettle was placed beside the patient for inhalation. During the afternoon his condition remained unaltered, the cough was rather more troublesome, perhaps. He passed a pretty fair night, his temperature being at no time above 99°.

18th. There is some cyanosis in the patient's appearance this morning, his pulse and respiration are much the same as last evening, namely, 128 and 44 respectively. His temperature is rather higher, 101.5°. The urine passed this morning was more in quantity, a full pint, and clear, rather darker than the normal, sp. gr. 1037, no albumen, sugar, mucus, blood, nor pus. Acid re-action gave a white proportion of phosphates on boiling, which cleared up with nitric acid. Patient seems brighter this morning. The bowels have not yet acted. He seems fairly comfortable. Later in the day, his temperature rose, and at six p. m. reached 103.2°, at night he was slightly delirious. Vin ipecac, ℥. ix.; oxymel scilla, ℥. xx.; syr. tolut, ℥ss.; aq. ad. ℥j., every four hours; milk, ℥xij. At ten p. m., his temperature had fallen again to 100.2°. As he seemed very low, brandy, ℥iij., was ordered. ℥iij. every three hours.

19th. At one a. m., brandy, ℥iij., milk, ℥xij., ice. Repeat pil. doveri, gr. v., every six hours, repeat mixture every six hours, omit ice-bag to head, soda water. At six a. m. this morning his temperature had fallen to 98.2°, and he seemed much better in his breathing and general condition. The Dover's pill had been ordered in the night for the pain of the cough. The bowels have not yet acted; ice is given frequently to suck. Examined urine passed this morning, cloudy, salmon-colored, full of urates, slightly acid re-action, no albumen, sp. gr. 1037, no blood, sugar, and a very slight proportion of mucus. At 8:30 p. m., brandy omitted.

20th. The improvement in the patient's condition is maintained, patient breathes much better, and the temperature is lower; he takes interest in what is going on around him. He passed a fairly good night, sleeping from 12 to 3:30 a. m., and not being much troubled with his cough; he was not delirious in the night; steam-kettle left off to-day. Passed about half a pint of dark yellow clear urine of neutral or very slightly acid re-action, of sp. gr. 1033, contains no albumen, sugar, blood, or urates.

21st. Temperature this morning 98°, respiration 28, pulse 100. Looks very much better, passed a very good night. The same treatment was adhered to, ice to suck, milk, ℥vj., and soda water. Pill given at 12 and 6 a. m., and medicine at same time. The stitches were taken out of wound to-day, good union having taken place. The appearance was healthy, there was but little redness around thd edges of the wound and less tenderness round the part; the abdomen was not so distended as when the patient came in; milk, ℥vj. Dullness over left base, coarse crepitations all over,

slight tubular breathing at angle of scapula; cough troublesome and painful.

22d. Patient passed a good night, and there has been no further rise of temperature. His cough was rather troublesome this morning, pulse was 106 and stronger; he is looking very much better, the bowels have not yet been opened. Omit pil. Doveri at 12 a. m. and 6 p. m., Milk, Oj.

23d. The pleuritic rub has disappeared. He passed a fair night, but the cough was more troublesome, the Dover's pill was ordered to be repeated every twelve hours; milk, Oij., beef tea, Oj. In other respects patient is doing very nicely, his breathing is more easy, he takes his food well.

24th. Again passed a good night, has no pain from the wound except when pressed. His temperature for the last two days has not risen above 99°; repeated pil. Doveri, gr. v., om nocti. Dressed to-day. Washed wound with warm iodine water, and applied iodoform and lint. All going on very nicely. There is still tubular breathing at the right side.

25th. Continued improvement to record to-day. Ordered enema oliva, ℥iv.; beef tea, Oj.

26th. The bowels acted well during the night from the enema (the eleventh day after operation). Patient looks very well this morning; the Dover's pill was ordered to be left off, and the Leiter's coil to the abdomen omitted. The mixture to be again repeated, and two eggs, beaten up in milk, given. Examination of urine—normal color, alkaline re-action, sp. gr. 1030, no albumen.

27th. Passed a good night. Was sitting up in bed this morning, evidently fast improving. Temperature 98.6°. His cough is much less troublesome. Repeat mixture three times a day. Fish, bread, and butter.

30th. Wound dressed; it has nearly healed up. There is now no abdominal swelling nor hardness. Patient has nearly, if not quite, lost his cough, and is doing well in every respect.

February 2d. Patient is still making good progress. Has never passed any blood or pus with his motions. Got up for the first time in the evening.

6th. Has been getting up daily for a few hours; this morning the first thing, and is apparently none the worse.

8th. Discharged. The wound has quite healed up, and the boy seemed well in every respect.

Antipyrine in Sunstroke.

Dr. Benjamin F. Westbrook thus writes in the *N. Y. Med. Jour.*, July 25, 1885:

My object in publishing this note is to call attention to the use of antipyrine in two cases of sunstroke, so that others may, if they think proper, test it and contribute the results of their experience.

It occurred to me that the prompt introduction of an antipyretic dose of this substance into the subcutaneous tissues might be of great service in reducing the temperature, and so give time for attention to the treatment of the other pathological conditions. The ambulance surgeon, Dr. Folker, was therefore requested to provide himself with a fifty per cent. solution, and, in the event of his being called to a case of the apoplectic form of the disease, to administer a drachm of the solution hypodermically at once, and to repeat it in an hour, if the temperature was not markedly reduced. Other measures for the relief of the patient were, of course, not to be neglected.

"On Saturday, the 18th, when the thermometer registered 99° F. in the shade, he was called to attend a young Englishman, twenty-two years old, of very robust habit, who, after working out of doors all the forenoon, became comatose and convulsed after reaching his home at midday. The head was congested, eyes suffused, pulse rapid and strong, skin dry, and the coma profound. The bowels had moved spontaneously, and he had vomited freely. The rectal temperature was 109° F. The doctor administered a drachm of the fifty per cent. solution of antipyrine hypodermically, applied ice to the head, and removed him to the hospital.

"In the confusion attending his admission the extra time was not noted, but in about three-quarters of an hour after the first dose the rectal temperature was 107.5° F. Cold was applied to the body and head by means of towels wrung out of ice-water and frequently changed; and another drachm of the solution was introduced under the skin. In thirty minutes the rectal temperature was again taken and found to be 99°F. The cold applications were at once discontinued and dry heat was applied to the surface, while whisky was injected subcutaneously.

"When I arrived shortly afterward the surface of the body was cool, the pulse 120, the coma profound, and all the limbs were twitching convulsively. The head was still congested, the conjunctivæ injected, the pupils contracted but responding feebly to light, and the respiration was irregular and accompanied by a loud expiratory groan, such as is heard in severe cerebral disturbance. I gave two ounces of whisky and forty grains of chloral hydrate by enema, but they were not retained. About half an ounce of whisky was then given hypodermically. In half an hour the temperature began to rise slowly, so that the surface was warm. The twitching of the voluntary muscles became more marked, and he was seized with a most violent tetanic convulsion, which was controlled by chloroform. As the convulsions succeeded each other with increasing rapidity and intensity, I opened the median basilic vein and withdrew thirteen ounces of blood. The bleeding was terminated sooner than was desirable by the onset of a terrific convulsion, during which the arm was twisted violently and the opening in the vein occluded. After this there were no more severe convulsions; the patient became more quiet, and the rectum retained forty grains of chloral hydrate. This was followed by a period of rest, during which the axillary temperature was taken and found to be 103.7° F.

"One drachm of Lente's solution was thrown under the skin, and repeated about once in two hours till four doses were administered. At 8:15 p. m., as slight convulsions had occurred from time to time, six leeches were applied to the temporal regions, twenty grains of antipyrine given hypodermically, and forty grains of chloral hydrate by the rectum. From this time on he slept quietly, the temperature slowly declining until Sunday morning, when it was 99° F.

"At about ten o'clock on Saturday evening the patient first became sufficiently conscious to partially respond when spoken to, and from this he passed into a condition of hebetude, which, by Monday forenoon, had given place to complete consciousness. The temperature has been normal since Sunday afternoon, though the pulse is still somewhat rapid. He takes nourishment well. From Sunday morning to Monday morning he had forty grains of sodium bromide every two hours, and five grains of the sulphate of quinine every four hours. The doses were then reduced to twenty grains and two grains."

This case represented the severest type of sunstroke. I have never before seen so bad a one recover. The temperature was high, the coma very profound, and the convulsions the most terrible that I have ever witnessed, except in one case of tetanus, the subject of which died within twenty-four hours after the diagnosis was made. The rapid and permanent reduction of temperature, which must have been mainly due to the antipyrine—inasmuch as the cold applications were only continued for half an hour—undoubtedly coontributed toward the favorable result by giving time and removing at once the injurious effect of the hyperpyretic blood upon the higher nervous centres. The beneficial effect of the abstraction of blood was evident.

The second case was brought in an hour or two after the first, and while I was in the hospital:

"The patient, an Italian laborer, had been engaged in some laborious work upon the new building of the St. John's Orphan Asylum, which was destroyed by fire last winter. He became suddenly unconscious, had well-marked convulsions, and voided his excrement involuntarily. When Dr. Folker, our very competent ambulance surgeon, arrived, he was comatose, breathing irregularly, with rapid and tense pulse, suffused conjunctivæ, dry skin, and continual convulsive twitchings of all the voluntary muscles. The rectal temperature was 110° F. The doctor gave him a hypodermic injection of one drachm of the fifty per cent. solution of antipyrine, applied ice to the head, and brought him to the hospital. On his admission he was comatose. The surface, to my surprise, was cool. The pulse was 120, as nearly as it could be counted, with marked tension and a laboring stroke of the heart. The respiration was rendered irregular by the continued spasmodic movements of the voluntary muscles.

"The convulsive movements of the limbs were very peculiar, differing from any that I had seen before, in that they were rhythmic in character, and most readily likened to those of a man pulling upon a rope. The rectal temperature, thirty-five minutes after the administration of the hypodermic injection containing one half drachm of antipyrine, was 101° F.

"*No cold applications were used in this case, with the exception of ice to the head.* He was given, by enema, four ounces of whiskey and thirty grains of the hydrate of chloral, and retained it.

"After a time he became quiet, the convulsive movements almost entirely ceased, and consciousness became dimly perceptible. But, upon changing him to another bed, the peripheral irritation threw him into an active tetanic convulsion, which, however, soon subsided spontaneously. It was noted afterward that any pronounced peripheral irritation would produce convulsive movements. After an hour he received another half-drachm dose of chloral hydrate, with two ounces of whiskey, *per rectum*.

"He also received a drachm of Lente's solution of quinine about once in two hours. On Sunday morning he was quite conscious. The temperature was 99° F. He was ordered twenty grains of the bromide of sodium every two hours and three grains of quinine every four hours. On Monday his condition was still better, his mind, apparently, quite lucid, and his desire to move about and partake of food very decided. The bromide and quinine were continued."

The favorable termination in both of these cases is significant, as they were both accompanied by great hyperpyrexia and signs of a most profound vital disturbance. The first case was, probably, slightly injured by the use of cold applications too long continued, but this was quite excusable on the part of the house staff, as they were dealing with a new remedy, and had been advised not to neglect the old ones. The result in the second case would seem to strongly indicate that, where antipyrine is used, the external application of cold is not necessary. Another interesting observation was that, when the temperature declined, the cerebral symptoms still continued. This might indicate that even a short period of such intense heat and arterial excitement may so benumb the vaso-motor apparatus that several hours are required for recuperation.

If this is the correct inference, an agent like antipyrine, which is capable of reducing the temperature quickly, may be of the utmost importance.

But, of course, further observation is necessary before any positive conclusion can be drawn. From our experience so far, I should say that half a drachm of the drug would be sufficient to accomplish the purpose. A fifty per cent. solution is easily made, and, when injected beneath the skin, produces very little irritation.

Intra-Cranial Syphilis.

To the Glasgow Pathological Society (*Glasgow Med. Jour.*, July, 1885,) Professor M'Call Anderson showed a case of intra-cranial syphilis, and gave the following notes of the clinical history:

The patient, a clerk by occupation, and 37 years of age, was admitted into Ward II on the 10th of March, 1885. His family history is good, but he was always considered a delicate child, and after leaving school, while employed in a coal-pit, he contracted inflammation of the right lung. Nine years ago he became a clerk, but his employment did not involve very close confinement.

About six months before admission, on rising from the sofa, he felt a curious sensation in his head; his face was drawn to the left side, and his right arm was twisted up behind him. He was able, however, to walk to the door and call for help, but immediately thereafter he fell to the ground unconscious. His friends said the attack lasted about ten minutes, during which time he "frothed at the mouth;" the face was drawn at

the left side, and the right side of the body was convulsed. On regaining consciousness, he felt exhausted and inclined to sleep. Five weeks after this he had a second fit, which was not severe. On this occasion, he fell suddenly to the ground, was convulsed on the right side, but retained consciousness. After that he had attacks daily until three months ago, when under the influence of treatment, they ceased, and have not recurred. Before each attack, he had a feeling of giddiness for some time, and immediately preceding it a curious sensation in the palm of the right hand. Nearly from the first there has been constant trembling of the right hand, and for three or four months the right arm and leg have been gradually becoming weak. Almost from the first, too, he has been troubled with attacks of pain limited to the right side of the head, which soon became very intense, and which continued for hours, but for the last three weeks they have not been so severe.

For about three months there has been pain in the right hip-joint which, however, is not limited to the joint, but extends a little way up the side. For some weeks, too, he has been troubled at times with giddiness, and with dimness of vision, which appeared to him to be limited to the right eye. In consequence of this, on more than one occasion he came into collision with vehicles passing him in the street on his right side.

There is considerable improvement in his condition now (on admission), for not only has he had no convulsions of late, but the hemicrania is much less severe; the paresis of the arm and leg is less distinct, although he still occasionally strikes the floor with the sole in advancing the foot, and the dynamometer registers only 55 on the right side, as compared with 85 on the left. Indeed, the most marked feature in his case at present is hemiopia, which I now demonstrate to you. The following is Dr. Reid's report: "With the right eye he cannot see an object which is placed the least to the outside of a line drawn directly through the middle line of the eye. With the left eye the defect is discovered on bringing an object towards the inner side, but the defect is not so great as with the right. . . . The ophthalmoscope gives negative results."

With regard to the seat of the lesion, it was evident that it was at the base of the brain on the left side, because of (1) the paresis, (2) the convulsions, and (3) the tremors of the hand, all on the right side. The hemiopia was due to implication of the left optic nerve behind the commissure. The nature of the tumor was evidently syphilitic, because of the scar of a sore on the penis, followed in some months by sore throat, and by numerous sores on the dorsum of the tongue, and because of alopecia and nocturnal pain in the hip-joint.

Under treatment by the mercurous oleate of Shoemaker, all the above symptoms had almost entirely disappeared, and the hemiopia was nearly completely gone.

Dr. Thomas Reid thought that it was a clear case of affection of the optic nerve behind the chiasma. It seemed to him that the diagnosis and treatment had been much more efficacious than was usually experienced in such cases.

Dr. Tennent said that, with regard to the duration from the period of infection to the development of nervous symptoms, he had recently a case, which Dr. Thomas Reid also saw with him, in which the remarkable feature was that a period of twenty years had elapsed since the primary infection. At the time of the infection he had been treated for two years with a good result, and had experienced no evil consequences till the onset of the nervous symptoms. In this case the result of treatment had been most successful. He had seen nervous symptoms result from syphilis after 18 months.

Dr. W. J. Fleming had seen the case, and treated him for his sore tongue with Dr. Mungall. He regarded it as clearly a specific affection, and he rapidly got well under the original treatment.

Intermittent Albuminuria without Apparent Disturbance of Health.

Dr. Merklen, of Paris, reports this case in the *Med. Press*, July 1, 1885:

The patient, a youth sixteen years of age, had usually enjoyed good health, but, being the son of gouty parents, he himself presented the characters of the lymphatic temperament, extremities cold and blue, pale complexion, the limbs of exaggerated growth as compared with the trunk, and delicate skin, with a tendency to acne. Towards the end of last September he was seized on two successive occasions, after taking horse exercise, with sudden and fleeting loss of vision. This occurrence led to consultation of a medical man, by whom it was suggested that the urine should be examined, the result being that this excretion was found to contain a considerable quantity of albumen. This was the more surprising because the other organs were free from disease, and the general health was good, so that it was impossible to entertain the idea that nephritis existed. Provisionally, the patient was confined to his chamber, and put on a milk diet.

Careful and continuous examination of the urine for a week showed that a considerable quantity of albumen existed in it from midday to midnight, but not a trace during the intervening hours. This phenomenon, joined to the absence of any other suggestive symptom, excluded the supposition of a renal lesion, which was, moreover, rendered improbable by the non-existence of any casts, although the urine was several times examined for them. As a complement to this negative diagnosis the eyes were examined by the ophthalmoscope, the acuteness of vision was perfect, but the eye a little hypermetropic. Retinæ healthy, no traces of the lesions usual in albuminuria; the only anatomical peculiarity being a certain hardness (possibly congenital) of the optic nerve-fibres, and at one point a delicate injection of the same nerve. The retinal veins were relatively slightly turgescent, this being assigned to some atonic condition of the vaso-motors. The temporary impairment of vision was regarded as due to sudden suspension of accommodation in a hypermetropic eye, which was as suddenly rectified.

Two examinations of the urine passed at intervals of several days gave the following results: (1) Urea, 15 grammes, in 24 hours; uric acid, 59 grammes. Albumen in considerable amount, but

not found at night. The microscope reveals a very few leucocytes, and some epithelial cells. No sugar. (2) Urine passed between midday and 6 p. m. This contained eighteen centigrammes of coagulated albumen per litre.

The ophthalmoscopic examination having been productive of negative results only so far as regarded the retinal lesions usually found in albuminuric subjects, and the albuminuria itself intermittent and moderate in degree, the patient was permitted to return to school, and the rigidly enforced diet relaxed, but he was ordered to drink milk rather than wine, and to avoid severe exercise and chills. Continuous examinations of the urine gave the same results as previously detailed. On February 14, the patient was suddenly attacked with a violent fever, attended by pain in the side, and resulting in an acute chest affection having the characters, first of diaphragmatic pleurisy, next of pleuro-pneumonia. This feverish attack persisted twenty days, with sweating and sudamina; the condition of the patient was grave at times, the evening temperature varying from 39° to 40° C. The strange fact in connection with this period, however, is, that throughout it the urine never contained a trace of albumen, although examined at frequent intervals, and at all times in the 24 hours. Subsequently, the fever abated and convalescence was established, but the albuminuria did not return, although a meat diet was regularly indulged in at this time. Nor on getting up did it return, and a hope was entertained that the fever had exercised a curative influence over it. As soon, however, as the patient commenced to move about as usual this expectation was dispelled, and the urine being one day examined about this time, soon after breakfast (*dejeuner*), the characteristic albuminous precipitate was once more observed. Next morning it had disappeared, and thenceforward the same phenomena which were witnessed anterior to the fever were reproduced, but with the difference that as time proceeded the amount and frequency of the albuminous deposit grew less, and some prospect of amendment was apparent, with attending improvement in the patient's general health.

A Case of Convulsions During Pregnancy Treated by Injections of Pilocarpine; Recovery.

Dr. P. Horrocks thus writes in the *Lancet*, June 13:

E. N——, aged twenty-four, was admitted into Guy's Hospital on March 7th of this year under my care. She had been married fifteen months, and had had one miscarriage before the third month, in June, 1884. Before marriage she was a servant, but since she has done only her own housework. She had never previously had any fit, nor was there any tendency to fits in her relatives. Her father died of phthisis. Her own health has always been good. Her menstrual periods have been irregular, occurring at intervals varying from three weeks to two months. She is not quite sure when her last period occurred, but thinks it was in August, 1884, and believes herself to be seven months' pregnant. A week ago she began to have headache, which grew worse and occasionally she vomited. At 1 a. m. to-day (March 7th) she had a fit which lasted a few minutes, and after this at intervals of less than a quarter of an hour she continued to have fits throughout the day, each lasting from three to ten minutes. Ice-bags were applied to the head, and a purgative given, which acted. No urine passed during the day. Dr. Faraker, who was attending the case, sent her up to Guy's, where she was admitted at 9:20 p. m. The face was much swollen, and the body and lower extremities œdematous, and some blood was issuing from the mouth, the tongue being severely bitten on the left side. A catheter was passed, but only a drop of urine came away in it. Vaginal examination appeared to bring on the fits. A gag was placed in the mouth to protect the tongue. There was much lividity. Two fits took place in the first half-hour, the first being very severe, convulsing the whole body. Chloroform was administered, and it relieved the severity of the convulsions. A catheter was again passed, but no urine came away. At 10:5 p. m. a fourth fit came on during a vaginal examination. The fœtal heart was heard beating at the rate of 140 per minute. The patient has been quite unconscious since morning. At 11:30 p. m. a third of a grain of hydrochlorate of pilocarpine was injected subcutaneously, the patient being well wrapped up in hot blankets. In five minutes profuse sweating took place. At 12:10 a. m. (March 8th) another but much slighter fit came on. 2:15 a. m.: The sweating is nearly finished. She can be roused to some extent, but does not answer questions. A fourth of a grain of pilocarpine was injected, the patient resisting the puncture. Sweating began again in less than five minutes. Much of the lividity has disappeared. Temperature 101°; pulse 120, and less tense than it was. During the night the patient took some milk and brandy. She remained somewhat lethargic and did not speak in answer to questions, but put her tongue out when requested to do so. The left side of the tongue was bitten right through. At noon, and again at 5 p. m., a fourth of a grain of hydrochlorate of pilocarpine was injected hypodermically. Temperature normal; pulse 82. Five ounces of urine were drawn off; specific gravity 1020, acid, highly albuminous (nearly solid on boiling).—9th: No fits; temperature subnormal; took 23 oz. of milk; the tongue is in a very painful and swollen condition, the patient can scarcely speak for it; she is quite conscious. The mouth was washed out with a lotion of chlorinated soda.—10th: Bowels opened; urine passed normally; still albuminous.—11th: Urine acid; specific gravity 1015; albuminous.—12th: Passed 45 oz. of urine during the last twenty-four hours; less albumen.—13th: Colostrum in breasts. Fœtal heart sounds cannot be heard. Uterus seen to contract firmly at times; os patulous.—14th: Pain in abdomen; uterine contractions (?). Has complained of headache ever since she could speak.—15th: Albumen in urine is steadily diminishing in quantity. Still taking milk only.—16th: Labor pains set in, and a partly macerated dead fœtus was born at 4 p. m. The placenta was expressed after giving the patient chloroform, as she was too tender in the abdomen to allow it to be done without. Examination of the fœtus showed it to be between the sixth and seventh month. There was no ossific

centre in the astragalus. An interesting point about the fœtus was that the testes were completely descended into the scrotum.

It is not necessary to detail the further progress of the case. The patient made a rapid recovery, and left the hospital on March 28th with only a trace of albumen in the urine, a slight headache, and no œdema. She has been attending as an out-patient under my care since, and the last time she came up there was no albumen at all, and the headache had entirely disappeared. This is the only case that I have treated with pilocarpine, but the result was so immediate and so satisfactory that I thought it worth publishing. The patient had only one slight fit after the pilocarpine was commenced, and she seemed to improve rapidly. How it acted is less clear, but it seemed to me to relieve the system by causing the skin to take on the function of the kidneys vicariously.

Many believe that when convulsions come on during pregnancy the uterus should be emptied as speedily as possible. Others believe in venesection or anæsthetics, especially ether and chloroform. An interesting point in the present case is that the patient was relieved, and practically cured of the convulsions without emptying the uterus. Labor did set in, however, a week later, apparently spontaneously. It may be that the fœtus died in utero during the convulsions, and that labor set in consequently; but pilocarpine has been used for the induction of labor by Marsman, of St. Petersburg, and Clay, of Birmingham. Hence it may be that the injection of this drug set up the uterine contractions, which resulted in premature birth. Dr. Fordyce Barker, in 1879, condemned the use of pilocarpine in puerperal convulsions, asserting that it produced continuous and exhausting depression. In Clay's case there was very alarming depression; but this was a case not of convulsions, but contraction of the pelvis, in which the drug was given to induce labor. In my own case there was no depression to cause any anxiety. Hence I think the drug deserves further trial in these very distressing and often fatal cases.

Nitro-glycerine in Trigeminal Neuralgia.

Dr. S. P. Deahofe thus writes in the *Med. News*:

The successful treatment of the following case renders it of sufficient interest to merit reporting.

H. J. A., aged 55, a farmer, with whom I was personally acquainted, family history good, came to my office, September 27, 1884, with the following history:

He had suffered pain of a paroxysmal character in the right side of the tongue for the past four years. The paroxysms of pain had increased in frequency and severity, so that when I saw him he had as many as half a dozen or more attacks in an hour, the pain "darting in the tongue like a knife," to use the patient's expression, interfering with mastication and also with his speech, so that he would be compelled to stop talking until the pain ceased, which would be in a few seconds. There was also marked spasm of the facial muscles of the same side of the face, the mouth being drawn to the right side. The teeth remaining were perfectly sound. His family physician had treated him for "paralysis of the tongue, due to his teeth," to use the doctor's own language, with various remedies. He had also been treated from time to time by a number of other physicians, both regular and irregular, all making similar diagnoses excepting one, who called it neuralgia.

I diagnosticated neuralgia of the gustatory branch of the trigeminus, and informed the patient of the uncertainty of medicinal remedies in that affection, and the results of the operation of neurectomy. I concluded to try a few medicines first, and if they failed, then to perform neurectomy. Accordingly, I prescribed aconitia (Duquesnel's), in gradually increasing doses, for two weeks, but to no purpose, the paroxysms still increased in number and severity.

The patient, becoming very much discouraged, then demanded an operation, refusing to take any more medicine. I then requested a consultation with Dr. J. C. Reeve, of Dayton, Ohio. The day for consultation was set; but, being called to the country, the patient went to see Dr. Reeve in my absence. The doctor agreed with me in my diagnosis, and induced the patient to continue medicinal remedies yet awhile, giving him a one per cent. solution of nitro-glycerine, concluding, as he afterward informed me, that the lesion was central.

In a few days the patient reported to me a little better. I accordingly had the solution continued in doses of one minim three times a day, with the following results:

After taking the solution two weeks, he was completely relieved. He then neglected taking it for a few days, when the pain returned, but not so severe as before. I then ordered him to continue its use. After taking the solution sixteen days more, the patient was again free from pain, and it has not returned since, and he was able to eat and talk as well as ever. He also says his mind and memory are far better; that his taste, which was much blunted before taking the remedy, is now normal; and that his eyes are so much improved that he can now read print without his glasses, which was difficult to read with them before taking the solution—in fact, he says he feels like a new man.

A Remarkable Case.

Dr. James H. Aveling thus writes in the *Lancet*, July 4:

The patient whose case is here briefly narrated is a married lady aged 38, with a family. She is very intelligent, and has no history of hysteria or other nervous disorders. In October, 1884, one of her children struck her left eye with the back of his head. Six weeks after she felt something wrong with the eye. She also had noises in the ears, and tenderness of the nose, and pain of the back of the head when she stooped or had the bowels moved. Her speech also was affected. She hesitated and stammered when she spoke. These symptoms lasted and gradually got worse from December, 1884, to March, 1885, when she had three blisters on the back of her neck. The pain in the head now became constant, and caused sickness. During these three months the patient, besides her own medical man, had the

advantage of receiving advice from the following eminent members of our profession: Mr. McHardy, Mr. Couper, Mr. Hulke, Mr. Morell Mackenzie, Mr. Power, Mr. Cumberbatch, and Dr. Ferrier.

On March 22 the patient spoke to her medical attendant, Mr. Robert Mathews, of other symptoms which she had felt for a long time, but which she had not mentioned because she thought they could not have anything to do with her head troubles. She then described herself as having a constant feeling of weight in the pelvis, as if something were coming down, and that she could only pass a small quantity of water at a time with great effort. This statement induced Mr. Matthews to make an examination, when he found an "extreme anteversion of the uterus with a full bladder, the fundus of the uterus resting on, and making as it were a bed for itself in the bladder." He replaced the uterus, emptied the bladder, and, to his surprise, all the head symptoms disappeared. The relief, however, was only temporary, for the symptoms returned when the uterus fell forward into its abnormal position. At the suggestion of her husband, she tried the plan of lying with her hips raised on a high pillow, and when in this posture the head symptoms were relieved.

In April Mr. Mathews asked me to see the case, with the view of mechanically rectifying the position of the uterus. I found laceration of the perineum and os uteri, the latter being sufficiently patulous to admit the tip of the index finger. The uterus was large and congested, low down in the pelvis, and acutely anteverted, its fundus pressing on the neck of the bladder.

April 20. The patient having come to London, I replaced the uterus and retained it in position by one of Dr. Graily Hewitt's cradle pessaries. When I visited her the next day I found all the head symptoms gone. Eye, ear, nose, and head were perfectly well, and the speech free from hesitation or stammering. The only trouble left was vesical, and this was due to the pessary, which did not quite fit. After trying one of Thomas's anteversion pessaries without success, I introduced a smaller cradle pessary, and no further trouble with the bladder has been experienced.

The patient returned home, and on June 3d I heard from her. She wrote, "I am quite comfortable, and perfectly free from any kind of pain."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a reprint before us, something over fifty cases of poisoning by chloroform are tabulated and examined by Dr. Llewellyn Elliot, of Washington, D. C. Rather more than one-fourth of these were fatal, either immediately from paralysis of the heart, or later from gastric inflammation. He adds one case from his own observation where recovery took place after the ingestion of two ounces.

——The last number o the *Sammlung Klinischer Vorträge* has an industrial as well as a scientific significance. It is by Dr. P. G. Unna, and is upon "Medicinal Soaps." The author has devoted a good deal of attention to this method of medication, and his opinions have corresponding value.

——"Diphtheria, as I See and Treat It," is the title of a reprint by Dr. T. J. Hutton, of Fergus Falls, Minn.

BOOK NOTICES.

Von Ziemssen's Hand-book of General Therapeutics. In seven volumes. Vols. I. and II., 8vo. William Wood & Co., New York, 1885.

The unwearied Von Ziemssen, who must have been born with a pen in his hand, which he has at no time since released from his grasp, has again stirred up his co-laborers, and gleaned the harvest-field of medical literature in the last decennium for the production of one of those voluminous works in which he, and apparently the profession of Germany and the United States, delight.

This "Hand-book," as he calls it (seven volumes of five or six hundred pages each)' is composed of a series of articles or monographs, each written by some prominent German physician on a particular topic of therapeutics. Thus, in the first volume, we have besides the introduction by Von Ziemssen himself, a treatise on the dietary of the sick and on the dietetic methods of treatment, by Prof. J. Bauer, and a monograph on the koumiss cure, by Dr. Stange. In the second volume are three essays, the first by Prof. Von Leibermeister on antipyretic methods of treatment, the second by Prof. Th. Jürgensen on antiphlogistic methods of treatment, and a third on epidermic, endermic, and hypodermic administration of medicines, by Prof. A. Eulenburg.

It is superfluous to say that these are solid and instructive articles. They have the German *Gründlichkeit*, and also the German *Weitläufigkeit*. Anglicé, prolixity and tedium. They are learned writers, these Germans, but dull! We wonder whether their big books are really read by American physicians, or only bought. But for reference they are excellent, and this treatise on therapeutics cannot fail to contain many valuable suggestions which will repay its perusal.

—Compressed tablets of vaccine lymph are manufactured and successfully used in Switzerland.

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CAN A CHILD HAVE LIVED IF THE LUNGS DO NOT CONTAIN AIR?

This interesting question, which, when affirmed, may greatly increase the number of convictions of infanticides, is debated at considerable length by Dr. Ullmann, in the *Vereinsbl. der Pfalz*, Aerzte 2, 1885:

In February, 1883, in Homburg, an illegitimate child was born in a bucket filled with refuse water, and remained in it for two hours without anybody coming to its aid.

The post-mortem examination proved that the fifty cm. long and 3,400 grm. weighing child had been born at full term and been capable of existence. The hair was dense, three cm. long, and nails and cartilages were fully developed.

Areolar tissue was injected with blood, the main veins of the neck were filled with blood, and in the left auricle about thirty grm. of dark blood were found.

Both lungs, completely free from air, sank in water. In the buccal cavity, the pharynx, the larynx, in the bronchi, up to their smallest ramifications, even to the very surface of the lungs, there were met with grayish, blackish ash-and-coal particles of the same kind as those present in the refuse water, into which the child had dropped immediately on being born; and in the stomach the same particles were found.

From these phenomena, Dr. Ullmann concluded that notwithstanding the absence of air in the lungs, the child lived after birth, as the particles mentioned could have penetrated as far as they did only by aid of a vigorous inspiration and swallowing. Otherwise, they might have been found in the mouth, the pharynx, and even the trachea, but they could never have extended into the finest branches of the bronchi.

In recent days, especially in Prussia, swinging is greatly practiced in the cases of stillborn children, the swinging motions, first recommended by Schulze, taking the place of artificial respiration. Dr. Runge draws our attention to the fact that this swinging, even if not successful as concerns the revival of the child, always has this result, that air enters the lungs. In all such cases the

lung-test, therefore, would not be an available proof before court. Suppose a mother is charged with having killed her new-born, and the lung test, proving the presence of air is looked upon as direct evidence of the child's having breathed, and been, therefore, born alive. If the nurse or the midwife had practiced swinging, the lung-test would not be admissable for the reasons above mentioned. Still physicians ought to be careful, and not propagate this knowledge, as it may be made use of for criminal purposes.

A SPECIFIC IN NEURALGIA OF THE FIFTH NERVE.

We possess at present a number of remedies which are of great service in neuralgias and other painful affections of the head. In common headache salicylate of sodium, if administered in doses of fifteen grains every three hours, has a splendid effect. In certain forms of sick headache, especially when the face has a flushed appearance, croton-chloral, given in doses of two grains and in pill form every two hours, rarely fails to bring relief. In hemicrania, if the face looks blanched, the inhalation of nitrite of amyl is the best remedy.

In neuralgia of the fifth nerve various drugs have been recommended from time to time. Are the attacks short but severe, and if they do not recur very frequently, hypodermic injections of morphia may be relied upon. In some cases large doses of quinine put an end to the seizure. Muriate of ammonia, fifteen grains every three hours, acts like magic in some individuals, while in others, especially when gastric irritability accompanies the attack, and still more, if nausea and vomiting usher it in, one or two grains of tartar emetic, if necessary repeated until emesis sets in, causes the neuralgia to disappear.

Recently a new remedy has been brought forward, which promises to become *the* specific in neuralgia of the trigeminus. Dr. M. Schneider (*Allg. Med. Centr. Zeit.*, 49, 1885,) had a lady patient, who at long intervals suffered from severe attacks of this painful malady. These attacks lasted from one month to half a year, and were accompanied by the most excruciating pains. Five years ago such an attack had been stopped by large doses of quinine. Another attack, which had continued with little interruption for six months, finally yielded to morphia and iron. A month ago the patient was again attacked by her old enemy. None of the remedies formerly applied seemed to do any good. S. then employed as an experiment salicylate of cocaine. Two-thirds of a grain were injected hypodermically into the right cheek. A minute or two later the pain ceased, and did not return. The injection itself was painless, and produced no irritation.

A week ago Engel had a similar case. The patient, a young man, presented himself at the clinic of Prof. Engel in Medico-Chirurgical College. He suffered excruciating pains, and near the left ala nasi was a very tender spot. Thirty minims of a two per cent. solution of muriate of cocaine were injected into the skin near the point doulourenx. Scarcely a minute later the pain had ceased. The remedy surely merits a more extensive trial.

IRREGULAR SEXUAL DEVELOPMENT.

Two recent studies in our German exchanges give much food for reflection to the physiologist and the social philosopher.

One of these is by Dr. Geigel, and has for title, "The Variability in the Development of the Sexual Organs in the Human Species." The other is an opinion by Dr. Scholtz, of Bremen, in the case of a middle-aged man, who had long been subject to abnormal sexual desires.

Dr. Geigel has once more subjected the growth of the fœtus in utero to a careful study, with the view of ascertaining what it is that decides on the sexuality of the child. His results are in certain respects negative. His conclusion is that there is no room for a simply mechanical explanation of the fact of sex. He says: "We must content ourselves with saying that in every embryo there is an inherent tendency, the plus or minus of which decides its sexual evolution."

But there is one new fact which he brings out strongly, and that is the slow and imperfect manner in which in some cases both the sexual organs

and their correlated sentiments are developed, not only in the fœtus, but in after life. "The whole term of life," he remarks, "is often insufficient to develop the sexual contrasts which theory demands." Some men remain largely women, some women largely men, their whole life through. There is an emotional and intellectual hermaphroditism where there is no physical one.

At this point we may turn to Dr. Scholtz. In his specialty of medical jurisprudence he explains the perversity of the sexual instincts in certain cases by this undeveloped sexuality. "My observations have convinced me," he writes, "that in such cases the crime of pederasty is not merely a disgusting habit, or the refinement of debauchees, but a congenital abnormality of the sexual instinct; an abnormality which very often is revealed in a general physical condition approaching that of the female type."

Such cases he would consider as of inborn mental alienation, and thinks their proper place is in the wards of a hospital, or under medical surveillance, rather than in the criminal dock.

Doubtless, their scientific aspect is such as he describes. But the social economist may well inquire whether a criminal punishment even in such cases is not better, as the fear of it will serve to stimulate the weak will-power of the feeble-minded, and will also be more of a terror to the deliberately perverse. For ourselves, we think it would be better, here as elsewhere, to punish the insane than to afford the sane an excuse to escape the proper chastisement for their crimes.

Notes and Comments

Alcoholic Paralysis.

The immediate and transient effects of an excessive quantity of alcohol upon the human nervous system, whether they are manifested in the form of drunkenness, or of delirium tremens, or of an acute attack of insanity, are well known. Scarcely less evident are the effects produced upon the nervous system by a less excessive, but a more prolonged abuse of alcoholic drinks. These effects may be manifested either in a general failure of physical and mental power, or in a form of disease closely resembling progressive paralytic dementia, or in various forms of chronic insanity, or in epilepsy, or in neuralgia, or in paralysis. In the acute form of alcoholic poisoning, no change in the structure of the nervous system has been found, except that the meninges, in common with the internal organs and the mucous membranes, are the seat of a very decided injection and of a slight exudation. In the chronic form of alcoholism, a number of pathological changes have been discovered in the nervous system, which, however, vary greatly in different cases.

Of late years the paralysis, which results from the abuse of alcohol, has been accurately described by numerous observers, and the attempt has been made to discover the lesion of the nervous system, which is associated with this form of paralysis. Two cases which are reported by Dr. Henry Hun, of Albany, in *The American Journal of the Medical Sciences* for April, 1885, are typical examples of this disease, and contribute to a better understanding of it.

Dr. Hun has collected the recorded cases of alcoholic paralysis, and from their study he holds that we are justified in regarding it as a special form of disease, with the following symptoms: After a number of cerebral and gastric disturbances due to the alcoholic poisoning, the symptoms of the disease proper commence with neuralgic pains and paræsthesiæ in the legs, which gradually extend to the upper extremity, and which are accompanied at first by hyperæsthesia, later by anæsthesia, and in severe cases by retardation of the conduction of pain. Along with these symptoms appears a muscular weakness which steadily increases to an extreme degree of paralysis, and is accompanied by rapid atrophy and by great sensitiveness of the muscles to pressure and to passive motion. Both the sensory and the motor disturbances are symmetrically distributed, and the paralysis attacks especially the extensor muscles. In addition to these motor and sensory symptoms there is also a decided degree of ataxia. The tendon reflexes are abolished, and vaso-motor symptoms, such as œdema, congestion, etc., are usually present. Symptoms of mental disturbance are always present in the form of loss of memory, and in transient delirium.

The lesion is in all probability a degeneration of the peripheral nerve fibres and of the nerve cells in the cerebral cortex, together with a chronic congestion or inflammation of the pia mater. This lesion explains well the symptoms, although it is certainly curious that alcohol should not attack the spinal cord, but only the highest and

lowest part of the nervous system, if one may so call the cortex of the brain and the terminal branches of the peripheral nerves.

A Case of Dislocation and Fracture of the Spine; Extension: Recovery.

Mr. Reginald Harrison thus writes in the *Lancet*, July 18, 1885:

C. R——, aged thirty, was admitted into the infirmary on December 14, 1884, having sustained an injury to the back, due to a fall down a railway cutting, a distance of seventy-five feet. On examination, there was a swelling over the third lumbar vertebra. The vertebral spines could be traced from above downwards as far as the third lumbar vertebra, the spine of which was very prominent; below this there was a depression, the fourth lumbar vertebra not being within reach, and below this the fifth lumbar vertebra could be distinctly felt. There was no crepitus. The lower limbs were completely paralyzed, and sensation was absent up to an ill-defined line at the upper part of the thighs. She complained of great pain in the back and down the legs. There were retention of urine and incontinence of fæces.

An anæsthetic having been administered, the shoulders were fixed and a broad strap was placed around the pelvis, from which extension was made by means of pulleys. During the operation, the patient lay on her back, and gentle pressure was made over the third lumbar vertebra. This was felt distinctly to go back, and at the same time the fourth vertebra slipped into its position. A saddle-shaped splint being fixed on the back, she was removed to bed.

On examination the next morning, the pain in the back and legs was absent; she could lift her right leg a few inches off the bed, and move her left leg slightly. Sensation had returned to a great extent, especially in the right leg. There was no retention of urine or incontinence of fæces.

From this time the patient got gradually better without any bad symptoms, the muscular power and sensation in the right leg always being in slight advance over those of the left. The temperature was never higher than 100° F. The prominence in the lumbar region returned to a slight extent. She was kept in bed, lying on her back with her legs extended, until March 10, 1885, when a plaster-of-Paris jacket was put on; and on March 12 she got up for the first time. She was very weak, but quickly improved, and on April 28, 1885, was discharged, being able to walk about and do light work with perfect ease.

Chicken-Pox.

During a period of six years Dr. Semtschenko, of Kasan (*Wratsch*, 5, '85, Russ.), had the opportunity to observe in the orphan asylum in his city four epidemics of chicken-pox. Altogether 276 children became attacked by the disease. Two children had the disease three times during that period (1880 in March and December, 1881 in November, and others in October 1882, March 1883, and November 1884), and six children had each the disease twice, with intervals of from three weeks to one and a half years.

It is of interest to note that the epidemics always commenced in October or November, and continued until the following spring. In more than one-half of the cases prodromi were observed (want of appetite, general hebetude, etc.), and in from one to four days the eruption appeared, and more than two-thirds of all cases beginning in the face or on the hairy covering of the scalp. The exanthem continued from thirteen hours to one week; in 75 it at once spread over the whole body, while in 127 patients it took three days until the eruption had broken out all over. Fever attacked 213 patients, and this varied from 100° to 104°. Two patients died in consequence of complications—in a one year-old child empyema, and in a child fourteen months old, purulent synovitis of the right leg (in both, therefore, probable tubercular infection?) being the cause of the fatal issue.

Dr. S. instituted several experiments concerning vaccination. Where non-vaccinated children were vaccinated at the beginning of an epidemic, the vaccination—performed with fresh cow-lymph—was partly successful and partly not, *i. e.*, as regards its "taking."

Were the children taken sick with chicken-pox about the day they had been vaccinated, then the latter progressed much slower than usually, its course being retarded. Was the vaccination performed directly into a chicken-pox pustule, the vaccine pustule developed splendidly, and the re-vaccinations, done from such pustules, proved eminently successful without their ever transmitting the chicken-pox to the children thus vaccinated.

Epithelioma Clitoridis.

Dr. L. Sorbets (*Gaz. des Hopteaux*, 140,) reports a case of this very rare affection which he had observed in a woman aged sixty-three years. She had for fifteen months a very painful ulcer in the vulva, which was covered with a crust and surrounded by a hard ring.

On examination, a tumor was found which involved the whole clitoris. It was movable, and of the size and form of a thumb. The unevenly bordered and ulcerated surface bled easily and emitted a peculiar smell. There was no swelling of the inguinal glands or flow from the uterus. The doctor at once recommended an operation. To this the patient would not consent until six months had passed. The operation was done in the following manner: While an assistant held the sound which was introduced into the bladder, the operator passed two very strong threads smeared with wax through the tumor. This, in the meantime, had grown to the size of a walnut, and on account of its weight covered the orifice of the urethra. He then drew the tumor forwards and cut it from the tissues in which it was imbedded. The inconsiderable primary hemorrhage was stopped by cold water and by bringing the legs together. The latter and somewhat greater hemorrhage was stopped by pressure. The wound healed without especial trouble. The microscopical examination of the specimen was inadvertently omitted.

The author mentioned three similar cases reported by Vidal, as of syphilitic origin, and on this account not operated upon. As there were in these cases no swelling of the inguinal glands, the author is inclined to think it a similar affection to his own. Nelaton had the opportunity only once to treat an epithelioma of the vulva, also Trélat. The latter found in the literature only three cases of this kind observed by Churchill, and two by Charles West.

Retention of Placenta.

The *London Med. Record* tells us that in the *Meditz. Obozr.*, 1885, Fasc. vii., p. 697, Dr. Bronislava Paszkewiscz, of Piatigorsk, Tersky Government, reports the case of a weak anæmic peasant woman, aged 35, to whom he was called three days after the patient's sixth labor (at full term) to remove the retained placenta, persistent efforts by a midwife having proved entirely ineffectual. The author found the patient lying in bed soaked through with blood and discharge, in a semi-conscious state, complaining of agonizing thirst and sleeplessness, suffering from nausea and mucobilious vomiting, severe rigors, and fever (40.1° C.). The pulse was weak and small, 120; the belly tense, extremely painful and tender; the fundus of the womb was felt at three fingers' breadths above the navel. There were present a considerable rupture of the perineum, several lacerations of the mucous membrane and submucous layer of the vagina, and one-sided deep laceration of the uterine cervix. The placenta was found firmly adherent along its whole circumference to the uterine wall. It was removed piecemeal in six pieces by the fingers alone, the removal proving extremely difficult and prolonged, in consequence both of firm adhesion and the state of the patient, who repeatedly fainted during the operation, and constantly required much attention. Extraction of every piece was accompanied by free discharge of thick pus, the placental parenchyma being in a state of purulent infiltration. The uterine (or external) surface of the borders of the placenta was densely covered with villous or bristle-shaped excrescences of connective tissue, which undoubtedly pointed to an inflammatory origin of the adhesion. The improvement of the patient's state was immediate and striking. It remained steady, even in spite of a recto-vaginal fistula being produced eight days later by a clumsy midwife, who had employed for administering enemata an old-fashioned syringe with a tin nozzle.

A Danger from Drain Ventilation.

Although sanitarians thoroughly realize the danger from this source, yet the average physician is very apt to overlook it. Hence we reproduce the remarks of Dr. John C. Thorowgood from the *Lancet*. He says:

"Not long ago, when attending a young lady with ulcerated throat, I heard of a family several members of which were for a long time ill with troublesome ulceration of the throat, the cause of which was for a time a mystery. It was at last found out that the ventilating pipes in connexion with the drains of an adjoining building were not carried up above the roof, the result of this arrangement being that sewer gas found its way into the dwelling of the patients by the upper windows. Now, when so much is being done in the way of drain ventilation, it becomes obviously a most important matter for the ventilating shafts to be carried well above all windows that may be in proximity. In the heavy air of a town it is especially important to let the gas escape at an altitude where there is some air current to blow it away."

A New Bunion Splint.

In the *Brit. Med. Jour.*, May, 1885, p. 1110, Mr. R. J. Spitta describes a new splint, which he has contrived in order to maintain the great toe in its normal position after continual distortion from

badly-fitting boots, and in cases of bunion, or enlargement of the joint. The splint can be worn during the day, provided the boot be of a good size and with square toes. The apparatus consists of a well-fitting band of steel, suitably covered, about half an inch wide, passing round the heel from the base of the toe on the inner side, to a corresponding joint on the outer border of the foot, being kept in position by a shaped lacing-piece across the arch, and passing beneath the sole. To the steel band is attached, at its inner extremity, a rack and pinion, by which the toe can be drawn away from the median line to any extent desired, the pressure of the screw on the foot being relieved by a moulded steel plate, accurately fitted to the side of the foot, and which is cup-shaped over the joint or bunion, and covered with soft leather. From the screw and rack, a firm piece of metal is continued on to the end of the foot, and is provided with a leather stall, which laces round the toe and grasps it tightly. Gradual extension is applied, so that in a week or two the toe becomes quite normal in position.

Cerebral Surgery.

In the *Lancet*, May, 1885, p. 881, Dr. W. Macewen records the notes of a man, aged 36, who in August, 1883, fell downstairs and was rendered unconscious for twelve hours. In November, 1883, the patient was admitted into the Glasgow Royal Infirmary, with impairment of power in the left arm, accompanied by muscular twitchings and pricking sensations in some parts. A lesion was diagnosed in the motor cortex of the upper half of the right ascending frontal convolution, probably due to irritation set up around an extravasation of blood, due to the previous injury. In December the author trephined, and found a membrane-like patch over the surface of the brain, involving the arachnoid and pia mater along with the external surface of the grey matter; there was also blood effused into the substance of the brain in the ascending frontal convolution. All this was removed, the bone was replaced after having been broken up into several small pieces, and the wound was dressed with eucalyptus gauze. The patient made a perfect recovery without a bad symptom, and two months afterwards was able to do his ordinary work.

Gangrene After Vaccination.

In vol. xlii. of *Guy's Hospital Reports*, Mr. Clement Lucas narrates a case where gangrene occurred in a feeble, emaciated child, five months of age, after vaccination and as the result of it. Two attempts to vaccinate the child had proved unsuccessful; but, after the third, gangrene of the neighborhood of the punctures supervened, and the child died without special symptoms of note. There was no question of vaccino-syphilis in the case, for four other children were vaccinated from the same vaccinifer without difficulty or bad symptom, and the question of inherited syphilis in the child is hardly to be accepted from the data given. The only conclusion arrived at with a fair amount of reason was, that here was a case in which vitality was low from malnutrition, and that the insertion of the vaccine operated as any irritant would have acted on such a subject. Such effects occur at times, and emphasize the caution to which all public vaccinators are alive, in selecting fit cases for the operation, or perhaps, more correctly, in rejecting unfit cases. The boon of vaccination is not diminished by learning the truth, such as is honestly given here.

The Diagnosis Between Indurated Chancre and Herpes.

It sometimes happens that herpes of the penis presents itself under the form of a single patch of superficial ulceration, accompanied by some induration of the underlying tissues; there may be also a swelling of the inguinal glands, so that the diagnosis between this so-called chancriform herpes and some forms of indurated chancre is very difficult in the early stages. M. Leloir, however, calls attention (*Journ. de Connaiss. Med.*, April 2, 1885,) to the fact that when a herpetic ulcer is pressed between the fingers, a drop of serous fluid is squeezed out. This manipulation can be repeated several times with the same effect; in the case of chancre, on the contrary, a little fluid is seen on the surface, but the quantity is not increased by pressure. When the base of the herpetic ulcer is indurated, the hardened tissues can be flattened between the fingers, while, in chancre, no amount of pressure can change the shape of the nodule. This difference is explained by the fact that in herpes there is a localized œdema of the tissues, while in chancre the chief lesion is a hard infiltration, sometimes accompanied by sclerosis of the connective tissue and of the vessels.

Rupture of the Urethra.

An interesting case of rupture of the urethra and fracture of the femur and pelvis is reported by Dr. Randolph Winslow in the *Maryland Med. Jour.* The patient, a young healthy man, whilst straddling the rail of a scow, was jammed between

the boat and wharf. When admitted, he was found to have sustained a simple fracture of the femur on its upper third, and as he passed no water since the accident, a catheter was introduced into the urethra, but failed to enter the bladder, and seemed to enter an empty space. Considerable bleeding from the urethra occurred. A rupture of the urethra was diagnosticated, and as night had come on, no further attempt was made to enter the bladder with the catheter, but the urine was withdrawn by means of the aspirator. The next morning a perineal section was made, and after some trouble the cut end of the urethra was found, and a tube passed into the bladder. The left ischium was felt to be broken when the finger was passed into the perineal opening. No extravasation of urine occurred, and the wound gradually healed, the patency of the canal being maintained by this systematic introduction of sounds.

Strychnia in Diphtheritic Paralysis.

In the *Deutsche Med. Wochensch.* of May 7, Dr. Reinhard, of Bautzen, relates a case for the purpose of recommending the use of strychnia in diphtheritic paralysis. A boy, aged 3½, after an attack of diphtheria, suffered from symptoms of paralysis in various muscles of the body, his gait being uncertain and staggering, at the same time that the soft palate was affected. Tonic treatment, including iron, was of no avail, and twelve days later the symptoms had advanced so far that death seemed imminent from paralysis of the respiratory muscles, and the child's body hung limp over the arm when he was held up. Internal remedies were useless, as the power of swallowing was lost; recourse was therefore at once had to the subcutaneous injection of sulphate of strychnia, 1 milligramme (0.015 grain) daily. The very next day the breathing was quieter and the muscles were less flaccid, and only fifteen doses were required to establish convalescence on a firm basis. No undesirable symptoms were set up by the strychnia. Dr. Reinhard mentions this case, not as anything new, but as bringing an old remedy to the remembrance of his fellow-practitioners.

The Use of Vaginal Injections after Normal Child-Birth.

Dr. Simon Baruch, who has studied this question very thoroughly, thus concludes an article in *Gaillard's Med. Jour.*:

If the obstetrician will never introduce an examining finger into the parturient canal without brushing the nails and washing the hand with an antiseptic solution—if he will be careful to make his examinations rarely—if he will *express* the placenta completely by Credé's method and *extract* the membranes without haste—if he will ensure complete expulsion of all coagula and tonic contraction of the uterus—if he will *see to it* that the vulva has been well cleansed of all clots and stains by an antiseptic solution (not with a sponge), and that it continues to be kept clean—if he will have clean napkins, sprinkled on the outside with some strong antiseptic solution, placed upon the external genitals, and if the nurse's hand be strictly kept out of the vagina, the demands of modern midwifery will be fulfilled, and "all will go merry as a marriage bell," so far as puerperal fever is concerned.

The Uses of Cocaine.

Decidedly there is a future for cocaine. It is destined to have a permanent place in medicine, surgery, and dentistry. The scope of its uses is not yet defined, but it is safe to say that its applications are widening as experiments with it are extended.

We have been especially impressed with this fact in looking over the literature of the subject recently issued by the house of Parke, Davis & Co., Detroit. They have published several most interesting pamphlets. One is entitled "Cocaine in Dental Surgery," another is a working bulletin on the drug containing a variety of original material, and a third a well composed collation of what has been reported about it in home and foreign medical literature. These pamphlets will be sent without charge by the house to any one mentioning the name of this journal, and they are worth reading by all.

The same firm have devised a very handy and ingenious "cocaine case," which they sell at a moderate price, and which impresses us as the best of the kind we have seen.

Traction on the Umbilical Cord.

Whether or not it is wise for the accoucheur to make traction on the cord to aid the delivery of the placenta is a question that has been repeatedly argued from both sides. As a late contribution to the discussion, we note in the *Brit. Med. Jour.* (July 25, 1885), that Dr. George Smith, after an extensive experience in midwifery, affirms that gentle traction on the cord is a safe and judicious expedient, and does not induce spasm, and should be practiced in every instance. At the same time,

the uterus should be grasped by the right hand, which few only can perfectly accomplish. The advantages of this plan are that the third stage, the most anxious time for patient and doctor, is much abridged, there is less likelihood of hemorrhage, and whether anything be wrong or not can be quickly ascertained. Spasmodic contraction is an exceedingly rare occurrence, and is almost invariably associated with something amiss with the placenta itself, or it is more or less adherent. He has not seen spasm produced by snapping of the funis, when the fœtus has been dropped on to the floor, nor by any other untoward circumstance, under which the child is occasionally born.

Observations on the Cutaneous and Deep Reflexes.

Dr. Philip C. Knapp, of Boston, records, in the April number of *The American Journal of the Medical Sciences*, a series of observations upon the cutaneous and deep reflexes of 239 persons, from which he draws the following conclusions:

1. Absence of the plantar or cremaster reflex is usually pathological, depending upon a direct lesion of the reflex arc, or some cerebral disturbance.

2. Absence of the other cutaneous reflexes is not necessarily pathological.

3. Absence of the patellar reflex may be due to cerebral disturbance, especially in alcoholic subjects.

4. Ankle and patellar clonus are pathological.

5. The deep reflexes of the upper extremity are of frequent occurrence, and have no special pathological significance.

Excision of the Larynx,

This comparatively rare operation was performed by Mr. Henry Morris, on the 11th of July, for what turned out to be epithelioma. The patient had been suffering from severe laryngeal symptoms for four years; tracheotomy became urgent four months ago, and, more recently, constant spasm and dyspnœa, due to the pressure of the growth on the upper part of the tracheotomy-tube had rendered his existence unbearable. The growth was confined within the air-passages; it filled the upper part of the larynx completely, and the cricoid cartilage partially. The larynx was removed by cutting through the thyro-hyoid membrane, and the tissue between the cricoid cartilage and the first ring of the trachea. The gullet and pharynx were not opened. The patient nearly a week after the operation had not had a bad symptom.

The Treatment of Gall-Stone by the Elastic Bandage.

Dr. Qvisling states (*Tidskrift for Prakt. Medicin*, quoted in *Nordiskt Medicinisk Arkiv.*, Band xvi., Häft 4,) that in seven cases of gall-stone (two men and five women) he has seen good results follow the use of Martin's elastic bandage. Its action depends on the immobilization of the abdominal organs, by which the calculus is prevented from irritating the mucous membrane, and from causing reflex contractions of the muscular coat of the gall-bladder. The bandage is applied rather firmly over the upper edge of the hepatic dulness, as far down as the crest of the ilium, a piece of flannel being placed under it. It may be removed at night, if desired by the patient. Its use should be persisted in until the patient appears to be definitely cured.

Disinfection of Vaccine Lancets.

Dr. Wm. Fearnley writes to the *Brit. Med. Jour.*, July 11, that for the past three years he has not had a single "bad" arm after vaccination, and he attributes it to sterilizing the lancet by heating it in the flame of a match to dull redness immediately before the operation. As soon as the lancet is hot he wipes it to get away the charred mass, if any; then when he can bear the blade with comfort against his cheek, he operates on the arm in the usual way. Before adopting this process an arm now and then would be angry and inflamed; now he never sees hardly a blush on any arm. The thing is simple, because every house contains the means (lucifer matches) of thorough disinfection.

CORRESPONDENCE.

The International Medical Congress.

EDS. MED. AND SURG. REPORTER:—

You will oblige me by publishing my views through your columns in regard to the action of the profession of this country towards the International Medical Congress of 1887.

Though, physiologically, the tongue is the chief organ of speech, yet by its anatomical surroundings, it should keep silence, for it is the only internal organ that is situated in a horizontal position where it may remain quiet and steady. To keep it in natural bounds, it is surrounded by two walls, one of ivory, and the other of softer substance; but owing to the surrounding, overflowing rivulet, it is sometimes hard to keep the organ in its scope. Therefore, I submit a few statements in the interest of the Congress, hoping they may be taken for what they may be worth.

If the medical journals of this country will not cease to discuss questions of character, eligibility,

privileges, parliamentary rules, etc., be they right or wrong, there will be "much ado about nothing." In other words, there will be nothing to romp about, and there will be few, if any, of the foreign attendance at the next International Congress of 1887.

Being a European myself, nobody will doubt that I know the habits and customs of European medical men. I feel certain that the past course of the medical profession of this country toward, the organization of the International Congress is ridiculed by those whose attendance is expecteds and I anticipate that it will be a bar to their presence, thus endangering the success of the Congress. There is another peculiarity which I fear will not be approved by the foreign element of the Congress, which is the contemplation of the incredible privilege of securing membership in the Congress by simply registering and obtaining a ticket of admission. It must be taken into consideration that the International Congress is composed of the most eminent benefactors of medical science of all civilized countries, a majority of them being appointed by their respective governments, as, for example, Russia, who sends delegates appointed by the Medical Department of the Interior and by the Medical Department of the Army. Those men are chosen from Hommes de Lettres, who are a credit to their country. I am sure those who intend coming here expect to meet our most learned men, not those who are merely appointed by some local society, among them, very likely, many who are even deficient in preliminary education, to say nothing of medicine. An action of this sort will undoubtedly bring our organization into disrepute, and make us the laughing stock of the whole medical world. If the foreign members are compelled to comply with the order of the Committee on Arrangements, they will be forced to comply with that which they do not believe in, by accepting members without name or fame. I would warn those who seek fame without deserving it, that, though true, the love of fame may incite one to great and noble actions, it cannot render him truly virtuous, for virtue knows of no other motive than that of doing good.

"Fame follows in the noble train, but never is its object."

Besides, it is well known that those who are fond of fame are not very choice in the means of acquiring it. When their real motives are once discovered, instead of obtaining applause they receive the contempt of mankind, and thus defeat their own purpose. Therefore, let us throw away the idle editorials, discussions, and actions of the different local organizations, and come to facts. Let us take the advice of the old book, "Select from you, wise men of understanding, well known to your tribes, and I will place them over your heads." (Deut. i. 13.) Let the instructors and writers of medicine of this country come to the front and let them exhibit their skill, that it may enable us to prove that we have men in our country second to none; and we can be assured that the reputation which they make will be equally shared by every progressive physician in the land. A German physician settled in a certain locality in this country, in a very short time was looked upon as a man of learning, though no one knew anything about him, and when questioned as to the knowledge of his ability, the reply of one was, Germany has scientific men in medicine. This man never struck a pen or uttered a syllable towards the reputation of medicine in Germany, nor was he a member of the International Congress, or any other Congress, still he enjoyed a portion of the fame of the German scientists. The American dentists who have established themselves in European cities, cannot attribute their success to their pre-eminence in dental science, but rather to the general reputation made by their progressive brethren in this country. If our medical men will be so fortunate as to make reputation at the next Congress at Washington, I feel assured we will all receive a benefit therefrom. Let the honor of the medical profession be as dear to us as our lives, let us not be easily provoked to anger and forced to repent some future day. Let us acknowledge the errors we have already made, and let us unite our efforts in active co-operation, not for fame, but for suffering humanity.

CARL H. VON KLEIN, M. D.

Dayton, Ohio, August 7, 1885.

FOREIGN.

The British Medical Association.

ABERDARE, August 6, 1885.

TO THE EDITOR MEDICAL AND SURGICAL REPORTER:

The annual meeting of the British Medical Association last week, at Cardiff, was a grand success. The scientific features of the meeting were of a high order. Address of Dr. Wm. Roberts, of Manchester, on Therapeutics; of Mr. Marshall, on Surgery; and of Mr. Dyke, on Forensic Medicine. The able and courteous management of affairs by the president, the genial cordiality of the profession in Cardiff, the hearty welcome given to the association by the civic authorities, and by all the leading inhabitants of Cardiff and its neighborhood, and the splendid weather which prevailed throughout the week, all contributed to render this meeting one than which it may be safely said none has been more pleasant and auspicious. Not only did the President and the local members do their utmost for the comfort and convenience of their guests, your humble servant was detailed as a guest of his lordship, the Bishop of Llndaff, at the Palace Llndaff; in all we were about twenty. The generous hospitality afforded from without the profession could not be surpassed. The Marquis of Bute showed his interest in the meeting by ordering that the Cardiff castle should be open to the members at any time, and by inviting a large number to a luncheon at the ruins of Camphilly castle. Lord Windsor gave a garden party in his beautiful gardens at Penarth, and the High Sheriff not only received several members as his guests at his house, but also gave a garden party. Pleasant drives to interesting places were given in the morning. On the last day we enjoyed a delightful excursion to Chipstow castle, Tintern Abbey, and Raglan castle.

In the sections valuable addresses were delivered by the several presidents, and several papers were read and discussed; but, as of old, too many papers and no time for discussion.

H. ISAAC JONES,

Of Scranton, Pa. M. D., L. R. C. P. E., &c.

News and Miscellany.

The Water-Supply of Ancient Roman Cities.

The *London Medical Times*, July 18, 1885, says: After the medals and certificates had been presented to the successful competitors at the exhibition held last year in Dublin, Professor W. H. Corfield read a paper on the above subject. He said that, as the supply of water to large populations was one of the most important subjects in connection with sanitary matters, and one upon which the health of the populations, to a very large extent, depended, he had thought that it would not be uninteresting to the members of this Institute were he to give them a short account of some of the more important works carried out for this purpose by the ancient Romans—the great sanitary engineers of antiquity—more especially as he had had exceptional opportunities of examining many of those great works. Many of them were well known, but others, in many respects by far the most important, had not received the consideration that they deserved. Of the aqueducts constructed for the supply of Rome itself we had an excellent detailed account in the work of Frontinus, the controller of the aqueduct under the Emperor Nerva. He wrote his admirable work on them about A. D. 97, and not only described the aqueducts as they were in his time, but also gave a very interesting history of them. Before 312 B. C. there was no systematic supply of water to the city; the water was got direct from the Tiber, from shallow wells, and from natural springs; but these sources being found no longer sufficient, the construction of the first or Appian aqueduct was undertaken. It was not a very long one, being little more than eleven miles. It was carried underground throughout its whole length, winding round the heads of the valleys in its course, and was thus invisible until it got inside the city itself—a very important matter, considering how liable Rome was, in these early times, to hostile attacks. It was soon found that a larger supply was required, and it was determined to bring water from a greater height and from a greater distance; the River Anio, above the falls at Tivoli, was selected for this purpose, and the aqueduct, the Anio Vetus, was no less than forty-two miles in length, and was also entirely underground, except at its entrance into Rome. Its exact course was not known, but during the lecturer's examination of the remains of the subsequent aqueducts at a place called the Porta Furba, near Rome, he had been fortunate enough to discover the exact position of the veritable Anio Vetus at that spot. These two aqueducts sufficed for the supply of Rome with water for 120 years; but in the 608th year A. U. C., the increase of the city necessitated a more ample supply, and it was determined to bring it from a still greater distance. Water was now brought from some pools in one of the valleys on the eastern side of the Anio, and the new aqueduct, called the Marcian, was 54 miles in length. Frontinus also gave the history of six other aqueducts in existence in his time, viz., the Tepulan, the Julian, the Virgo, the Alsietine or Augustan, the Claudian, and the Anio Novus; the last two being commenced by the Emperor Caligula, and finished by Claudius, because "seven aqueducts seemed scarcely sufficient for public purposes and private amusements." In order to allow of the deposit of suspended matters, piscinæ, or settling reservoirs, were constructed in a very ingenious manner. Each had four compartments, two upper and two lower; the water was conducted into one of the upper compartments, and from this passed probably by what we should call a standing waste or overflow pipe into the one below; from this it passed (probably through a grating) into the third compartment on the same level, and thence rose through a hole in the roof of this compartment into the fourth, which was above it, and in which the water of course attained the same level as in the first compartment, thence passing on along the aqueduct, having deposited a good deal of its suspended matter in the two lower compartments of the piscinæ. Arrangements were made by which these two lower compartments could be cleaned out from time to time. The specus or channel itself was of course constructed of masonry, generally of blocks of stone cemented together, and was frequently, though not always, lined with cement inside. It was roofed over, and ventilating shafts were constructed at intervals; in order to encourage the aëration of the water irregularities were occasionally introduced in the bed of the channel. The water supplied by the different aqueducts was of various qualities; that of the Marcian being very clear and good was used for domestic purposes. Frontinus gave the most accurate details as to the amount of water supplied by the various aqueducts, which it had been estimated was equivalent to about 332 million gallons a day, or 332 gallons per head per day, assuming the population of the city to be a million.

When we considered that we in London had only 30 gallons a head daily, and that many other towns had less, we got some idea of the profusion with which water was supplied to ancient Rome. But the remains of Roman aqueducts were not only to be found near Rome. Almost every Roman city, whether in Italy or in the south of France, or along the north coast of Africa, could show the remains of its aqueduct. There was, however, one city which, from the fact that a great part of it was situated upon a hill, was more difficult to supply with water than any of the rest, viz., Lugdunum (now Lyons), the capital of southern Gaul, built by Lucius Munatius Plancus, by order of the Senate, A. U. C. 711. A somewhat prolonged residence in this city had given the lecturer the opportunity of examining on the spot the remains of the aqueducts constructed there by the ancient Romans, and as they were but little known, although by far the most remarkable of the Roman waterworks, he would give a somewhat detailed account of them. Water was at first brought from the hills of Mont d'Or, near Lyons, where a plentiful supply was found at a sufficient height, viz., nearly 2,000 feet above the sea, and it was necessary to cross the broad and deep valley now called La Grange Blanche, and the Roman engineers making the aqueduct end in a reservoir on one side of the valley, carried the water down into the valley, probably by means of lead pipes, across the stream at the bottom of the valley by means of an aqueduct bridge 650 feet long, 75 feet high, and 28½ feet broad, and up

the other side into another reservoir, from which the aqueduct was continued, along the top of a long series of arches to the reservoir in the city, after a course of about ten miles.

In the time of Augustus it was found necessary to construct a second aqueduct, and the springs at the head of a small river, called now the Brevenne, were tapped, and conveyed by means of an underground aqueduct of about thirty miles in length. The lecturer exhibited a diagram showing a section of this aqueduct. The specus or channel was nearly two feet wide, and a little over five feet high, and was lined with a layer of one and one-fourth inches of cement. It was constructed of quadrangle blocks of stone cemented together, and had an arched stone roof. This aqueduct also crossed a small valley by means of inverted siphons. But neither of these aqueducts came from a source sufficiently high to supply the imperial palace on the top of Fourvières, and the Emperor Claudius determined to construct a third aqueduct. The sources of the stream now called the Gier, at the foot of Mont Pila, were chosen for this purpose, and from this point to the summit of Fourvières was constructed by far the most remarkable aqueduct of ancient times, an engineering work which reflected the greatest possible credit on the Roman engineers, and showed that they were not, as had been frequently supposed by those who had only examined aqueducts at Rome, by any means ignorant of the elementary principles of hydraulics. To tap the sources of a river fifty miles from the city, and to bring the water across ten or twelve valleys, one over 300 feet deep, and about two-thirds of a mile in width, was no easy task. At its source a dam appeared to have been constructed across the bed of the river, forming a lake from which the water entered the channel of the aqueduct, which passed along underground, except where it crossed certain small streams by means of bridges. In one or two places channels were cut for it through the solid rock, after which it reappeared on the surface at a point where now stood the village of Terre-Noire, and where it was necessary that it should cross a broad and deep valley. It ended in a stone reservoir, from which eight lead pipes descending into the valley were carried across the stream at the bottom on a bridge about twenty-five feet wide, and supported by twelve or thirteen arches, and then mounted the other side of the valley into another reservoir. Hence it again passed underground, except where it crossed valleys and streams, until it reached Soucieu, on the edge of the valley of the Garon, where there were still seen the remains of a splendid bridge, the thirteenth on its course, nearly 1,600 feet long, and attaining a height of fifty-six feet at its highest point above the ground.

The object of this bridge was to convey the channel of the aqueduct at a sufficient height into a reservoir on the edge of the valley. Four holes were still to be seen in that part of the front of the reservoir which was left, being the holes from which the lead pipes descended into the valley. It would appear from the remains of the reservoir that there must have been nine of these pipes in all. These holes were elliptical in shape, being 12 inches high by 9½ inches wide, and the interior of the reservoir was still seen to be covered with cement. The walls of the reservoir were about 2 feet 7 inches thick, and were strengthened by ties of iron; it has an arched stone roof, in which there was an opening for access. From this the nine lead pipes descended the side of the valley, supported on a construction of masonry, crossed the river by an aqueduct bridge and ascended into another reservoir on the other side, entering the reservoir at its upper part just below the spring of the arches of the roof. From this reservoir the aqueduct passed to the next on the edge of the large and deep valley of Bonnan, being underground twice and having three bridges on its course. The bridge across this valley had thirty arches, and was about 880 feet long by 24 feet wide. After crossing the bridge, the pipes were carried up the other side of the valley into a reservoir, of which little remained, and then the aqueduct was continued to the next valley, passing over three bridges in its course. This valley, that of St. Irenée, was much smaller than either of the others, but nevertheless it was deep enough to necessitate the construction of inverted siphons, of which there were eight. The aqueduct was then carried on a long bridge (the twentieth on its course), which crossed the plateau on the top of Fourvières, and opened into a large reservoir, the remains of which were still to be seen. From this reservoir, 77 feet long and 51 feet wide, pipes of lead conveyed the water to the imperial palace and to the other buildings near the top of the hill. Some of these lead pipes were found in a vineyard near the top of Fourvières at the beginning of the eighteenth century. They were made of thick sheet lead, rolled round so as to form a tube, with the edges of the sheet turned upwards, and applied to one another in such a way as to leave a small space, which was probably filled with some kind of cement. These pipes, of which it is said that 20 or 30, each from 15 to 20 feet long, were found, were marked with the initial letters TI. CL. CAES. (Tiberus Claudius Cæsar), and afforded positive evidence that the work was carried out under the Emperor Claudius. It would be seen at once that the great difference between this aqueduct and those near Rome arose from the fact that instead of being carried across a nearly flat country, it was carried across one intersected with deep ravines, and that it was therefore necessary to have recourse to the system of inverted siphons. The Romans had been blamed for not using inverted siphons in the aqueducts at Rome, and it had been said that this was a sufficient proof that they did not understand the simplest principles of hydraulics, but the remains of the aqueducts at Lyons negatived this assumption altogether. The Romans were not so foolish as to construct undergound siphons many miles long for the supply of Rome, but where it was necessary to construct them for the purpose of crossing deep valleys they did so. It is thus seen that the ancient Romans spared no pains to obtain a supply of pure water for their cities, and Dr. Corfield thought it was high time that we followed their example, and went to the trouble and expense of obtaining drinking water from unimpeachable sources, instead of, as was too often the case, taking water which we knew perfectly well had been polluted, and then attempting to purify it for domestic purposes.

On the Renewing of Prescriptions by Druggists.

The Paris correspondent of the *Med. Times* tells us that after a long discussion on this subject, in which was shown the danger to the public of allowing chemists and druggists to fill any doctor's prescription as often as it is presented, the Société de Médecine has given the following as its opinion:

1. That when a doctor prescribes any substance that is susceptible of causing an accident, he must write in full the dose, and the way it should be employed, and also indicate how often the druggist should renew it.

2. That the druggist should be compelled to write on the prescription the number and date every time he fills it.

3. That all solutions intended for hypodermic injection must never be renewed unless the physician gives a new prescription.

It was further thought by several members that it would be wise for druggists not to renew any dangerous prescription from any one they did not know, and to insist that doctors who want the prescription to be renewed should write on it, "To be renewed according to the demand of the patient."

Microscopic Photography.

A foreign exchange informs us that M. Viallanes, of Paris, has invented an instrument for microscopic photography; it has been constructed by M. Dumaige, and consists of two independent parts, the photographic microscope and the dark chamber. The tube is much larger than that of an ordinary microscope, which allows the image reproduced on the unpolished glass to extend over a larger area than the human vision can realize when looking through an ordinary microscope. This is an indispensable condition when not only the details of a preparation must be photographed, but the *ensemble*. The long tube is closed at the top by a piece of metal, on which an ordinary eye-piece can be placed. Thus this instrument can be used as an ordinary microscope. It is easily placed in a horizontal position. The dark chamber, similar to that used by photographers, moves along horizontally on a slide; underneath the slab that supports the preparation, an Abbé's condenser is placed, the glass of which is replaced by an electric incandescent lamp silvered on both sides. By means of a very simple arrangement, the lamp can be used as required.

A Curious Epitaph.

The *Boston M & S. Jour.* says that the following was found on a gravestone in a country churchyard in England, on Mrs. Arabella Greenwood, who died in childbed; written by Rev. Mr. Greenwood, D. D.:

O Deathe! O Deathe! thou hast cutte down
The fairest GREENWOOD in all this towne;
Her virtues and good qualities were suche
That shee might have married a lorde or a judge;
But such was her condescensione, and such her humilitie
She chose to take me, a Doctor of Divinitie,
For which heroicke acte, she stands confeste
Above all others the Phœnix of her sexe,
And like that birde one younge she did begette,
That she might not leave her sexe disconsolate.
Mie griefe for her is so verie sore
I can onlie write two lines more:
For this, and everie good woman her sake,
Never let a blisterre be putte on a lyinge-in-woman's backe.

Cholera in Europe.

The cholera epidemic in Spain seems to be on the increase, the daily deaths from the disease running from 1400 to 1900. Already the disease has claimed more than 70,000 victims in Spain, and shows no signs of abatement. In Marseilles, the disease has assumed a peculiar aspect. Without either vomiting or diarrhœa, the patient becomes cold and chilly, sinks into a collapse, uncontrollable by remedies, and dies in a couple of hours. The disease seems to have been particularly malignant in Spain; for out of some 160,000 cases, over 70,000 have died. This country has been particularly neglectful of preventive medicine: which only tends to add additional testimony to the fact that cleanliness and hygiene are foes to cholera.

Fear of Cholera in the Canary Islands.

Advices from Madrid, under date of August 12, say that the excitement among the people of the Canary Islands, caused by the fear of cholera, amounts to a panic. They now refuse to permit any persons from Spain to land. They made an exception in favor of the new Governor and allowed him to come ashore, but received him with riotous demonstrations, and threw stones at him. The local authorities have resigned, and many of the people have fled to the interior in fear of the approach of the scourge. At present soldiers occupy the streets and all the public buildings.

Yellow Fever.

A mild case of yellow fever in the person of a sailor from a ship from Southern waters has been recently treated in the Pennsylvania Hospital. There was some question as to the correctness of the diagnosis, the suspicion being entertained by some that the man was suffering from the effects of a prolonged debauch. No further cases have been reported.

Small Pox in Montreal.

Owing to the violent opposition to vaccination so prevalent among the French Canadians, smallpox every now and then breaks out in a violent form in Canada. At the present time, the disease in an alarming form is prevalent in Montreal. Owing to our intimate relations with Canada, we are in no little danger, and it behooves our Sanitary authorities to be wide-awake and vigilant.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the two weeks ended August 15, 1885.

Bailhache, P. H., surgeon. To proceed to Delaware Breakwater Quarantine as inspector, August 15, 1885.

Stoner, George W., surgeon. Granted leave of absence for thirty days, August 10, 1885.

The Mississippi Valley Medical Society,

Formerly the Tri-State Medical Society, meets at Evansville, Ind., September 8th, 9th, and 10th next. The railroads return members at one-third fare. Hotel rates: $1.50 to $2.00 per day. For further information, address Dr. A. M. Owen, Evansville, Ind.

Items.

—Dr. Fehling, of Stuttgart, the inventor of the well known test for sugar in urine, died on July 1, in his 73d year.

—In habitual constipation this pill will be found of value (Prof. Bartholow):

℞. Resinæ podophylli, gr. vj.
Ext. belladonnæ,
Ext. physostigmatis, āā gr. iij.
M. Sig.—One pill each night.

—The following test for oleomargarine is given by the *Therapeutic Gazette* as at once reliable and simple. A few drops of sulphuric acid when placed on genuine butter produce first a yellowish-white and after ten minutes a brick color, while oleomargarine treated in the same manner assumes first an amber and later a crimson color.

—Professor Tyndall has directed that the receipts from his lectures in the United States in 1872, amounting to some $30,000, shall be equally divided between the Universities of Columbia, Harvard, and Pennsylvania, with the view of founding science fellowships for men who wish to devote their lives to original research.

—The following combination, recommended by Dr. Fothergill, will be found a useful diuretic:

℞. Pot. citrat., ℥ iiss.
Spt. juniper co., ℥ j.
Tr. digitalis. ℥ iiss.
Inf. buchu ad., ℥ viij.
M. Sig.—One to two teaspoonfuls three or four times a day.

—In cities, a few handfuls of salt thrown into the water-closets, and an occasional handful thrown into the wash-basins, would go far, we believe, toward counteracting the noxious effects of the omnipresent sewer-gas, against which sanitary efforts have so long been directed. In the country, a quart or more of salt used daily in the privy vaults would serve an equally useful purpose.

—Mr. Clement Lucas removed (in Guy's Hospital, on the 14th of July,) a distended floating kidney, filled with large calculi, which could be felt through the abdominal parietes. The operation was performed without difficulty through the loin, leaving the peritoneum uninjured. The patient is progressing uninterruptedly towards recovery, her temperature continuing normal as before the operation.

—The Trustees of Columbia College, New York, have decided to add a course of instruction in sanitary engineering at the School of Mines, and it will be given to Dr. J. S. Billings, U. S. A., who will still continue to lecture on hygiene also. Special microscopical instruction will be under the charge of an assistant, and students who take the course for four years, and pass satisfactory examinations, will, on the recommendation of the Faculty, receive the degree of Sanitary Engineer.

—A correspondent of the *North Carolina Medical Journal*, reports an interesting case in which the secretion of milk was greatly stimulated by eating oranges. To test the effect, the fruit was omitted for a few days, when the secretion ceased. It was soon brought on, however, by a return to this fruit diet. If at any time the flow be not free, one or two oranges will increase it very abundantly in an hour or two. Previous to using the oranges, the patient gave no milk and the child was fed artificially.

An English medical paper says that "the care of babies has become quite a fashionable amusement among mothers," and attributes this growth of maternal solicitude to the innumerable "guides to nursing" published in England of late.—*Ex.* In connection with this statement, the following item from the *Providence Journal* may be of interest: Among the returns of death last month in this city was one of a young child, the cause of which was given by the physician thus: Cause of death—"'How to Feed the Baby' and its Boston author."

—In the *Bull. Soc. Chim.*, A. Gautier, writing on the action of bacterial ferments on albuminoids, by which certain poisonous alkaloids are produced, says that these seem to be identical with those commonly known as ptomaines; and proposes that, as they are constant and necessary principles in the normal excretions of living organisms, and have been detected in the saliva, urine, muscular juices, sweat, and also in numerous glands, they should be called "leucomaines" (*λεύκωμα*, the white of egg). They are mostly poisonous, crystalline, and give crystalline platino-chlorides.

—The French administration has just published (*Revue de Thérapeutique*, June 15,) an account of the expense that have been incurred for the arrest of the progress of cholera during its short visit of last year. Together, these amount to $210,000, distributed in sums varying from $56,000 in Algeria to $20 at Arriège. There are also charges of $18,000 put down for medical inspection at railway stations and at the frontier; $1,400 for mission expenses; $2,000 for quarantine on the coasts; $6,000 for deterioration of material lent by the war office; $2,000 for medals; and $20,000 for miscellaneous expenses.

—The *Centralbl. für Klin. Med.*, for May 23d, contains an original article by Dr. Rütimeyer, on the presence of tubercle bacilli in the blood and in the spleen in acute miliary tuberculosis. In several cases of the disease, he has examined specimens of blood obtained during life by puncture of the spleen with a syringe, and has been able to demonstrate bacilli in all of them. He has found this method to be much more certain than that of obtaining the blood by means of a puncture in the finger, and there is no great risk of any danger to the patient from escape of blood into the peritoneum.

—An Italian observer whose observations are recorded in the Naples *Giorn. Internazionale delle Scienze Mediche*, disbelieves the ordinary theory that acetone in the blood is the cause of diabetic coma. He says that acetone is not particularly poisonous, less so indeed than ethylic alcohol. He finds that aceto-acetic ether does not produce diabetic coma, but that it produces albuminuria and hæmoglobinuria, and is itself voided in the urine unchanged. Crotonic aldehyde is very poisonous, causing in a rabbit a train of symptoms comparable to those described by Kussmaul as characteristic of the coma of diabetes.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE SEASHORE AS A HEALTH-RESORT.

BY HUGO ENGEL, A. M., M. D.,

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Be it typhoid fever, pneumonia, or any other acute or subacute disease, or any chronic complaint, which, not being based upon some structural lesion, has been cured by the skillful physician, we often notice, after the malady has happily ceased and convalescence begun in earnest, that a general debility remains, which is the worse and postpones the longer the greatly desired return to the active life of health, as the appetite does not seem to improve.

To the same class of cases also belong all those in whom a general lassitude and a disinclination to work have slowly developed themselves in consequence of mental overstrain or worry. And nowhere are such cases—of slow convalescence as well as those last mentioned—more frequently met with than in our large overcrowded cities.

For all these the best that can be recommended, is a change of air and scene. And here again, there is no place that can show better, more rapid and more lasting results than the seashore. A patient, who after having passed through an attack of some serious illness, might lie listlessly for weeks, ere gradually his strength returns, if he remain in the city, within a few days finds his appetite improved, feels once more the former elasticity in his limbs, when under the influence of the tonic sea-air.

For a better illustration let me cite two cases, both good examples of what I desire to state. In a large Import-House of this city a number of petty thefts had occurred of late. Wishing to catch the thief, the manager of the concern, W. K., æt. 34, concealed himself one night in the cellar of the warehouse. An hour later a severe rainstorm broke out, the water accumulated in the cellar, and the manager, who had been clad but slightly, as it had been very hot the whole day and evening, had to sit for some hours with his feet immersed in water and feeling chilly from the cool, damp night air. Toward morning he walked home, to obtain a few hours' sleep. In rising late he felt stiff all over, and suffered from pains in the neighborhood of the right groin. The next day he had high fever, several chains of the superficial abdominal glands enlarged, and later, two of them suppurated. After a week's illness, he lapsed into a typhoid condition, and for five weeks he was seriously ill. When finally convalescence began, the patient, formerly a strong and healthy man, could scarcely move; though he greatly desired to resume his duties, he had not strength enough left to raise himself up in bed. For a whole week this state of debility continued without any abatement. Nothing seemed to give him strength; nothing to bring back his appetite, though he had all possible attention, a tonic and slightly stimulating treatment, and the most careful nursing. At the commencement of his convalescence, I had advised him to go to the seashore; but he did not like to lose any more time, and consoled himself with the hope of a speedy recovery at home. But when two weeks had passed by without any great change in his weakness, he assented to the proposal. Although

otherwise healthy and free from disease, he had to be assisted into the carriage which was to carry him to the depot, and in the cars we had to support him with pillows. Arrived at the seashore he at once sought his bed. He had evidently lost all hope of a speedy recovery. That occurred near 12 o'clock, at noon. Soon after he fell asleep and had the first healthy slumber since his illness. He did not awake until evening, drew in deeply the cool sea-breeze, drank a cup of bouillon with more appetite than he had shown for weeks, and then fell once more into a sound sleep, which continued without interruption till the next morning, when he admitted his feeling better. He rose, dressed himself, and walked without assistance to the dining-room of the hotel, where he ate with more relish than we had anticipated. To make the story short, I will say that he made the most rapid progress; a few days produced a great change in him. After a week's sojourn at the seashore, he might have resumed his duties, but he followed my advice and stayed there nearly two weeks longer, when he presented once more the picture of health and vigor. During these three weeks he gained 29 pounds, weighing, when he left, 6 pounds more than to his knowledge he had ever been weighing.

Ch. L——, æt. 23, had been suffering for seven weeks from typhoid fever. After his recovery—though free from fever and from all other symptoms of his former disease—he remained for almost a whole month in an apathetic condition. He had no appetite, never asked for food, and looked with disgust at everything offered him. He took no interest in anything, and it was only with difficulty that he could be induced to sit in a chair, always preferring to remain in bed. Whenever he had been reclining in an arm-chair for the few minutes during which the bed was being made, he hastened back to the latter. Neither his young wife nor his only child, a handsome little boy of two years, could rouse him from his apathy. In this condition I saw the patient for the first time, and I at once advised his removal to the seashore. The same had been previously recommended to him, but probably not with sufficient authority and determination; I exaggerated his condition, and threatened him with a relapse if he did not obey; but on the other hand promised him a speedy recovery if he acted upon my suggestion. He assented, and left the next day. Three days later his wife wrote to me: "Charles walked with us on the beach yesterday and to-day. Though still easily fatigued, his ambition has returned, and with it his desire to live. This noon he scarcely could wait for his dinner; we had to give him some raw oysters to satisfy the cravings of his appetite. Isn't that a change? . . . The sailing seems especially to do him good. O, how he, as well as we all, now regret his not going sooner!"

A week later I saw him, and scarcely recognized in the sunburnt and hearty-looking young man the debilitated individual of a week before. As the people were well to do, I induced him to stay a month at the shore, and when he finally came home, he was stronger and healthier than he had ever been.

I could multiply these cases many times. But not all sick persons obtain the same success. While the seashore is undoubtedly the best possible resort for patients of the kind mentioned, a sojourn there does harm in other cases. I have never known a case of articular rheumatism to do well there, neither will a person with a rheumatic diathesis be benefited by the sea air. Then individuals suffering from organic disease of the heart or of the large blood-vessels, or all such with a tendency to the formation of emboli or thrombi, or of minute aneurisms in the brain, become worse at the shore, either while there or soon after their return. Physicians often send patients to the coast who are still laboring under the more direct sequelæ of cerebral hemorrhage. Whenever there is reason to dread another attack, my advice is not to permit such individuals to visit the shore, for they invariably get worse.

No patient affected with morbus Brightii, or with cirrhosis of the liver, should sojourn near the ocean, for all these will soon find their symptoms to become aggravated. Those suffering from chronic malaria often improve when at the seashore during June, July, and August; but during the remainder of the year, as also during the months mentioned, if it rains a great deal, they should shun that climate. But the most cruel of all is the sending of tubercular patients to the seashore. During the first stage, it is true, they often seem to improve there, but as a rule their disease will make the more rapid progress after their return. And when softening has set in, death is only hastened if such patients remain at the shore.

Which classes of patients, then, the reader may ask, are benefited by a sojourn near the coast? As mentioned, all those who have passed through an acute disease, and while free from organic lesions, have entered upon their convalescence. All those suffering from a chronic malady, not based upon an incurable structural change of the organs of respiration or circulation, and not accompanied by an incurable cachectic state of the

blood. Then all those affected with atonic dyspepsia, with gastric catarrh, anæmia (especially chlorosis), scrofula, the splenic variety of leucocythæmia, or with the consequences of some accident or surgical operation. Further, the majority of the great class of nervous diseases (especially functional)—with the exception of those above enumerated, and of locomotor ataxia and all brain and spinal maladies in which periodical congestions to the nervous centres occur, or in which a rheumatic diathesis is the pathogenic element—and all children, either convalescent from acute diseases, suffering from cholera infantum, or laboring under some chronic malady, a cure of which is possible, and if not belonging to the category excepted. All these will obtain their health quicker if they stay for a time at the seashore.

It would be impracticable to mention all cases that will or will not be benefited by a sojourn near the ocean. As a rule, if it is the intention to tone up the system, to enrich the blood, to strengthen the nerves, and if professional knowledge and experience tells us that there is hope, if these conditions can be complied with, these intentions be fulfilled—all such rapidly improve at the seashore; while if an organic lesion or a cachexia indicates to us the certainty of a fatal issue, this is only accelerated by a residence at the coast. Then there are certain special diseases, as mentioned above, where the sea air will either aggravate or improve the symptoms. Thus, I have never known a case of acute or chronic disease of the liver to do well at the shore; on the contrary, such patients, if permanently residing there, are usually sent by the physicians living in the same locality to mountainous regions, where they are apt to improve. Muscular rheumatism may disappear under the influence of hot sea-baths, but the damp air, always more or less present near the ocean, can have only an injurious effect on the malady. Women, however, suffering from any of the countless symptoms that their sex is specially liable to, invariably receive the greatest benefit from a sojourn at the coast. Some bronchial catarrhs, as also nasal catarrh, and most, if not all, varieties of scrofula, do nowhere better than near the ocean. For these the best time of the year is the hot summer months, while for convalescents and nervous cases spring and autumn are preferable for a sojourn at the shore. Renal and biliary calculi become worse.

With the selection of cases, however, not everything is done. The question remains, which of the many seashore places shall we select for our patients?

During the summer months it probably makes no difference where they go. But during spring, fall, and winter, great care must be exercised in the selection of a suitable dwelling. The reasons for this are the following:

During the height of the season there is no danger of malaria, but during the remaining part of the year there are but few seaside resorts, if any, perfectly free from this dangerous poison. Then there are many so-called winter hotels which do not possess the least preparations against the inclemency of the weather. In such buildings convalescents are apt to become chilled, and their complete recovery in consequence is retarded and often prevented. One of the most serious dangers, however, such patients are threatened with at most of these "health resorts" (?) is to be found in the utter neglect of sanitary precautions. I have met with, for instance, the following: In the immediate neighborhood of the house was a large pool of stagnant water. During the hottest season this pool was apt to be dry, but after a rain and during the rest of the year it was not only filled with water, but a quantity of green scum accumulated on its surface, and the effluvia, of a sickening odor, slowly but continually ascended and filled the bed-rooms of the house with a nauseous air. In winter the pool changed to a small lake. As soon as ice had formed of sufficient thickness in this lake, filled with rotten, stagnant water, it was cut and preserved in the ice house of the hotel, to be used by the summer guests for the purpose of cooling their drinking water!

At another place, also at the seashore and not far from Philadelphia, a large tank had been sunk into the ground for the accumulation of rain-water. That this tank was not fully water-tight, could be surmised from the moist condition of the surrounding ground. Twenty steps from it the manure from the stable was kept, and ten feet from it a gutter carried the waste-water from the kitchen to some empty lots further away.

In another locality, if possible, matters even were worse. A tank containing rain water was kept on the roof. In every story was a water-closet, the closets of all three stories communicated with each other, and the opening of the last was not ten feet away from the but partly covered water-tank. The water from the latter had a peculiar odor and taste slightly reminding the drinker of its neighborhood. Diarrhœa and dysenteria broke out (1881) amongst the inmates of the house; some of them were seriously ill. At my advice the water from the tank was used no more for drinking purposes, and as a natural con-

sequence the patients rapidly recovered and no fresh cases of disease occurred.

Certainly in all such cases it is the ignorance of the landlords that permits such a state of affairs. But ignorance here becomes a crime. That all such dangerous conditions may be avoided and that a perfect system of sanitary engineering can be applied to hotels, the following may be quoted in evidence: The Cape May Land Improvement Co. proposed to erect a hotel at Cape May Point, which was not only to serve as a "health resort" during the hot seasons, and as a safe place for guests during the cooler months, but which was also to be in the most perfect sanitary condition that knowledge and money could procure. The whole was left to Mr. A. H. Hamilton, their well-known manager, to execute. And what did he do? From the start he consulted a physician, an expert in such matters, Dr. Kirkpatrick, and besides he engaged the services of one of our best Sanitary Engineers, Gen. R. Thayer, that the laying and connection of sewer-pipes, the water supply, etc., might be directly under his personal supervision. It would lead us too far, in an article of this kind, to enumerate the elaborate and costly precautions which have been taken to secure to the "Cape-House" really perfect sanitary conditions. Special engines of over 100 horse power carry all sewerage far out into the sea; there is no possibility of any gases from the sewerage-pipes entering the building; and for drinking purposes only rain water is used, which is collected in large cedar-tanks and kept in continuous motion by a most ingenious mechanism. In every room there is an open grate and steam-heating; the gas is so arranged, that from the Argand burner no odor can escape into the room; all the windows are double and provided with inside shutters, and the verandah encircling the house is covered during inclement weather on all sides with glass, to prevent any harsh air from passing directly into the building. Special precautions have also been taken to avoid any odor from the kitchen ascending into the interior of the house, while the waste water at once leaves the sink and is carried by iron pipes a long distance away to a reservoir, where it is connected with the pumping-machinery and whence it descends into the sea. But not satisfied with all this, Mr. Hamilton, when everything was finished, invited many eminent members of the profession, especially those having made a special study of hygiene, to inspect the house and to criticise or suggest improvements. Where so many experts congregated, it was but natural for some corrections to be proposed, and all the alterations, then recommended, were at once made, or at least, if they needed a longer time for their execution, commenced while the medical visitors were still present. When wealthy companies thus endeavor to satisfy the just demands of modern medical science, praise should not be withheld. To-day the Cape House at Cape May Point stands there as the hotel with the most perfect sanitary arrangements of any house on the whole coast. Within its precincts it is an impossibility for anybody to contract an infectious disease, due to bad drainage, ventilation, or any other neglected hygienic conditions.

But if one building can secure this freedom from obnoxious gases, why should not others? The fault is often with physicians, for they ought not to permit their patients to go to any "health resort" for a shorter or longer sojourn, except they are convinced from personal inspection that the sanitary arrangements of the house are perfect. Whenever they find them deficient, they should draw the attention of the owner to this deficiency, and if not remedied, caution their patients against a residence at such a place. If this should invariably be done, how long would it take to insure to every hotel freedom from infectious air? For the want of this foresight many a patient has been sent to a premature grave.

In the same manner physicians ought be careful, during the cooler seasons of the year, not to allow their patients to visit the seashore, unless they stop at a real winter-hotel, *i. e.*, not only a house which is simply open all the year round, but one where special preparations have been made against cold weather. In such a building there should be double windows with inside shutters, open grate and steam-heating, and a verandah provided with tightly-closing windows all around. It is not enough to make a fire in a little stove and to give the patient an extra blanket, while the thin wooden walls and the shaky windows let the cold and damp air enter from all sides. The house must be heated all through, and this cannot be done with a few small stoves. Persons sent by physicians to the seashore are more or less ill; they have not the normal resistance of healthy individuals to harsh and suddenly changing weather.

If physicians would only insist upon a strict fulfillment of the demands of hygiene and sanitary science in every building recommended to their patients as a suitable residence at the seashore, a few years would see a mighty change. It is probable that many houses would have to be torn down, and that many a hotel-keeper would

have to seek another business to make a living; but our patients, when leaving their comforts at home with the view of obtaining vigor and health, would really achieve their object, and not return, as now frequently occurs, in a worse condition than that in which they left. Landlords ought to be made to feel that guests also have some rights, and that more is necessary for a "health resort" than nailing together a few boards, partitioning them off in as many rooms as possible, putting common deal furniture in, with a bed as hard as stone, and charging an exorbitant price for these "conveniences." Should physicians, however, act as suggested, and strongly recommend only houses where the advice of the profession has been adopted, all seaside hotels will really be what they ought to: Health Resorts.

Before sending, therefore, a patient to the seashore, we must first determine whether his condition is such as to be benefited by a sojourn there. Next, we judge whether the season is favorable for him. Finally, we ought to select a residence where he will not be exposed to any danger from bad drainage, etc., and if during spring, fall, and winter, where special preparations have been made against inclement weather. These precautions taken, physicians will not be disappointed in the results obtained; they may foretell their patients the great advantage which they will derive from the change of climate, and thus again one of the uncertainties will cease, which have brought medical advice—occasionally not without just cause—into disrepute.

507 *Franklin St., Phila., Pa.*

CLINICAL MEDICINE.*

1. Rheumatism Terminating in Suppuration. 2. Constant Pain in Sacrum; Spermatorrhœa. 3. Post-Partum Hemorrhage. 4. Chronic Eczema of Face, Ears, Neck, and Ankles. 5. Syphilitic Iritis. 6. Asthma. 7. Inveterate Ozœna.

BY JAMES GUILD, M. D.,

Of Tuscaloosa, Alabama.

I hope to interest you with some desultory remarks in the narration of a few cases of recent date. The first two were unmistakably well marked cases of rheumatism, terminating in suppuration, a rare sequence of this disease. And they become peculiarly interesting in clinical medicine, for it is a maxim that pus is not one of the products of this disease.

Case 1. W. M., male, age eight years, with rheumatic diathesis, inherited from both parents —the father being a constant sufferer from a distorted body for a quarter of a century. June 3, 1884, this child was treated for acute rheumatic fever, accompanied subsequently with intense pain of the right thigh; the case was discharged on the 7th, the disease having terminated well. On the 28th of February, 1885, the child was again stricken down with what I considered as a fac simile attack of that of the preceding year, but it proved to be of a more stubborn type, as days, weeks, and months passed before final relief came; and in the interim the fever seemed at times entirely subdued under the usual rheumatic treatment; the right thigh, very painful but slightly swollen, became painless and flexible; this condition, but of short duration, occurred several times, to be succeeded by high fever with the usual accompaniments of intense pains, principally in the right thigh. At this stage of its obstinacy, the patient becoming much emaciated and feeble, the disease became metastatic in its nature, attacking the arms and sides, particularly the intercostal muscles. Dreading cardiac complication, remedies were addressed to this region with quick relief. One peculiar feature of the right leg complication was, that pain manifested itself persistently on the inner aspect, just above the knee, and I was apprehensive of coxalgia. This pain, centered in the obturator nerve (which sends a branch to the hip joint), is regarded of great diagnostic value in this disease, but developing no increase of pain by tapping the knee or by pressure on the trochanters, soon dispelled this idea. As soon as swelling became perceptible, poultices and fomentations were applied assiduously, with the view of resolving the inflammation; but finally a large collection of pus had to be liberated with the knife.

Case 2. O. B., age 40, a sufferer for twelve months with articular rheumatism of right knee, presented himself for treatment. The inflammation involved the muscular tissue of almost the entire limb. The treatment prescribed consisted of a combination of iodide of potash, salicylate of soda, tincture of cimicifuga, and gelseminum. Patient returned in three weeks, after having experienced decided alleviation of all the symptoms, having imprudently been at work on his farm and brought on a relapse of the articular swelling. Came to see me again on the 21st of May, with an issue directly over the inner aspect of the knee, discharging pus; the abscess had been opened by his family physician. The rheumatism in this case evinced the same erratic tendency as the other—developing itself by exposure at remote

* A paper read before the Medical Society of Tuscaloosa, Alabama, June 1, 1885.

parts of the body, which proved very tractable upon a renewal of his medicine.

There is an interesting feature in these two cases to which your attention is directed. Specially, viz.: the exceptional termination of rheumatism into suppuration. Regarded as a disease *sui generis*, for the reason that the most intense inflammatory swelling has resolved itself spontaneously, without so-called specific treatment, and leaving no perceptible results, it is generally conceded by the profession that rheumatic inflammation is never followed, *per se*, by suppuration. But as to this characteristic there is great discrepancy of opinion among our standard authors.

Elliotson writes unequivocally thus, "I mentioned before, when speaking of inflammation generally, that rheumatism does not terminate in suppuration. If suppuration occurs it must arise from another inflammation being present, or being excited by it." Mark, here is an admission that sometimes it is an accompaniment.

Watson says, "If suppuration sometimes occurs, it is because the rheumatic inflammation has extended to contiguous textures, and thus and there has run the ordinary course of inflammation. The inflammation of the synovial membrane may be of sufficient intensity to give rise to the formation of pus. When, however, the inflammation extends to the serous tissues within and around the heart, the products of the inflammation are just the same as when inflammation of the same textures of the common kind is anyhow produced." Dr. George B. Wood records the fact that, "in some instances, suppuration takes place in joints, destroying synovial membranes, and abscesses form in soft parts and discharge externally." Dr. S. D. Gross maintained that, "Sometimes large deposits of pus take place in the cellular tissue of the nates, or beneath the gluteal muscles, and are *commonly* the result of a rheumatic state of the system." It is an unquestioned fact, that the great majority of our inflammatory diseases are caused by sudden atmospheric changes.

In the army of Northern Virginia, during the late war, a newly recruited regiment was stationed at what was called High Bridge, to protect it from the enemy. The weather was not at all inclement, but these raw recruits not inured to the hardships of war, slept upon the cold ground without the proper protection. Soon their ranks were decimated by cerebro-spinal-meningitis. One of Gen. Lee's medical inspectors told me personally, that he saw a stout fellow walking about camp, a corpse in twenty-four hours; at the autopsy, pus was found all around the brain. This endemic was one of the phases of influenza, epidemic cold—really nothing but one of the protean forms of rheumatism.

Case 3. On the 3d of this month, O., age 27, short in stature, weighing 150 lbs., temperate, a moderate smoker, apparently a well preserved man, applied for relief of a constant pain in the sacrum, day and night, without any remission, there being no discomfort by pressure or by any motion of the body.

At once search was instituted for some remote cause for this reflex trouble. All the abdominal viscera seemed to be, functionally, in a perfect condition. Nocturnal seminal emissions occurred once or twice monthly. Admitting that he had prostituted himself a few years ago, even to lewdness, but was now virtuous and wanted to marry—finally an affirmative reply was given to the query, Do you ever perceive any involuntary discharge from the penis during defecation? This was a satisfactory clue to the real malady. His suffering was so intolerable, that he readily submitted to the proposed treatment with cold steel. Commencing with number six bougie (to be graduated), at the first insertion, the most exquisite pain was developed at the prostatic urethra, fully confirming the diagnosis. Having experienced decided relief, he returned promptly on the third day for treatment, and after this there was entire exemption from pain, so that one week elapsed before it was renewed. Upon a slight uneasiness recurring in the same region, he came back the third time, and since has returned at stated periods, and has obtained continued and complete relief. This treatment of a case of well marked spermatorrhœa surpassed my most sanguine expectations. The mechanical distension by the solid bougies, has so removed the vascular engorgement by virtue of its compression, and so obtunded the general sensibility of the delicate structures, that we can confidently promise a permanent cure. The bougie, when fairly introduced into the bladder, should remain in situ for at least thirty minutes. The above treatment I regard as the sheet-anchor in spermatorrhœa, as formerly stated to the Society when the subject was under discussion.

Case 4. Mrs. H., a tall, young, healthy and well developed woman, mother of two children, miscarried four or five weeks ago; was called to arrest uterine hemorrhage, which had continued unceasingly, baffling all treatment. With a correct appreciation of the real pathological condition, tincture of ergot was administered with the view of freeing the womb of any extraneous matter,

such as portions of membranes or placenta. This treatment was pursued diligently, giving teaspoonful doses every hour, until a portion of the placenta was extruded, affording an immediate stoppage of the hemorrhagic discharge. For more reasons than one, it should be the province of the accoucheur, to not only secure a firm contraction of the uterus, but to cleanse this viscus of all relics of labor that may become incarcerated, jeopardizing life either by hemorrhage or septicæmia. Most generally the offending matter, consisting of particles of membranes or placenta, will be found protruding from the os, and can be extricated by the finger; when not accessible to the finger, the curette should be brought into requisition. In the majority of labors, all women suffer more or less from its traumatisms. And if the abraded and lacerated surfaces are permitted to be constantly bathed in putrescent and fetid matter, the blood is liable to be infected with the most deadly septic poison. By observing the proper precaution, to wash out, purify and disinfect the uterus, I unhesitatingly lay down the aphorism, that no parturient woman should die from septic peritonitis.

Case 5. Miss M., young lady of robust constitution, has been afflicted four or five months with chronic eczema of the face, ears, neck and ankles; from its inveteracy and harassing pruritus by day and night, she had despaired of relief, when placed under my treatment a few weeks ago. After a thorough elimination of the morbid secretions (always present in this phase of the eruption), with proper alteratives, the skin was constantly lubricated with mild astringent ointments. Now, the sixteenth of a grain of tartar emetic was administered, as a direct alterative of the dermoid tissue, with the happiest effects; there was immediate improvement, continuing uninterruptedly to an ultimate cure.

Dermatology is probably the greatest bugbear to the general practitioner, and some medicinal agent of the character of a panacea, adapted to all obstinate exanthemata, would be welcomed as a great desideratum. The potency of tartar emetic in all inflammations of the mucous membranes is well attested, and it most assuredly exerts the same therapeutic effect upon skin diseases, and why not? Both being of the same anatomical structure, the mucous membrane is as it were a reflex of the skin.

Case 6. Negro girl, only 12 years of age, had been under treatment several months for iritis, with very slight benefit. The physical appearance of the eye indicating its specific character, was unmistakable—the natural black iris was now of reddish, dusky hue, the conjunctiva in its immediate vicinity smartly injected. This case was diagnosed at once as syphilitic, (not congenital, but acquired,) although no primary lesions were elicited on inquiry into its history. Upon the face minute papulæ were discoverable, and just under the lobule of one ear, found a well-marked pathognomonic blotch, syphilitic psoriasis.

Case 7. T. O., male, age 30, a broken down debauche, very intemperate for a number of years, was treated last winter for asthma of a grave type—being the first attack, there was unusual alarm. Immediate relief was obtained by correcting the morbid secretions, thereby eliminating disintegrated matter from the blood, the direct cause of the respiratory difficulty; and afterwards large doses of iodide potash were administered with the view of reducing enlargement of the liver. The prime cause of this man's trouble was alcoholism. He continued to drink, entailing upon himself its dire consequences, until this last month, when he was compelled to seek medical aid, being well nigh exhausted from his asthmatic trouble. The points of interest in this case are two-fold, its real pathology and the direct and indirect cause of the respiratory difficulty. First, the blood was poisoned by excessive accumulation of the albuminoids, consequent upon the feeble vitalization by the air, most of his oxygen being consumed by the alcohol. Although there were mucous rales all over the chest, simulating bronchitis, the air penetrated the lungs well, the patient labored hard for breath, not from dyspnœa, but apnœa; in fact the blood could not be oxygenated. Second, the direct cause was venous repletion, keeping up imminent suffocation, and indirectly prolonged by a weak heart, probably fatty degeneration, from profound alcoholism. But now, digitalis in large doses, by giving steady tonicity to the muscular heart, keeps up a healthy equilibrium of the respiratory functions.

Case 8. The mention of an inveterate case of ozæna, of twelve months' standing, will conclude this article. A few days ago I prescribed for this patient, a fine healthy-looking boy, a treatment that has never failed me in effecting lasting cures. He had been unsatisfactorily treated by a specialist of eminence, and though his trouble is complicated with enlarged tonsils, militating against treatment, his condition is much ameliorated at this date. I have found from experience with this loathsome disease, that the mode of administration is of equal importance with the remedy itself; that we can't reach the entire nasal passages, except by an atomizer, by means of

which our medicinal agents are brought in intimate contact, in the form of a spray, with all the angularities of this somewhat intricate avenue, both pleasant and inoffensive to the patient.

LIGATING THE UMBILICAL CORD.

BY E. T. BLACKWELL, M. D.,

Of Cedarville, N. J.

All the teachers through whom my obstetrical principles were formed protested against the heavy ligature, generally a cord made from twisted strands, or a piece of tape, which was apt to be handed to the practitioner to secure the funis after the birth of a child. Some one of them (Professor Hodge, I think), gave the classical description for preparing it, found in Ramsbotham's Midwifery (Philadelphia, 1847), p. 123: "The ligatures commonly employed in London consist of eight or ten pieces of thread, a skein of which is placed in readiness for our use. A sufficient number having been selected to form the proper thickness, a knot must be tied at each end; and this preparation should be made before the child is born. Even in forming the ligature some attention is requisite; if it be too thick, it will not compress the arteries sufficiently to prevent bleeding after the funis is cut; and it is also liable to lose its hold and slip altogether off the cord, thus leaving the vessels perfectly unprotected; and if, on the contrary, it is too thin— consisting of only two or three threads—it will probably cut through the membranes covering the cord, as well as the coats of the vessels themselves, and cause in this manner a loss of blood. It is also necessary that the threads should be all of equal length; for if one or two be shorter than the rest, they alone will make compression, and consequently they will act as though the ligature were composed of them only." Dewees says,* "The best ligature we can use, is part of a skein of fine thread, and passing it once around the cord and tying is sufficient."

I have carried out this instruction by taking of ordinary sewing cotton a length equal to the distance between the hands when the arms are widely outstretched—a little over a yard and a half—doubling it upon itself three times, making eight strands; drawing evenly and tightly, and making a knot in each end by slipping it about the extremity of the finger. Number 20 is sufficiently strong; but if a longer ligature is preferred, a coarser thread of six strands will be sufficient. A ligature of this kind cannot be broken by any force exerted through the hands, and if applied with the full strength and secured by a proper knot, cannot fail to occlude the vessels. If there be any oozing after the tying, it is significant that the full strength has not been exerted in drawing the ligature; or it has been allowed to slip. A second, applied with the precautions mentioned, has always availed, in my own experience, to produce perfect stoppage of the flow.

* Abridgment of Baudelocque's Midwifery, Phila., 1823.

HOSPITAL REPORTS.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

Gynecological Clinic of Prof. Wm. S. Stewart, A. M., M. D.

Reporte by JOHN S. STEWART, M. D.

Ruptured Perineum—Two Cases, in both of which Menses Appeared After Operation, without Unfavorable Results.

Case 1. Mrs. C., æt. 36 years, has been under treatment for some time. The following history is interesting, and will explain the nature of her case. Mrs. C. is the mother of five children, and until about five years ago enjoyed good health. At this time she had her fourth labor, and says that it was a very difficult one; that it was a breech presentation; that the forceps were applied, but that the child was finally taken away in pieces.

During this labor the perineal body was ruptured, or, to use a more common expression, "she was torn."

Unfortunately for her, the physician in attendance did not attempt to repair the damage, which could have been repaired with greater ease and less discomfort to her then than she will have in undergoing the secondary operation.

This took place five years ago; her recovery was rapid, and she suffered no inconvenience at that time. Two years later she gave birth to her last child, but this labor presented nothing remarkable so far as she knows, being no more difficult than an ordinary labor in a multipara.

A short time after her recovery she noticed that her abdomen was beginning to enlarge; this swelling or dropsy, as she called it, continued to increase month by month, until the abdomen was becoming uncomfortably large; the abdominal and respiratory organs were displaced, and the uterus (itself) gave way and became prolapsed.

When Prof. Stewart first saw her she had been in this condition one year. Examining, he discovered the uterus almost completely external to the vulva. But while the patient was upon her back the displaced organ could be returned and held in position with a slight effort of the hand. However, when she attempted to resume the erect posture the womb at once began to descend, and soon protruded as before. It was also discovered at this examination, when the womb was returned to its proper place within the pelvis, that there was an almost complete laceration of the perineum.

She had been told by several physicians that a tumor was growing within her, which was the cause of the abdominal enlargement; more than this she did not know. After a thorough and careful examination the tumor was found to be a

cystic development, possibly of the parovarium or some portion of the broad ligament; no fluid being drawn off and examined, a more certain diagnosis could not be made. The general health of the patient being good and her only inconvenience arising from the size of the swelling, with a view of confirming the result of the same treatment used a short time before in a similar case, the conservative method was adopted. This treatment consisted of ammonii chloridi gr.x, three times daily. In addition to this the uterus was replaced and supported by an inflated rubber disk, 3¾ inches in diameter; and while this was in position the womb did not descend. The patient was seen at intervals of a week or more for some months, the disk being each time removed and cleansed, while the other treatment was continued.

After one month the swelling was decidedly diminished; this decrease in size continued without intermission, and at the end of one year, the ammonium having been kept up all the time, there was no tumor to be found. The procidentia still occurred when the disk was removed, though not to the same extent as when the abdominal enlargement existed. This enlargement was undoubtedly the chief cause of the original displacement; but now, the uterine ligaments having been so long upon the stretch, the support which they should have afforded was entirely lost. In addition to this the laceration still existed, the parts being thus deprived of the natural support which they have when the perineum is intact. The patient having been thus far much relieved by the course of treatment adopted, and being anxious for any further relief which could be afforded, comes to the clinic with that object in view. The present examination reveals a prolapsus uteri and with it a decided prolapse of both the anterior and posterior vaginal walls. The laceration extends completely through the perineal body to the margin of the anus, the sides of the rent being lined with projections of cicatricial tissue, while in the posterior vaginal wall also are the evidences of an extensive tear.

The present complaint of the patient is that she feels a dragging sensation, accompanied by pains in and about the pelvis, her suffering varying according to the extent to which her womb is displaced. Having been previously advised to undergo an operation for the repair of the damaged perineum, and she having given her assent, the operation was begun. Ether was administered, and the patient having been placed in the lithotomy posture, a large soft sponge was introduced within the vagina to support the prolapsed uterus and put the vaginal walls upon the stretch: it answered this purpose admirably. Prof. Stewart then introduced the index and middle fingers of his left hand within the rectum; the parts were put upon the stretch in this way and a raw surface was quickly made with the curved scissors. In the paring process the ragged projections of scar tissue were removed and the venous hemorrhage which occurred was readily checked by an application of phenol-sodique. Quite a large surface having been denuded, the parts were brought together with wire sutures about one-half inch apart and passed carefully through the thin recto-vaginal septum and were secured with shot. This completed the operation, and as a result, a firm perineum could be felt. The patient was placed in bed having her knees firmly secured. Upon the fourth day after the operation, very much to the regret of the patient and her attendants, the menses made their appearance, being about ten days before the regular time. Strangely, but fortunately, no unfavorable results followed, the pain and soreness about the parts being exceedingly slight. On the eighth day after the operation the sutures were removed and the patient permitted to urinate, the catheter having been used twice daily since the operation. On the removal of the sutures the union was found to be perfect, a somewhat remarkable result after having been exposed more or less for three or four days to the irritating menstrual discharge; and in place of the great fissure which had existed, a firm and respectable union could be felt and seen. During the following day the patient was given an enema, but this having produced no effect, a mild laxative was used with success, causing slight pain at first, but this quickly disappeared. After this she left her bed, and four days later was discharged from the hospital feeling well, the parts being in good condition.

Case 2. Mrs. F., is a widow, 25 years of age. During her last confinement she was torn, and ever since that time has been suffering from occasional sharp abdominal pains and a constant bearing down. She comes to the clinic seeking relief, and is willing to submit to anything that it may be obtained. The patient was placed upon the table and an examination begun. The laceration was found to be quite extensive, especially in the posterior vaginal wall. The anterior wall was slightly prolapsed, and as a natural sequence the uterus was also prolapsed to a slight degree. With the exception of a slight hypertrophy of the cervix and vaginal wall, no other lesion could be discovered.

The indirect cause of her trouble was the laceration of the perineum and posterior vaginal wall, which deprived the anterior wall of its support, and this being no longer able to support itself, begins to descend and draws with it the attached womb, the displacement of which is the direct cause of her suffering.

An operation being thus clearly indicated as the most certain means of affording permanent relief, the patient was so advised, and not only consented to be operated upon, but was desirous that it be done at once. She was instructed to take a laxative that night when she went to bed, and to come back the following day prepared for the operation. When she returned she was etherized, and the operation performed as in the previous case. The hemorrhage was very slight, and after the surfaces had been carefully freshened the wire sutures were used and secured with shot. She was put in the hospital ward with the expectation that she would remain there until after her recovery, which would be about two weeks; but contrary to orders or expectations, she was taken home in a carriage in a few hours after the operation, and had the misfortune of her menses appearing on the fourth day; but under all unfavorable circumstances, on examining and removing the sutures, the union was found to be complete, and she made a very satisfactory recovery.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

Stated meeting, August 3, 1885. President, Charles T. Parkes, M. D., in the chair.

Dr. Franklin H. Martin read a paper on the

Oleate of Manganese.

Saying: There is little doubt left in the minds of therapeutists in regard to the value of manganese as a remedy in certain forms of menstrual trouble. The remedy, in the form of permanganate of potash, was first brought to the attention of the profession by Ringer and Murrell, of London, in the spring of 1883. They recommended the drug in functional amenorrhœa. Soon after this he commenced experiments with the same preparation, and published the results in the *New York Medical Record*, September 29, 1883. To his knowledge, that was the first time that anything on the subject was published in this country.

In the course of his experiments, acting on the theory that the drug produced menstruation by stimulating the menstrual organs, he was induced to give the remedy in menorrhagia and metrorrhagia dependent upon an *atonic* condition of the organ. He found to his gratification that it acted equally well in these conditions, as in the opposite. He has also obtained good results from its administration in irregularities incident to approaching menopause. He has received very gratifying letters from many members of the profession throughout the country, who have used the drug in one or more of the conditions mentioned above, with good results.

Dr. Thomas, of New York, says of the remedy: "I think it is the best emmenagogue which has yet been discovered."

Dr. Roberts Bartholow not only recognizes its power as a remedial agent in amenorrhœa, but also considers it a general stimulant, making it equally efficacious in other menstrual difficulties dependent upon an *atonic* condition.

After publishing his second report on this subject, the author received a letter from Sydney Ringer, of London, in which he expressed his gratification at the result of his experiments, and in which he said:

"Like you, I have found the permanganate most useful in atonic conditions," and further remarked, "I was quite prepared to learn that the permanganate is useful in menorrhagia."

Since there is no longer any doubt about the great value of this drug in the distressing menstrual difficulties, the next formidable problem for the therapeutist to solve is, How shall it be administered? The permanganate of potash, the original preparation used for experiments and administration, in any form is liable to act as an irritant to the stomach. It has in many ingenious ways been made into pills, but as these pills must of necessity have for their basis kaolin, or some other inorganic substance, the drug in this form is not satisfactorily absorbed. The compound tablets of Wyeth & Bros., and other druggists, are objectionable, in many cases of irritable stomach, because the irritating undiluted drug comes in direct contact with its mucous membrane. On account of the many difficulties of administration, therefore, this valuable remedy has not met with the reception that is its due. Following the suggestion of Dr. Lewis L. McArthur, of this city, he succeeded in having an oleate of manganese prepared. This oleate was made for him by Edward Kreyssler, of the firm of Forsyth & Schmid, of Chicago. He says he is indebted to Mr. Kreyssler for the following statement of the *mode of preparation and of the physical and chemical properties of the oleate of manganese:* A solution of sulphate of manganese was made in distilled water, and to it a solution of sodium oleate was added. On mixing these two solutions gradually, and with constant stirring, a precipitate of oleate of manganese resulted. This precipitate, upon heating, changed to a putty-like mass. This was washed several times with warm distilled water, to remove the sodium sulphate, and the resulting mass was the pure oleate of manganese. It is of a light gray color, having a pinkish hue, of a sweet musty taste, and peculiar clay-like odor. It is sparingly soluble in alcohol, soluble in ether, chloroform, olive oil, and oleic acid.

The Method of Application.—He recommends that one drachm of a twenty per cent. solution of the oleate of manganese in oleic acid be applied to the abdomen of the patient, and its absorption promoted by friction with the hand.

In amenorrhœa it should be applied, if possible, every night for a week preceding the expected menstrual period, or at the time menstruation is due, and until it makes its appearance. In menorrhagia or metrorrhagia it, should be applied in smaller quantities, every night, until the desired effect is produced.

Of about a dozen cases in which the oleate has been prescribed by him, but four had reported. The success in these four was all that could be wished. Three of the four were cases of *atonic amenorrhœa*, the fourth, irregularity due to approaching menopause.

In the discussion Dr. Etheridge thought much advance would be made in the use of drugs if we were more careful to discover in what conditions they were beneficial. He had found this remedy useful in cases of atonic amenorrhœa, with the uterus in its normal position. He had found the aqueous solution an eligible preparation, and had also used it in the form of a suppository.

Dr. E. J. Doering said he had used this remedy in some cases of atonic amenorrhœa with good results. He asked the effect of the drug upon the pregnant uterus.

Dr. Paoli had used manganese somewhat for several years, in cases of menstrual disorder, with varying degrees of success. It was a useful remedy in many skin diseases. He had not used the oleate, and could not see how it acted upon the uterus, unless, possibly, by being applied at once after being freshly prepared.

Dr. Martin closed the discussion by saying he had used the aqueous solution in very small doses, also had had the remedy put in dry papers and swallowed with a glass of water. He had never used it in the form of a suppository. Manganese has no effect on the pregnant uterus. The drug seems to act as a general stimulant to the uterus, causing it to perform its normal function. It might be absorbed as the oleate and so produce its effects.

Does the Use of Tobacco Injure Sight? was the subject of a paper read by W. Franklin Coleman, M. D. The question was answered affirmatively by the author.

In the discussion Dr. Paoli said while the excessive indulgence in tobacco might be harmful, the fact of its almost universal use and continued use in many cases for years resulting in no deleterious effects, would seem to show that its narcotic power, used in the ordinary way, was very slight. He had used tobacco for fifty-five years and felt no ill results. The Germans use large quantities of it, and do not suffer. This seemed to be a case of excess of zeal on the part of the ophthalmologists to discover a cause for amaurosis. We ought to be conservative on this point.

Dr. Coleman closed by saying that only in certain susceptible conditions was tobacco liable to cause disorders of vision. But that so few suffered was no proof that it had not this baneful influence when acting with other causes.

Laceration of the Cervix Uteri.

Dr. John Bartlett read a paper in which he said his object in addressing the Society was to suggest a way and a time in which laceration of the cervix uteri may be easily and certainly detected soon after its occurrence.

Directly after delivery, if the fingers be introduced deeply into the vagina up to the contracted os uteri internum, and then carried in any direction a little outwardly, the flabby and floating ring formed by the non-contracted cervix may be felt, as Guillemeau described it three hundred years ago, "like a section of large intestine."

By very carefully following the entire circumference of this ring an existing rent may be discovered. But this examination is attended with some difficulties. The patient is exhausted with her labor, and fatigued with attentions, and just now, since "it is all over," longing for rest. She is impatient of, and perturbed by this *post factum* inquiry. Her state of mind, and possible expression of complaint, are apt to render an examination, which the physician cannot regard as absolutely necessary, less exact and thorough than it would be otherwise. And then, the soft and floating margins of the cervix have often somewhat of an intangible feel, if the expression be permitted, gliding past the finger like a detached clot of blood, and occasionally, in some portion of their circumference, passing out of satisfactory reach.

On this account it is not surprising to hear an obstetrician say that he cannot tell whether the post partum cervix is lacerated or not. The error of the accoucheurs who fail to recognize such a condition is, that they do not make their observation of the suspected cervix at the proper time. They examine the neck actually, as has just been done mentally—after the clearance of the uterus. The favorable moment for the examination—and that he said was the special point of his remarks—is just as the placenta is beginning to occupy and distend the cervix. The collar of flesh is then not floating and uncertain in feel, but stretched and expanded, forming a distinct ring, easily followed in its entire circumference. At this moment then, just as the cervical tube is being rendered tense by the placental mass, any laceration in it may be detected with ease and certainty.

Dr. Etheridge asked the author of the paper whether he had verified a case by speculum examination after discovering it in the way he had illustrated in his remarks.

Dr. Parkes said he had great difficulty in detecting laceration after delivery, on account of the relaxed condition of the parts. He thought the suggestion of Dr. Bartlett as to the way to obviate this difficulty was a good one.

Dr. Doering inquired as to the size of lacerations he had found.

Dr. Bartlett concluded by saying that he had verified cases of laceration discovered in the manner proposed by him. The largest laceration he had found was one and-a half inches in length, and the end of the little finger could be passed into it. In one case he encountered considerable hemorrhage from such a rent: and this may be the cause of continuous loss of blood when the os is well contracted.

Dr. Bartlett illustrated his remarks with earthen-ware models, turned by a potter, under his immediate direction.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Occurrence of Blood in the Urine in Granular Kidney.

Dr. Samuel West thus writes in the *Lancet*, July 18:

Blood in the urine in granular kidney is not, I believe, of very common occurrence, and may on that account lead to difficulties of diagnosis. It may be in sufficient quantity to give the urine a bright-red color, or, as is less rare, a smoky or pinkish hue. The following cases have recently come under my observation:

Case 1. A girl, aged twenty-one, came into the hospital with a history of fits for two years, attended with attacks of biliousness, giddiness, and sickness. She had suffered from childhood with a chronic discharge from the ear, and her hearing was considerably impaired. For the last few weeks she had to rise several times in the night to pass urine. On the evening of her admission she had one of the so called fits. She did not lose consciousness, but became very excited, throwing herself about and complaining greatly of her head, sobbing and crying from the pain. She had severe retching, and pain in the cardiac region, and during the attack seemed to be in a

condition of great general hyperæsthesia. Her eyes were examined, and double optic neuritis discovered, with abundant hæmorrhages, many recent, and with glistening white patches. The case had presented itself at first as one of intracranial disease—possibly, it was supposed, an abscess connected with the old ear mischief. But the eye changes, the condition of the arteries (thickened) and of the heart (hypertrophied), associated with the presence of albumen in the urine, led to the diagnosis rather of granular kidney. The day after admission the urine was of a bright red color, and contained much recent blood. The albumen was abundant, about one-fourth, but the presence of blood made it difficult to estimate the exact quantity. The urine continued to contain much blood for sixteen days, when it disappeared and the color became normal, and then the urine contained one-third albumen. During this time the patient had had several of the "attacks" described, and for three days had severe epistaxis. The hæmorrhages, also, in the retina increased in number and size. Shortly afterwards a systolic cardiac murmur, thought to be hæmic, was detected. The patient's condition did not materially change during the next two months, except that she became by degrees profoundly anæmic, and as this developed she began more and more to complain of cardiac pain and dyspnœa. Two months after her admission she had another attack of epistaxis, and a few days later some small purpuric spots appeared on the backs of the hands and legs which had been for some days slightly œdematous. She now became very noisy and delirious, and continued in this state till her death, which took place about ten weeks after admission. There had been no return of blood in her urine. The post mortem examination disclosed the typical lesion of well marked granular kidney. The kidneys were greatly contracted. The left weighed only three ounces, and the right was converted into a small fibrous capsule, with hardly any trace of kidney substance remaining. It measured an inch and a half by three-quarters of an inch. The arteries and veins on this side were also much smaller than on the opposite. No obstruction existed in the course of the ureters, the bladder was healthy, and there was no trace of calculus either in kidney or bladder. The heart was hypertrophied and weighed 15½ oz., a very large size for so small and slenderly built a young woman, for her weight could hardly have been more than 6 st. The arteries were much thickened. The brain was œdematous, but otherwise quite healthy. The case was, therefore, one of well-marked granular disease of the kidney.

Case 2. Another case I have met with recently, viz., that of a young man of nineteen, a warehouseman, who believed himself to be in good health until three months before admission, when he suffered from hemorrhage from the bowels, and was confined to bed for five weeks. He seemed to get well, and remained in his usual health until two days before admission (Jan. 14). He then had a sore throat, and felt sore all over, and in the evening he noticed that his urine was very dark-colored. He had a little pain in the back, and during the night felt hot, then shivered and perspired. There was no history of chill or of any cause for the attack. The patient was pale and of a pasty complexion, with slight herpes on the lips. The right tonsil was slightly lacerated. There was no œdema anywhere. The urine was porter-colored, acid, sp. gr. 1014, and contained one-quarter of albumen. The arteries were thickened and the tension raised. The microscopical examination of the urine showed the presence of numerous red blood cells, with triple phosphate crystals and a few fragmentary granular casts. The quantity of urine passed was on the average above normal. The temperature on admission was 101°, but it fell the next day to normal, and remained normal afterwards. The throat affection rapidly disappeared, so that the rise of temperature depended probably upon this condition. Œdema was completely absent. The urine contained blood for a week after admission, and continued to contain albumen, though only a very faint trace, until his discharge nearly three months later. The history of recent sore throat, with albumen and blood in the urine, led me to think at first that the case was probably one of diphtheria associated with nephritis; but the condition of the arteries, the long persistence of albumen, and the absence of œdema, convinced me later that the case was one of granular kidney. This conclusion was confirmed by the subsequent course of the case, for the urine for the last two months of his stay was characteristic, being large in quantity (80-100 ounces), of low specific gravity, and with but a trace of albumen.

Case 3. Edw. P——, aged thirty-four, was admitted into the Royal Free Hospital as a case of acute nephritis. He had been a free liver and had drunk much beer, but was in good health until one month before admission. Then his legs swelled, and a fortnight later his toes also. On admission there was slight general œdema. The urine was reduced in quantity and contained one-half albumen with granular casts, and was smoky. The eyes were normal on ophthalmoscopic examination. The arteries were slightly thicker than normal for his age. The case ran the ordinary though protracted course of acute nephritis, ending in convalescence. On several occasions while the œdema persisted the urine contained blood, being sometimes bright-red in color, at other times only smoky. These alterations could not be traced to any cause, for they occurred during the time that the patient was kept entirely in bed. After about two months the œdema completely disappeared, and continued absent till the patient's discharge from the hospital. The albumen was at times completely absent, and at most times there was only a trace; and on several occasions after the œdema had gone the blood returned in the urine, generally to the extent of giving it a smoky tint, but occasionally the color was bright-red. Generally at these times there was an increase also in the amount of albumen over and above what the blood would account for. The duration of these attacks was about two or three days, during which there was no other change in the patient's condition. The arteries, however, were distinctly thicker and harder on leaving the hospital than they were on admission. I was led to regard the case as one probably of old granular change, with an intercurrent attack of acute nephritis. At any rate,

at the time of leaving, the case presented the characteristic features of granular kidney.

Since this case I have also seen several others of a similar kind, in which the diagnosis of granular kidney seemed clear, and during the course of which the urine on many occasions contained blood, sometimes only sufficient to give it the smoky tint for a few days, but at others sufficient to make it bright-red in color. It is not easy to determine the part of the urinary tract from which the hemorrhage comes. In the second and third cases it was, in all probability, from the kidney; but in the first the very bright color and quantity of the blood seemed to suggest its origin from the lower part of the urinary tract. The quantity in this case was so large as to suggest even calculus, but none was present. The difficulty in diagnosis between this condition and calculus has actually occurred, as in a case related to me by Dr. Sharkey, of St. Thomas's Hospital. The patient, a young girl, passed so much blood with the urine that the bladder was sounded, and, failing to find a stone, dilatation of the urethra and digital exploration of the bladder was suggested. To this Dr. Sharkey did not, for good reasons, consent; and the patient dying, no stone was discovered on the autopsy, but markedly granular kidneys.

In less severe forms the chief difficulty in diagnosis is from cases of acute nephritis. The second and third patients both had, during the latter part of their illness, a considerable amount of albumen in the urine, and as on most occasions the urine was smoky, and not often bright-pink in color, and also contained a few casts, the diagnosis of acute nephritis was natural, but they presented these points of difference from ordinary acute nephritis: (1) The absence in one case and the existing small amount in the other of general œdema; (2) the great fluctuation in the amount of blood and albumen at different times; (3) the subseqent course of the cases, the diagnosis of granular kidney becoming clear as they progressed.

The hæmorrhage which takes place from some part of the urinary tract in these cases of granular kidney, though uncommon, is not peculiar, except so far as regards its source. The explanation is probably the same as must be given to the hæmorrhage, which occurs from other parts in this disease. Epistaxis, often very severe and difficult to control, is one of the commoner epiphenomena. The first case suffered severely from it on several occasions, and once at the same time that the urine also contained blood. Of hæmorrhage from the respiratory tract in granular kidney I know nothing; but bleeding occurs occasionally from the bowels. The first symptom of illness in the second case was such a hæmorrhage from the bowels, which confined the patient for five weeks to bed; and although the cause of this hæmorrhage is not certain, its association is at any rate suggestive. Hæmorrhage into the eye and brain are among the commonest of incidents in the course of granular kidney, so much so that retinal hæmorrhages are of recognized diagnostic value, while brain hæmorrhages explain the apoplexy with which such cases not rarely terminate, and in both organs miliary aneurisms are frequently found. In the cases in which the hæmorrhage occurs actually in the kidney it is possible that there is another explanation. It may prove to take place especially in those cases of granular kidney in which the cirrhotic change is most marked round the Malpighian bodies, and the bleeding may then possibly be the result of the mechanical obstruction to the circulation in the Malpighian tufts. But I know of no observations bearing on this point. On the whole, however, we may with greater probability regard the hæmorrhage from the urinary tract as part of the general vascular changes which occur in this disease, and, if so, it is remarkable that hæmaturia is not of more frequent occurrence in granular kidney than it appears to be.

A Case of Urethrocele.

Mr. Skene Keith thus writes in the *Edinburgh Med. Jour.*, July, 1885;

A description of the following case will be of interest, in the first place, because the condition is not described in any book in the English language, with the exception of that of Dr. Skene on "Diseases of the Bladder and Urethra," nor have there been more than two or three cases recorded in British medical periodicals, and besides, the patient whose case I am about to narrate was seen by several members of this, and also of the Obstetrical Society of London, and none of these gentlemen had evidently seen such a case before. I had been present when Dr. Thomas operated on an almost indentical case in New York, and having this experience, the diagnosis of the case operated on by Dr. Keith was evident almost at a glance.

Mrs. S., aged 44, a big, stout lady, had been married at 22. She had two children at intervals of sixteen months, and for six years after the birth of the last was perfectly well. In 1872, after the birth of another child, she was annoyed by the occasional involuntary passage of her water when she coughed or sneezed. A son was born in 1874, another in 1875, delivered with forceps, another in 1877, and the last in 1879. All the children had very large heads. From 1872 until she became pregnant with the last, the urinary trouble continued to get worse, and Mrs. S. had often to get up in the night to pass water. During the whole of the last pregnancy, and ever since, the patient's condition was most lamentable. The uterus could only be kept inside the vagina by a large ring pessary; there was constant pelvic pain, and for a period, extending over more than four years, there had never been one night in which she had not been compelled to get up to empty the bladder at least five times, and usually much oftener. During the day she considered that she was fairly well if she did not have to micturate oftener than once every hour. For a long time there had been some pus and blood mixed with the urine.

In April of last year, Mrs. S. consulted Dr. Keith, and the local condition was found to be as follows: There was no perinæum; the uterus was large, and the os came down to the introitus vaginæ whenever the ring pessary was taken out; the wall of the urethra was enormously thickened, and projected considerably downwards. The base of the bladder was felt to be quite healthy. The passage of a catheter caused severe pain, and before its point entered the bladder some thick pus flowed from it. The urine was

quite clear. The skin surrounding the vulva was red and sore, for although patient was most particular, and washed and dried the parts many times a day, a little pus, constantly oozing from the orifice of the urethra, kept the skin moist and irritated. Dr. Keith considered that the condition of the urethra was possibly due to its posterior wall having been pressed outwards by the large heads of the children, and as this condition was kept up by the loss of support due to the absence of all trace of a perinæum, he thought that it would be best to make a large, firm perineal body, which would press the dilated urethra upwards and forwards, and thus obliterate the pouch, which was constantly full of pus. The perinæum was repaired in April, but did not do what was expected. It simply supported the uterus, and took away a good deal of the pelvic pain. It became evident that the urethra itself would have to be attacked. Dr. Keith cut down, in the middle line, on a sound which had been passed into the bottom of the pouch, and made a large opening into the urethra. The wall was fully $1\frac{1}{4}$ inches thick, and the opening was made large enough to admit one finger easily. A large amount of pus came away when the incision was made. The lining membrane of the urethra was rough and of a dark purplish color. The mucous membrane of the urethra and vagina were sewed together to prevent too rapid closing of the wound. There was not a very great amount of hæmorrhage. From the first night patient became more comfortable; of course control over the bladder was not lost, as the incision did not reach back to the neck.

After four months, all pus and irritation having disappeared, the opening into the urethra, which, in spite of the original stitching together of the mucous membranes, was hardly larger than the point of an ordinary catheter, was closed with twelve horse hair sutures. The patient got up on the day after the operation. The stitches were removed on the ninth day, and she now sleeps the whole night through without having to get up, and during the day requires to micturate two or three times only. In addition, all pain is now gone.

There was not the slighest doubt that the urethra alone was diseased and prolapsed. When the uterus was not supported by a pessary, and lay almost outside the vagina, there was naturally some lowering of the bladder, but there was no condition at all approaching to cystocele; and when the uterus was properly supported, the slight sinking of the bladder was removed. This did not, however, have the smallest effect on the swelling of the urethra. That remained, no matter what the position of the other pelvic viscera was. Direct pressure lessened the size of the swelling slightly by emptying the pouch. In most of the cases which have been operated upon, an oval piece of the urethra has been cut out, and the parts stitched together at once. When the lining membrane of the urethra has not become diseased, this is, without doubt, the proper method to adopt. In a case such as that of Mrs. S., such a plan would probably not have been successful. By making a dependent opening, and thus preventing the retention of pus and ammoniacal urine, the urethra soon returned to its normal healthy condition, in the same way as a diseased bladder will become healthy after a vesico-vaginal fistula has been properly made to cure cystitis, the only difference being that a patient with an opening in the base of her bladder is always uncomfortable and disagreeable to her friends. With an opening into the urethra she is uncomfortable only when making water, as the labia minora are then not in a position to perform "the most modest of the uses ascribed to them."

A Case of Diabetes Mellitus Cured by Removal of the Uterine Appendages.

Dr. Francis Imlach thus writes in the *Brit. Med. Jour.*, July 11, 1885:

K. G., a widow, aged 31, consulted me on February 12, 1885, on account of leucorrhœa and pelvic pain. A diagnosis of pyosalpinx was made out; and, as she seemed ill and wasted, operative treatment was suggested. On the 22d, she mentioned that for a month she had been afflicted with insatiable thirst and sleeplessness; that the bowels were habitually constipated, and the urine greatly increased in quantity. On testing a sample of urine, of specific gravity 1036, no albumen was found; but, on boiling with Fehling's solution, it became evident that she was passing sugar. Menstruation was regular, and, though painful, not profuse. All thoughts of operation were abandoned. She undertook to live upon gluten bread and biscuits, fish, meat, and buttermilk; to give up starchy food and sugar, and as much as possible to restrict her drink. Soap and water enemata were ordered, and bromide of ammonium prescribed for the sleeplessness. Under this treatment the urine became reduced (from an unknown quantity) to five or six pints per diem; but, when samples were tested with Fehling's solution and by the differential density method, there was little diminution in the sugar. On March 16, three minims thrice daily of Clemens's solution of arseniate of bromine were substituted for the bromide of ammonium; and, a fortnight later, the dose was increased to ten minims; but, roughly estimated, the excretion of sugar continued unaltered. On April 15, she passed 2,560 grains in twenty-four hours. As she was becoming rapidly weaker and more emaciated, she was admitted into hospital on May 15, where the antidiabetic diet was strictly maintained. On May 16, 1,200 grains of sugar were excreted. On May 19, the uterine appendages were removed. The right Fallopian tube was thickened in its walls, occluded at both ends, and distended with pus. The left tube was thickened, but not occluded at its fimbriated extremity, and contained only a little muco-pus. Both ovaries were so firmly adherent in the pelvis, that their removal was somewhat difficult. The fundus of the uterus, which was bound by dense adhesions to the sacrum, was liberated. The patient recovered without a bad symptom, and with a surprisingly level temperature chart. She got out of bed on the ninth day, and left hospital on June 3d. Unfortunately, I am unable to add a complete account of the urine passed subsequent to the operation, as, through an error, no quantitative measurements of the sugar were made. During the first twenty-four hours, between six and eight ounces of urine con-

taining sugar were drawn off every six hours. The specific gravity during the first six hours was 1028, next it fell to 1014, and then rose to 1034.

Date	Ounces of Urine in 24 hours	Specific Gravity	Sugar	Diet
May 20	17	1034	Present	Milk and Soda.
" 21	21	1030	"	Barley water.
" 22	16	1030	"	"
" 23	15	1032	"	Beef tea.
" 24	13	1030	"	Rice pudding.
" 25	16	1030	"	Ordinary fare.
" 26	17	1030	Absent	"
" 27	18	1028	"	"
" 28	22	1014	"	"
" 29	22	1020	"	"
" 30	24	1024	"	"
" 31	24	1022	"	"
June 1	24	1020	"	"
" 2	18	1024	"	"

The sugar, tested daily with Fehling's solution, gradually diminished until May 26th, when it finally disappeared. On June 12th, the urine was normal, and of specific gravity 1020. For a week previously she had been at home on ordinary fare, except that she took no rice pudding, and put no sugar in her tea. She then took rice pudding daily, with unlimited sugar, until June 19th, when the specific gravity of the urine was 1010, and not a trace of sugar could be detected. There is no longer constipation, and her strength is already almost completely restored.

Glycosuria being persistent under antidiabetic regimen, and the health worse, operation was offered as a forlorn hope. Sir J. Paget makes no allusion to diabetes mellitus among "the various risks of operations;" but Dr. Dickinson, in his able work on the subject, says that "surgery is attended with unusual danger;" and Dr. Wm. Roberts states that "operations for diabetic cataract generally fail from uncontrollable suppuration of the eyeball." Beyond this element of danger, there was the fear lest the operation should do no good. Diabetes and pyosalpinx are not known in association. The patient was married ten years previously, had a still born child a year later, and became a widow two years before I saw her. As the pelvic pain was of indefinite origin, the pyosalpinx was probably of ancient date, whereas the diabetic symptoms were recent. Still, there remained the possibility that removal of the suppurating tubes might cure the disease. There was a further argument: the younger the person, the less hope of ultimate recovery from diabetes. "The development and exercise of the sexual functions," says Dr. Wm. Roberts (*Renal Diseases*, 4th ed., p. 256), "appear to have a marked effect in increasing the liability to diabetes in both sexes; and the diminished frequency of the disease in women after the age of 45 (as compared with men) corresponds with the earlier decline of sexual activity in the female sex." And, not only is diabetes less frequent among women after 45; it is also less acute, and does not kill nearly so quickly. By induction of the menopause, it was hoped that the acute diabetes might become chronic.

Albuminuria and the Mercurial Treatment of Syphilis.

In the *Med. News*, July 19, we read that at the recent Congress of German Physicians, Fürbringer, of Jena, read a paper upon the albuminuria of syphilis with and without mercurial treatment. He found that of secondary syphilitics who before treatment were not albuminuric, eight per cent. became albuminuric during treatment. In cases of primary syphilis not treated with mercury, albuminuria occurred in twelve per cent. of cases, almost always in the stage of disappearance of roseola; with the exception of three cases, the albuminuria disappeared with the institution of mercurial treatment.

In the discussion which followed, Schuster claimed that cases of serious albuminuria due to syphilitic renal disease recover by mercurial treatment, and that there is no contra-indication to the use of mercury in these cases.

Schumacher had observed several cases of simultaneous syphilis and nephritis, and was satisfied that the nephritis preceded the syphilis and continued during the further development of syphilitic phenomena. The mercurial treatment used in these cases did not aggravate the symptoms of nephritis.

In his quite recent work on *Urinary and Renal Disorders*, Dr. Beale says, "of all the forms of chronic renal disease, those which are due to syphilis are the most likely to get well." Even in large albuminurias, with considerable and persistent dropsy, improvement may be confidently predicted, and even recovery not uncommonly takes place in the course of a few months.

The treatment in the early stages is that usual for Bright's disease—purgatives, warm baths, and hot-air baths. When the albumen is reduced to one-fifth and urine is passed freely, he recommends iodide of potassium, iodide of iron, and other preparations containing iodine. Complete recovery is often thus produced after judicious treatment is kept up steadily for two or three months.

Dr. Beale thinks that the glandular enlargements, of which the kidney is an example, in syphilis, were less common when the mercurial treatment was more in vogue, although he admits that necrosis is less frequent. There can be no doubt that the judicious combination of the alterative with tonic chalybeate treatment in syphilis, as contrasted with expectant treatment, is calculated to be most serviceable.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An address in which the thoughts are worth attentive consideration is that of Dr. Conrad George, of Ann Arbor. His subject is "The Duty of the State Towards the Medical Profession," and he maintains that the time has come for the legislatures of this country to put a stop to the further

creation of medical colleges, and to keep them all under State patronage and State control.

——"Voice in Singers" is the title of a pamphlet by Dr. Carl H. von Klein, of Dayton, Ohio. He claims that the superiority of Italian singers is owing to the peculiar mode of training and teaching there in vogue. Being a German, we judge, he is not willing to ascribe it to the Italian language. We observe, he says, Adelina Patti was born in Spain. Philadelphians maintain that the celebrated *diva* first saw the light in Powell street, in their city. (Price 25 cents, Hann & Adair, Columbus, Ohio.)

——In a reprint from the Liverpool *Medico-Chirurgical Journal*, Mr. Reginald Harrison, F. R. C. S., describes, with eight illustrations, some changes in form of the prostate and floor of the bladder, which are liable to take place with advancing age, and which are of surgical importance.

——The Seventeeth Annual Report of the Inebriates' Home, Fort Hamilton, New York, contains the statistics for the year, and some general observations from which we learn that about one-third of the cases in such institutions are restored (permanently?).

——The Fifth Biennial Report of State Lunatic Asylum No. 2, Missouri, argues in favor of large asylum buildings, on the ground that the insane can be thus better cared for and more cheaply. The cheapness we grant, but the better treatment we very much doubt.

——The Annual Report of Births, Marriages and Deaths in the City of Providence for 1884 is prepared with customary accuracy by Dr. Edwin M. Snow. Among other interesting facts he notes the large decrease in deaths from consumption since 1855. For fifteen years previous to that date the deaths from that disease were annually 1 in 210 inhabitants; since that date only 1 in 313. Whether this marked difference is real or only apparent (arising from a different classification) is not clear.

——Dr. C. H. Hughes, editor of the *Alienist and Neurologist*, has issued in pamphlet form a number of editorials from that journal. They are on popular topics.

——The subject of cholera infantum is discussed by Dr. W. P. Watson, of Jersey City, in a pamphlet before us. In treatment he trusts rather to diet and nursing than drugs, and especially condemns opiates.

——A review of the germ theory of disease, in its relations to sanitation, is the topic of a paper by Dr. P. C. Barker, of Morristown, N. J. It will be found a well-prepared summary of the subject.

——In an interesting reprint, Dr. A. Van der Veer, of Albany, describes Mr. Lawson Taits' method of operating for ovarian tumor, and reprints five cases of abdominal section by himself on the same plan.

BOOK NOTICES.

A Treatise on Epidemic Cholera and Allied Diseases. By A. B. Palmer, M. D., LL.D., etc. Cloth, 8vo., pp. 222. Register Publishing House, Ann Arbor, Mich. Price, $1.00.

The extended reputation of the author, and his long experience as a teacher, practitioner and writer, will no doubt secure to this volume a considerable share of the sale of monographs on the dreaded Asiatic pest which for two summers has threatened us. Compared with the treatises on the disease heretofore noticed in these columns, Prof. Palmer's work is more extended, and his views are conservative and cautious. They are such as are endorsed by the good sense of the profession in general, and are safe. Of course, neither he nor any honest and intelligent physician pretends to cope successfully with the more malignant forms of the disease, when once they have seized upon the frame; but in measures of prevention and precaution there is a wide field for fruitful exertion, which is clearly laid down.

Inebriism, a Pathological and Psychological Study. By T. L. Wright, M. D. 8vo., Pp. 222. Wm. G. Hubbard, Columbus, Ohio.

This is not a calm and scientific discussion of the effects of alcoholic beverages on the human system, but a tirade against drunkenness. Even in this light, it is exaggerated and extreme in language. Much, therefore, that is good in the book will fail of its effect through the evident intolerance that mars many of its pages. There is a prevailing lack of diagnosis between alcoholism itself, and alcoholism merely as a symptom of an impaired mental condition, or an inherited or acquired neurotic dyscrasia. This is universal in popular harangues on the subject, but we have a right to look for something better in a medical treatise. Such an omission must necessarily place the work on a lower level of merit than one would wish to see it.

—One of the most prominent physicians of Indianapolis, on his return from a summer vacation of three weeks, was met by the leading undertaker, who said: "Ah, doctor, so glad to see you safe back; we have missed you so much."

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THE CHINESE PROBLEM.

In publishing the description of Chinatown in San Francisco some weeks ago, we would not have it understood that we sympathize with the party who would strictly prevent the ingress of Mongolians into this country. Any such position is a virtual acknowledgment that Christianity, civilization, and free government are unable to cope with the social problems of the day, and must have recourse to the effete policy of seclusion and non-intercourse in order to maintain their existence in the struggle for life and the conflict of ideas. If we entertained any such belief, we should rather accept the Mongolian religions than Christianity, and their civilization than ours.

The exclusion of the Chinese from our shores is a gross violation of the letter and the spirit of that "Declaration of Independence" which we have been taught to regard as the *Magna Charta* of American liberties. That we should draw a line against the poor laborers of any race, nation, or color, is a contradiction of the fundamental doctrine of our social compact, and is a blot on our boasted position as the haven for the afflicted and down-trodden of all nations. It is prompted by no noble or exalted motive, but by a mean spirit of jealousy, or by a cowardice born of a lack of faith in the principles we profess.

That their morality is low, that they do not intend to become citizens, that they do not look upon this country as a permanent abiding place —all this may be true of the Mongolians, and we believe it is. But who are we, to make much of this mote in the eye of our neighbor, when in the center of the English-speaking race, in the greatest city of Christendom, this summer evils as bad as any in Chinatown have been unveiled, not among the debased and wretched, but among the highest, most cultured, most influential class of the community? Why chide the Mongol with his unwillingness to become a citizen, when we treat him in a manner more consonant with the narrowest policy of the dark ages than with the enlightenment of the nineteenth century.

What is the use of pretending respect any longer for our religion, if it acknowledges itself

unable to cope, even on its own ground and with every possible human aid at its command, with the Joss worship and superstitions of Chinese immigrants? If Christian professors take any such position, abolish their dogmas, and throw away the Bible as a piece of worn-out rubbish, for it has confessed itself vanquished on a field where everything was in its own favor.

But we cannot believe that the time has come for this. Let us, therefore, each and all of us, do what may be in our power to repeal the absurd and inconsistent laws which impede Chinese immigration; let us welcome such to our shores, and have faith that Christianity and free institutions are still strong enough to strive with the outgrowths of tyranny and idolatry, and will add another glorious victory to the many recorded in the past.

A TYPICAL CASE OF CHOLERA.

Whether through the desire to gain notoriety as being the first to report a case of cholera in a given locality; whether to gain reputation for the ability to cure cholera, or whether through inability to make a differential diagnosis between Asiatic cholera and the diseases that resemble it, we do not know; but it is a fact that ever and anon the community is startled by the report from Dr. So-and-So that he has had a case of cholera. Upon examination it proves to be cholera morbus or some equally simple trouble. Just now when cholera is raging in Europe, these false rumors are not uncommon in our country. That our readers may know how to diagnose the disease when it really does come, we will report the history of the case of Asiatic cholera that occurred in the Lambeth Infirmary (England) on July 29, 1884.

A man aged 35, a porter and an inmate of the Lambeth Workhouse, was seized with violent vomiting and purging, accompanied by cramps in the abdomen and legs. He was removed to the infirmary, and on admission was found to be in a state of collapse; surface cold and clammy; skin over chest and legs blue; voice (naturally strong) brought to a whisper; pulse almost imperceptible and very rapid; face pinched; skin over hands and fingers in wrinkles, and blue; complains of cramps in abdomen and legs; intense thirst; feels sick; tongue and breath cold. Turpentine stupes to abdomen were ordered, hot-water bottles, hot blankets, hot peppermint; ice to suck. 5 p. m.: Was purged about three times within the first hour after admission, and in the afternoon vomited a chamberful of dark fluid; has passed no urine; temperature 97°. Stimulating aromatic mixture ordered.

July 30th. 10 a. m.: Vomited three times since last report; no purging; no urine; temperature 97.4°. 6 p. m.: Vomited several times during the day; purged frequently; offensive stools, with light-colored fæces; great thirst; restless; temperature 97°.

31st. 10 a. m.: Passed a quiet night; no vomiting; no purging; no urine; temperature 96°, but appears warmer; thirst not so intense. 6 p. m.: Voice very low; delirious; no vomiting, purging, or urine; temperature 97°; profuse sweating.

Aug. 1st. 5 a. m.: No purging, vomiting, or urine; temperature 97°. 8:30 a. m.: Temperature 98°; thirst not so intense. 4 p. m.: Sudden change and death took place about 6 p. m.

That this was a case of true Asiatic cholera was attested to by no less an authority than Sir James Fayrer.

Of course, we may have all grades of the disease; while this man lived nearly four days after the onslaught, some will die in a couple of hours; but we can accept this case, coming from so high an authority, as a type of the disease to aid us in our differential diagnoses.

POLICE SURGEONS.

When our present Mayor entered office, he endeavored to inaugurate a corps of Police Surgeons, and went so far as to appoint the chief of the corps, who still holds the office. But Councils would not heed his request, and failed to pass the ordinance providing for the appointment of such a corps. Philadelphia is notoriously conservative, and conservatism, not carried too far, is

most commendable, but when carried to the extent that it often is in our goodly Quaker City, it savors of the ridiculous. We want and ought to have a well-paid corps of Police Surgeons, who should be liable to be called upon to attend prisoners and policemen who may be taken sick in time of duty. Army and Navy officers (who receive remuneration) are provided with gratuitous medical advice, and why should not our policemen be equally favored?

Again, and a very important *again*, is the point to be considered that every now and then we read of some poor unfortunate, who is taken to a station-house supposed to be drunk, and allowed to lie upon and toss about the hard wooden floor of a cell, when in reality he is dying from acetonæmia, uræmia, apoplexy, or some coma-producing disease. Such a man requires skilled medical treatment, and the voice of humanity calls out in clarion tones that he shall receive it; his life is in the balance, and a skilled hand is required to turn the scale in his favor. The lectures that have been given to the police on "first aid to the wounded" are very good so far as they go, but they go not far enough; they educate the police into their duties in the emergencies of accidents, strictly so called, but it requires the trained eye and experienced mind of the physician (and a good one at that) to detect the true nature of a comatose condition. If one or two of our influential Councilmen were to fall on the street with uræmic coma, and being arrested for drunkenness, be allowed to batter about a cell for a day or so, we might hope for a well-paid corps of police surgeons.

THE INTERNATIONAL CONGRESS CONTROVERSY.

"These be bitter words, Captain."—*Mrs. Quickly.*

In a long observation of medical controversies, we think we have never read more bitter and personal diatribes than have appeared with reference to the projected International Congress in this country. No matter what the provocation, there can be no excuse for such scandalous abuse.

The case appears to us to lie in a nutshell.

In 1884, the American Medical Association appointed a committee of seven members to make arrangements for the International meeting in this country. This committee went to work with energy, and in accordance with the veiws entertained by its majority, as to the most fitting scheme for the Congress and its sections. To aid in the work, it appointed a number of sub-committes in different parts of the United States. When the meeting of the Association was held in New Orleans this year, the committee, as in duty bound, handed up a report of its action. This report was submitted, but did not meet the approval of the majority of the Association, and, therefore, the committee *was increased*, and new members appointed to complete the work.

This is the simple and, it seems to us, very insufficient cause for all the bad blood which has been stirred up. The old committee at first claimed that the Association had no power to alter it. But competent counsel, to whom the question was referred, decided that the Association had this right. It may have been, and we think it was, a hardship, and, in a certain sense, an unfair act, to the first committee to modify it, as its members were certainly led to suppose that they held plenary powers, and that the approval of the Association would be a matter of form only. But on the other hand, the Association had a perfect legal right to act as it did, and its action should have been accepted by the old committee without bitterness.

Of course, there is an inside history to this row, but it is no easy matter to get at the truth of it. On the surface, it is a quarrel between new and old code factions. The committee first appointed are accused of favoring the new code and of intending to pave the way for irregulars to be present at the International Asssociation meeting. Of some of them this is credible, but certainly not of all.

The unseemly personalities which have been indulged in by both sides are especially to be regretted as the literature of the quarrel will be sure to come to the notice of foreign editors and medical readers.

Notes and Comments.

On Feeding the Sick.

A most useful paper on this subject (well worthy of a lengthy abstract) was read before the recent meeting of the British Medical Association by Dr. William Roberts. After discussing the general question of dietetics in a masterly manner, but rather from an historical standpoint, the author gives us, among a mass of valuable matter, the following peculiarly valuable points which we cull:

"I have sometimes observed the existence of a low standard of health, without any very definite symptoms, which I could only attribute to a too protracted abstinence from fresh vegetables and fruit."

"The bad reputation of potatoes and pastry in regard to digestibility is chiefly due to the fact that they are often imperfectly cooked."

"The great majority of our patients are able to use ordinary diet. They consist of invalids who are suffering from various ailments of the slighter sort, or from some more serious disease, which does not interfere radically with the digestive functions. In regard to all these, I take it that (except in special cases, which I do not purpose to consider) it is a sound canon of practice to adhere to the main features of the current dietetic habits, and to avoid teasing our patients with irksome and needless restrictions for which we cannot give a clear reason."

"We must study the peculiarities and idiosyncrasies of the patient's stomach; which are as individual as their faces, and are very peremptory in regard to their likings and dislikings." Some observations on the effects of food accessories demonstrated that "The distilled spirits—brandy, whisky, and gin—were found to have but a trifling retarding effect on the digestive processes, whether salivary or peptic, in the proportions in which they are commonly used dietetically. Their obstructive effects only became apparent when used in quantities which approached intemperance."

"Wines and malt liquors were found to be highly inimical to salivary digestion, this was obviated when mixed with soda, seltzer or some effervescent table water."

"On *peptic* digestion wines have a retarding effect out of proportion to the alcohol contained in them."

"Champagne was found to have a distinctly less retarding power than an equal volume of claret or hock. This I judged to be solely due to the mechanical effects of the effervescence and liberation of gas, whereby a more efficient stirring up of the digesting mass would be effectuated."

"Tea has an intense inhibitory effect on salivary digestion, due to the tannin in the tea leaf, and which it is impossible to eliminate in the manufacture of the beverage, since tannin is as soluble as sugar in hot water; this in effect however may be overcome by eating first and drinking the tea afterwards."

"Coffee and cocoa have only a slight effect on salivary digestion. The effects of tea, coffee, and cocoa on *peptic* digestion were found to be as nearly as possible alike for infusions of equal strength. All three exercised a retarding effect when their proportion in the digesting mixture rose above twenty per cent. These beverages should therefore be taken very moderately by persons of weak digestion. The good reputation of cocoa in regard to digestion seems to be wholly due to the fact that it is used in weaker infusions than tea and coffee. The directions for the preparation of this beverage, printed on the packets of cocoa sold in the shops, indicate a strength of about two per cent.—whereas a medium tea is usually made of a strength of four to five per cent., and a medium coffee of a strength of five to seven per cent. The strong coffee which it is customary to hand round after dinner must have a powerful retarding effect on gastric digestion, and although this practice may be salutary to robust eaters, it is not to be recommended to those of feeble peptic power."

The Diagnosis and Treatment of Tumors of the Bladder.

Such is the title of a paper read before the recent meeting of the British Medical Association by Mr. Reginald Harrison, and, as usual with all that he says, it is brimful of practicality. In order that we may arrive at a correct diagnosis, it is oftentimes necessary that we make a digital examination of the bladder, and in order that we may do so Mr. Harrison unhesitatingly gives the preference to the operation of perineal urethrotomy. Even should the examination then demonstrate the tumor to be of such a nature or in such a location that its removal could be best effected by a supra-pubic operation, there is nothing to prevent the addition of this incision, but the great advantage in thorough drainage from the perineal incision cannot be overestimated. The viscus is occasionally sacculated, the ureters are patent and frequently largely distended, whilst the kidneys are rarely sound where the obstruction caused by the growths has been of long continuance. Hence we have much to fear from any extension of a

suppurative process after the operation, as he has seen in two instances which have recently come under his notice. One of the best safeguards against a contingency such as this, is thorough drainage, and this he thinks can best be secured through an opening in the perineum.

When, after the bladder had been opened and explored, it seems practicable to remove the tumor, this should be effected as completely as possible; to take away a portion of it is to leave the remainder to inflame, suppurate, and possibly to become gangrenous, thus providing a fruitful cause for pyelitis, through the largely dilated ureters. If, however, the connections of the tumor are extensive, and there is a doubt as to whether all can be got away without doing serious damage to the bladder itself, he feels sure that we had better content ourselves with the opening, which may under all circumstances be safely made, and the drainage that this opening with a suitable apparatus will provide. The lesser proceeding has in many instances proved the means of arresting hemorrhage, and of adding materially to the comfort, as well as to the life of the patient, even where it has been found impossible either to remove the tumor, or with safety to reduce its size.

In the case of an epithelioma of the bladder, to attempt its extirpation is obviously out of the question; to explore it with the finger, and to feel so far satisfied, and at the same time to give the patient an opportunity of emptying his bladder completely by means of a short and open road so long as he lives, is legitimate; nay, further, experience has already sufficiently shown that there is no better way of controlling the considerable bleeding which nearly always attends these cases, than by providing the means of permanently maintaining the bladder in a condition of more or less contraction.

Diet for the Sick.

In speaking of milk as a diet for the sick, Dr. William Roberts (before the *Brit. Med. Ass.*) says that not infrequently the stomach is not able to digest the milk and we have curds passing from the bowels; here he recommends peptonizing the milk by means of pancreatic extracts. The bitter flavor of peptonized milk is, however, nauseous to many invalids, and you cannot fully peptonize milk without developing this unpleasant flavor. One of the best means of covering the taste of peptonized milk is to add coffee to it. Another device, which may sometimes be adopted with advantage, is to add the pancreatic extract to cold or iced milk. In the cold the action of the ferment is comparatively slow, and it takes some hours to produce an appreciable change of flavor. But as soon as milk, thus charged with the ferment, is swallowed and passes into the warm atmosphere of the stomach, it is rapidly digested.

A new preparation consisting of the pancreatic enzymes in a highly purified state under the form of a light, nearly white powder, is absolutely free from taste and smell. Combating again the popular and erroneous idea of the nutritive value of beef tea, Dr. Roberts says: "Beef tea and its congeners, however, take rank as restoratives and stimulants rather than as nutrients. They contain no albuminous matter in solution, and the small quantity of gelatin contained in them cannot be of much account. There is a widespread misapprehension among the public in regard to the nutritive value of beef-tea. The notion prevails that the nourishing qualities of the meat pass into the decoction, and that the dry, hard remnant of meat-fibre which remains undissolved is exhausted of its nutritive properties; and this latter is often given to the cat or dog, or even, as I have known, thrown away as useless rubbish into the midden. A deplorable amount of waste arises from the prevalence of this erroneous notion in the households of many who can ill afford it. The proteid matter of meat is, as you know, quite insoluble in boiling water, or in water heated above 160° F. The ingredients that pass into solution are the sapid extractives and salines of the meat, and nothing more, except some trifling amount of gelatin. The meat remnant, on the other hand, contains the real nutriment of the meat—and if this be beaten to a paste with a spoon, or pounded in a mortar, and duly flavored with salt and other condiments, it constitutes not only a highly nourishing and agreeable, but also an exceedingly digestible form of food.*

Speaking of cold made meat infusions, he says: "Infusions made from minced meat with half its weight of water, and allowed to stand for two hours, and then pressed through cloth, were found on analysis to contain over four per cent. of dry albumen. This amount of proteid is equivalent to that contained in cow's milk. The nutritive value of such infusions is, therefore, very high. When heated to the boiling-point they coagulate into a solid jelly. Made from beef or mutton, the product has an unpleasant bloody appearance;

* These remarks on beef-tea apply equally to Liebig's Extract of Meat, Brand's Essence of Beef, and Valentine's Meat Juice—all of which are devoid of albuminous constituents.

but when made from veal, the coloration is much paler. The best preparation, however, is made from the meat off the breast of a chicken."

While cooked eggs are more digestible than raw ones, yet when the stomach is weak and unable to digest solid food, beaten-up eggs pass through the duodenum without being meddled with, and are slowly digested in their passage down the intestine.

Anæsthesia Through Cauterization.

Dr. Jules Guerin (*Gaz. des Hopiteaux*, 47,) says that chloroform narcosis, in spite of all caution, carries with it a certain amount of danger. On this account the author has endeavored to find an anæsthetic which does not, as chloroform and similar anæsthetics, act on the whole system, but only anæsthetize that part alone which is to be operated upon. He reported the following case;

A lady, æt. 60 years, who had a swelling in the right breast for 7 to 8 years, was sent to Guerin for an operation. Examination showed the presence of an undoubted carcinoma of the right mammary gland, which was grown to the skin, but which on the under part was still freely movable. No carcinomatous glands were to be felt in the axillary region. The general condition of the patient was lowered by a long continued bronchitis, with strong cough and expectoration. Besides this, the heart's action was very irregular. To exclude his patient from the danger attendant upon chloroform, the author did as follows: At a distance of four-fifths of an inch from the carcinoma he applied a layer of Vienna paste; after fifteen minutes the pain had completely discontinued. Five minutes later the paste was removed, and a dark ring was seen where it laid, encircling the tumor. By means of a fine platinum wire which Guerin had drawn through under the tumor by means of the sound, it was drawn outward. The doctor then cut the soft parts through in the line of the cauterization, without blood or pain. Then the whole base of the mammary gland was removed by means of fingers and scissors. The whole operation continued only ten minutes, and the patient lost scarcely two to three spoonfuls of blood. It was necessary to ligate but one artery.

The repair took place in a favorable manner, and the bronchitis improved. The scab from the cauterization, which fell off after three weeks, formed a protection against the absorption of septic material.

To what extent this "caustic anæsthesia" will supplant chloroform in severe cases, must be left, as the author said, till we have had more experience.

The Treatment of Cholera.

Though we are probably spared from this frightful disease (that has killed some 75,000 persons in Spain this summer and paralyzed business) yet it is rather more than likely that we will have it next summer unless our sanitary authorities are extremely vigilant. Hence it is well to gather together all that is reliable in reference to treatment. Dr. John H. Trader, of Sedalia, Mo., tells us through the *St. Louis Courier of Med*, July, that some ten years ago they had in their neighborhood a few cases of what appeared to be genuine Asiatic cholera, (though most likely it was not, as it was limited to a few cases,) yet it was so pronounced by Dr. T. J. Montgomery, who had passed through several epidemics of the genuine disease. Dr. T. had made up his mind that the best way to treat the disease was by hypodermic medication, so he provided a mixture of chloroform and glycerine and one of carbolic acid and glycerine. To the first patient to whom he was called he gave by a mistake the carbolic acid; the patient told him he had killed her, went off into a sound sleep, awoke after five or six hours much better, and next day was well. Since then Dr. T. has extensively used the following:

℞. Glycerole of carbolic acid,
Glycerole of chloroform,
Tinct. opii,
Tinct. matico,
Camphor water,
Aqua menth. pip.,
Aqua menth. virid., ℥j. M.

Of this mixture he gives about 15 to 20 drops every five to ten minutes in hot water until relief is obtained. He says that he was not, and is not now, disappointed in the power of this combination. He rarely ever fails to arrest disturbance of the stomach or vomiting depending upon disordered stomach, especially where the element of fermentation is present.

A New Method of Testing for Albumen.

Mr. G. P. Best describes in the *Brit. Med. Jour.*, June, 1885, an ingenious plan for testing urine. He dips a glass syringe into the chamber-utensil and draws up a small quantity of the urine, and then, inserting the nozzle of the syringe into nitric acid, sucks in a drop or two of that fluid; the well known hazy line at the touching point of these two fluids indicates the presence of albumen.

CORRESPONDENCE.

Why the Dram-Drinker's Nose is Red.

EDS. MED. AND SURG. REPORTER:—

It may be reasonably supposed that when the dram-drinker looks upon his face in the mirror, and sees that his nose is red, he would be anxious to know the exact cause of such a condition, and why the more alcohol he drinks, the greater becomes the redness; and also, why angry looking bumps, after awhile, make their appearance on the end and sides of the nose? It may not be out of place to tell him, in a commonplace way, the cause; for he is but little aware, as he looks at his nose, that, as it is reddened and congested by an unnatural supply of blood, so all the respective organs of his body are kept in a state of unnatural redness and congestion by the habitual use of alcohol. If he could see his brain, stomach, liver, lungs, heart and kidneys, in his mirror, as he sees his nose, he would find each of those organs in precisely the same condition as that presented by his nose; and this congestion of the vital organs explains to him the uncomfortable manner in which their functions are performed.

THE SYMPTOMS.

When in perfect health, the functions of the organs of the body are so quietly performed, that a man forgets he has lungs and heart. In fact, his general condition is so good, that he never thinks about his internal organs; but this is not so with the habitual drinker of alcoholic compounds. The alcohol which he drinks, keeps his organs in the same reddened and congested condition as his nose, and he is always complaining that his head aches, or feels hot, foolish and confused, that he does not sleep well, and has startings and jerkings of his limbs in his sleep; his appetite is capricious, his kidneys do not act well, and he has pains in his limbs and back, or his heart feels uneasy and has spells of palpitation, and his lungs do not perform their duty in a manner to make him feel at ease. He is nervous, tremulous, and easily startled; his liver is disordered, he has a bad taste in his mouth, and his tongue is coated with a thick white fur, accompanied by feverish and thirsty sensations about his throat. When the dram-drinker presents or complains of these symptoms, he may, without the slightest mistake, conclude that the alcohol has irritated his whole system, and that every organ of his body is in the same reddened and unnatural condition as that presented by his nose.

THE EXPLANATION.

The heart is a double organ, constituting within the body a force-pump, the duty of which is to receive two streams of blood, and to act upon them in a manner which necessitates the duty of sending two streams of blood in different directions. It has, likewise, two sets of vessels. The duty of one set of vessels is to carry the blood *from* the heart throughout the entire body, while the duty of the other set of vessels is to carry the blood back from the entire body *to* the heart to be sent to the lungs to meet with the air, by which it is purified. This explains how it is that the dram-drinker's breath always smells of alcohol. The alcohol when taken into the stomach passes in a pure state into the blood; and when the blood, thus mixed with alcohol, is sent by the action of the heart to the lungs, the alcohol is there taken up by the air in the lungs, and breathed out on the air by the act of breathing. Sometimes the breath is so loaded with alcohol, that the breath, as it escapes, will appear luminous, and can be plainly seen to be luminous when the long-practiced dram drinker breathes in the dark.

HOW THE ORGANS ARE DISEASED.

The vessels which carry the blood *from* the heart throughout the body, are called *arteries*. Those that bring it *back* to the heart, are called *veins*. The veins collect the blood from the organs and remote parts of the body, as rapidly as the arteries send the blood to such organs and remote parts of the body. If the heart therefore sends the blood to the different organs and parts of the body more rapidly than the veins can collect it, then more work is put upon the veins than they can perform, and the result is, a stagnation or congestion of the amount of blood sent in excess by the arteries for the veins to gather. Hence, as the dram-drinker's heart beats about thirteen times oftener in the minute than the heart of one who does not drink alcohol, the arteries in consequence of the increased action of the heart carry the blood to the dram-drinker's nose more rapidly than the veins carry it back, and the blood remains congested in the over-filled vessels, and gives the nose, face and neck of the dram-drinker an habitual redness. So stagnant is the blood thus congested in the over-filled vessels, that when the nose, face and neck of the dram-drinker suddenly meet a current of cold air, they immediately turn purple, and retain the hue until the warm air again restores them to their unhealthy redness. The blood thus stagnant in the dram-drinker's nose, not only causes its redness, but produces disease of the skin, and this disease of the skin causes red pimples to sprout out. In medicine, these pimples are known as *acne*, but in common language they are called *grog blossoms*, and these grog-blossoms never get well so long as the continuous use of alcoholic compounds is kept up.

THE INEVITABLE RESULT.

It is a medical fact, that as the influence of alcohol reddens the dram drinker's nose, and changes its appearance, so the alcohol reddens and changes the appearance of every organ of the body; and as the nose thus affected is not either in a natural or healthy condition, so every organ of his body, like his nose, is changed from a natural and healthy condition to an unnatural and diseased condition; and as the skin of the nose takes on unhealthy action, so the substance and covering of the internal organs take on diseased action, which results in a short time in the full development of incurable diseases, such as insanity of the brain, diseases of the heart, Bright's disease of the kidneys, hob-nail liver, and slow inflammation of the stomach. All these diseases exist at the same time in the dram-drinker; but the organ most diseased is apt to take the lead in the process of morbid action; and the other organs

being also in a state of advanced disease, the law of destruction soon asserts its power, and the dram-drinker passes anon from untimely disease into a premature grave.

J. B. Johnson, M. D.,
922 New York Ave., Washington, D. C.

News and Miscellany.

MEDICO-LEGAL NOTES.

BY HENRY A. RILEY, ESQ., OF NEW YORK.

A Farm for Lunatics.

The Legislature of New York some two years since authorized the purchase of a farm where the harmless lunatics now confined in the public institutions of New York City could be employed in light occupations. The Commissioners of Charities and Correction for a year and a half have been attempting to put this humane law into effect, and have made four different selections of tracts of land. In each case, however, the counsel to the corporation found some flaws in the titles, and advised that the purchase be not completed. The last selection made has a good title, so Mr. Lacombe reports, and the matter will at once be closed. The farm consists of about 900 acres, and is situated on Long Island, forty-three miles from New York. The tract consists of wild land, unimproved, but well watered and timbered. Next year the work of clearing the land and erecting buildings will be begun. The Commissioners of Charities and Correction have under their control more than five hundred harmless lunatics, who will all be benefited to some extent by light outdoor employment. The male lunatics will be employed as woodchoppers, ploughmen, and general farm hands, while the women will manage the dairy and poultry yards. Vegetables, butter, eggs and milk will be produced, it is expected at lower prices than are now paid for such supplies at the public institutions.

A Contract for Services in Settling with a Railroad Company.

The Michigan Supreme Court has just decided that it is contrary to sound public policy for a physician to agree with a patient injured in a railroad accident to accompany him to the officers of the railroad, explain the injury and its probable effects, receiving for compensation a sum graded according to the amount paid by the railroad company. The ground of the decision was that the physician was accepted by the railroad company as an impartial man, and they were to abide by his decision, and this being the case, a secret agreement which would give to the physician a higher compensation if he secured a larger sum from the company was so likely to render him biased that the agreement could not be held valid.

The court says that "such secret agreements by persons putting themselves in positions of confidence, come within recognized prohibitory rules as tending to defraud."

Injunctions Against the Adulteration of Food.

The remedy against adulteration of food products in New York lies more in an ordinary suit for damages than in the issuing of an injunction against the sale of the harmful articles. The latter is the easier and the quicker method, and is frequently applied for; but the courts generally refuse to grant it unless it appears that an injunction is necessary to "prevent irreparable mischief and also to suppress offensive and vexatious litigation." The rule is stated to be in one case as follows: "It is not every violation of the rights of another which may be ranked under the general head of nuisance which will authorize the interposition of this court by means of an injunction. It must be a case of strong and imperious necessity, or the right must have been previously established at law, or it must have been long enjoyed without interruption." There seems to be no certain criterion to go by, but the courts in each instance that comes before them, will judge whether the danger from the adulterated articles requires the summary process of injunction.

The Michigan Law for Ante-Mortem Probate of Wills.

The Michigan Supreme Court has recently declared that a statute which provides for the probate of a person's will before his death is inoperative and void. This statute attracted considerable attention at the time of its passage, as it was expected that it would have a tendency to prevent vexatious and expensive will contests, and similar bills were presented to the Legislatures of other States, but we believe were not passed. The effect of the law in Michigan has been, it is said, to be what was hoped for, but nevertheless the Courts have declared it unconstitutional and void by reasoning which it is hard to meet. The main ground of the decision is that the law permits relatives to appear and contest an *ante-mortem* will, who could have no rights at all until after the testator's death, and also puts them in a position of antagonism to him when they are supposed merely to represent him. It is also said with much force that the machinery of the law is set in motion to establish a will which the testator can an hour after destroy by executing another will, or which would be wholly inoperative by the death of the beneficiaries. The Court considers that the probate of a will before death does not come within the recognized judicial power of any tribunal, and that the law allowing it must be void. No will can be probated except as a help to administer the estate, and there is no estate until the testator dies.

Microbes in Sewage Irrigation.

The *Popular Science News*, August, 1885, refers to a curious experiment, shown a year or two ago, in which a long glass tube was filled with earth, and sewage poured in at the upper end. If the tube was long enough, perhaps six or eight feet, the liquid issued from the bottom clear and pure; its dissolved and suspended organic matters having been oxidized by the soil. If, however, before pouring in the sewage, a little dilute chloroform was allowed to filter through the earth, sewage subsequently applied passed through the tube without change; the oxidizing action of the soil being completely suspended. After some hours

or days, the soil regained its oxidizing quality. This experiment was believed to show that the oxidation of organic matters in sewage was something more than a chemical reaction, and that it depended, at least to a certain extent, on the presence of small living organisms, whose activity could be temporarily suspended by an anæsthetic, and with it the oxidation of the sewage. This theory has now been confirmed by additional observations; and the little creature which converts into fixed and harmless salts the putrefying impurities of such sewage as it can reach, is believed to be a micrococcus somewhat resembling the yeast-plant. Many and varied tests have been made to determine the conditions under which the disinfecting microbe lives and acts, and a good deal has been learned about its habits. It is found that it flourishes best, and is most efficient, at a temperature of about 98° F., nearly the temperature of the blood. At higher or lower temperatures its action becomes more feeble, and ceases altogether near the freezing point, or above one hundred and thirty degrees. Experiments to show its distribution in a clay soil prove that it is most abundant in the upper six inches, but is found to a depth of a foot and a half. Below that depth it cannot live, and soil taken more than eighteen inches below the surface has hitherto always failed to induce any change in nitrogenous solutions to which it was applied. These experiments cast a great deal of light upon many questions of sewage disposal by subsoil or surface irrigation; and further tests, made with some reference to this, would be easily made and extremely valuable. It is found, for instance, that nitrogenous solutions, in order to be acted upon by the oxidizing ferment, must be alkaline; acid liquids remaining unaffected. This observation shows at once that, where sewage is to be purified by irrigation, chemical wastes must be kept out of the drains. Normal house sewage is generally slightly alkaline, and in good condition for conversion; but the admission of the acid or poisonous wastes from a dye house, metal-working shop, or manufactory of any other kind, might render the sewage of a whole town incapable of purification.

Women Doctors in India.

Professor Rachel Bodley, Dean of the Woman's Medical College of Pennsylvania, has received a letter from Dr. Anna J. Noburn, a graduate of the class of 1882, who is now in India, asking her to send "medical women" to that country.

Dr. Noburn, writing from Simla, India, says that the women can act as missionaries and work for a specified salary, and adds:

"I went yesterday, at the request of Lady Dufferin, the wife of our new Viceroy, to talk over plans for establishing dispensaries and training schools for native women all over India.

"The idea was suggested to her first by the Queen, before she left England, and now she is making an effort to carry the idea out. Her plan is to raise a fund in India, from whatever sources she can, and from this support the work.

"I am not able to say what salary could be guaranteed, but it would probably be equal, all things considered, to what an ordinary doctor would make at home, and then it would be an assured income, which, of course, is an advantage. Lady Dufferin says that she herself would prefer those who would come as missionaries, but that some object. I told her, what persons of more experience than myself say is true, that the natives will choose the missionary physicians in preference to the others.

"A new hospital has just been opened in this place (Simla), and the surgeon in charge is anxious to get a lady doctor to take charge of the woman's ward, and one who can train classes of native women for midwives. He is willing to give $80 per month and a house, and as living in India is cheaper than at home, this sum is equal to a little more than $1,000 per year.

"What can the Women's Medical College of Pennsylvania do for India? There will be little trouble, I think, in raising the money needed, for the natives of India are anxious to have their women treated by women. If people at home had a better idea of what India is like, I am sure they would be much more willing to come. I must say that I prefer this land, in many respects, to my own native Ohio, and believe that the work of a doctor is on the whole easier here than there, for those suited to this climate, as I seem to be.

"In this connection I would say, that only those graduates who are especially well fitted to be doctors should be sent to India, as the English doctors here scrutinize them most closely. To begin with, they think our system of medical education superficial—that we turn out doctors too rapidly. Whenever I have an opportunity, I make as good a defense as possible, but, at the same time, I do not think Americans are in too much of a hurry. I believe, however, that our doctors, as a class, do their work more conscientiously than the majority of those one finds in India."

Electricity and Hygiene.

The Paris correspondent of an English exchange tell us that M. Gariel, in a lecture given at the Normandy Société d'Hygiéne, has treated the question of electricity and hygiene. The connection between these two subjects is rarely realized. It is generally known that electro-plating replaces gilding and silvering with mercury; but, beyond this, little is known of the hygienic importance of electricity. The first example cited by M. Gariel is the electric sifting machine, better known in America than in England. The jerking movements formerly given to the sifter, in order to separate the flour from the bran, diffused among the surrounding atmosphere fine dust, inimical to health; it caused disturbance of the respiratory organs. Electricity is also of inestimable value as a life-saver in mines. Formerly, numbers of miners lost their lives because, when their fuse burned too quickly, they had not time to seek safety before it exploded; or, if it burned too slowly, believing it had gone out, and approaching to place another fuse, they lost their lives. Electricity induces explosion at the moment desired; if it fail, the locality can be approached without danger. Part of M. Gariel's lecture treated of the application of electricity to alcohol. The alcohol extracted from the residue of beet-root after it has been used for making sugar, contains aldehydes,

which are both unpalatable and dangerous to health. MM. Maudin and Schneider have constructed an electric instrument, which adds a sufficient number of molecules of hydrogen to these alcohols, so that by distillation, all alcohols may be obtained free from such dangerous substances. M. Gariel also referred to the application of electrical currents for the prevention of deposits in boilers; and for warming the atmosphere, a method especially desirable for confined areas, such as railway-carriages. He also touched on the benefit to public health that would result from the use of the electric light. M. Gariel terminated his lecture by a few words concerning the influence of electricity on living beings. He believes that it must be extremely beneficial, but admits that its effects are all but unknown. Experiments on plants have given definite results, but are somewhat contradictory. M Gariel's lecture is published at length in the May number of the *Revue Scientifique.*

A Cow-boy's Bill of Fare.

One is accustomed to associate the idea of the out-door life led by cow-boys with the most robust health. That their strength and toughness is due more to their constant inhalation of pure air and their comparative freedom from the temptations of civilization than to the variety and delicacy of their food, the following menu will amply testify. When their day's ride is over, they gather a few sotol sticks and make a fire. Filling the coffee-pot with water from which the horses have drank and in which the cattle have waded, it is put on to boil. Cow-boys *must have hot bread three times daily;* so they cut off a few slices of bacon, put them in a skillet and fry them. The meat is then picked out, leaving the hot grease, to which they add a little water, put in flour, some baking soda, and a litle salt. This mess is stirred up till it becomes doughy. Then they take it out and play with it while a little with their hands. It is finally put back into the skillet, the cover put on, and fire is placed above, below, and around it. In a few moments the bread is baked or fried. Coffee, bacon, and bread; bacon, bread, and coffee; bread, bacon, and coffee, makes up the cow-boy's daily bill-of-fare, until he strikes some settlement, when fire-water is added to the list.

The American Rhinological Association.

We are requested to announce that the third anual meeting of the American Rhinological Association will be held at Lexington, Ky., October 6, 1885. Papers and discussion will be devoted exclusively to the diseases of the nasal passages and their sequences.

OFFICERS FOR 1885.

President—P. W. Logan, M. D., Knoxville, Tenn.

First Vice President—A. DeVilbiss, M. D., Toledo, Ohio.

Second Vice President—J. A. Stucky, M. D., Lexington, Ky.

Recording Secretary—C. A. Sims, M. D., St. Joseph, Mo.

Librarian—N. R. Gordon, M. D., Springfield, Ill.

Council—J. G. Carpenter, M. D., Stanford, Ky.; H. Jerard, M. D., East Lynne, Mo.; H. Christopher, M. D., St. Joseph, Mo.; E. F. Henderson, M. D., Los Angelos, Cal.

Information concerning the full programme, membership, papers, attendance, etc., may be learned from any one of the above officers of the Association.

Pennsylvania and Maryland Union Medical Association.

The Eighth Annual Reunion of the Pennsylvania and Maryland Union Medical Association was held August 27th, at York Furnace, on the Susquehanna river. Over a hundred physicians were present. They were from York, Dauphin, Chester, Lancaster and Delaware counties, Philadelphia, and Harford and Cecil counties, Maryland. Drs. Levis and Bair represented Philadelphia. The meeting was called to order by Dr. W. S. Roland, of York, President of the Society, who delivered the address. His subject was "The Social Relations of the Profession." The following officers for the ensuing year were elected: President, Dr. R. C. Broomell, Port Deposit, Md.; Vice Presidents, Drs. J. M. Deaver, Buck, Lancaster county, and G. S. Dare, Rising Sun, Md.; Secretary and Treasurer, Dr. S. J. Rouse, York; Executive Committee, Drs. Craig, Columbia; Houston, Collamer, Chester county; Virden, Lahadam, Md.; Milner, Delaware county; Bair, Philadelphia. It was decided to meet at this place again next year. After the meeting those present partook of dinner at Urey's Hotel.

The Veterinary Hospital of the University.

The hospital of the Veterinary Department at the University of Pennsylvania, in the new buildings at Thirty-sixth and Pine streets, was opened for the reception of sick and injured animals on Tuesday last. A circular letter from Dr. Huidekoper gives the rates for their board: For horses and mules the price is one dollar a day; for donkeys, cattle, sheep, and dogs, fifty cents a day; and for cats, birds, and small pet animals, twenty-five cents a day. Animals belonging to indigent and deserving persons will be treated without charge, and when taken into the hospital will pay board only. A blacksmith shop and competent farriers are attached to the hospital for shoeing lame horses, under the direction of the medical staff. The animals will be under the care of the veterinarians Dr. Huidekoper and Dr. Zuill.

Contributions are requested to the museum of the Veterinary Department, in the shape of diseased animals or monstrosities. The jaws, with teeth, of any animal—horse, cattle, sheep, dog, or hog—whose absolute age is known, and the entire heads of prize-winners and race-horses, will all be particularly acceptable.

Boston's Water Supply.

Since misery loves company, it is something of a gratification to Philadelphians who are compelled to drink Schuylkill water, to learn that Boston is in an equally sad plight. We learn that the publication recently of a report by medical experts who were appointed recently by the mayor to examine the sources of the city's water supply with reference to its purity, has caused a

great deal of excitement. This first report covers in detail only the Mystic system of supply, which furnishes water to about 150,000 persons, but it is intimated that disclosures equally bad will be made concerning the Cochituate system, which supplies the rest of the city.

It appears from the report which is made to the mayor that the banks of the ponds and streams of the Mystic system are lined with tanneries and other manufactories, the refuse from which is poured directly into the water, and that in some of the tributaries there is such an accumulation of filth that it can be taken up by the handful. The mayor has asked the new water board to act immediately, and it has promised so to do.

The Traction Conduits.

We have already noted that the Board of Health has declared the conduits of the Traction Company in this city a nuisance, prejudicial to health. The medical inspector of the Board has made an examination of these conduits, and reports as follows:

"The existing arrangements and constructions of the Traction Company, Market Street Line, was perhaps as good as any that can be devised, if properly attended to. It is necessary that the conduit should be kept clean in order that the cable may move freely. In order that the grip may take hold securely, it is necessary to pass the cable continually through a bath of tar and the residuum from the distillation of petroleum.

"By this means the conduit is kept deodorized, if not partially disinfected. To make the cleaning more thorough, the conduits should be flushed at least once a week."

Pierced by an Iron Rod.

Henry Sutton, a little more than two weeks ago, while engaged in agitating an oil well, attached an iron rod, known as the polish rod, to the sand pump line and lowered it to the bottom of the well. A sudden rush of gas threw the rod from the well and about thirty feet into the air, and in falling it struck Sutton on the right side of the neck, came out on the side below the breastbone, entered again at the hip, and emerged from the flesh at the knee. The vital organs were not penetrated, but it was thought there was very little hope of his recovery. In spite of this Sutton has continued to improve, and will most likely get well. The rod which passed through Sutton was three-quarters of an inch in diameter.

Injured by an Elephant.

One of the big elephants broke loose from his moorings in a circus tent in this city last Monday. Before he could be secured, he seized one of the employees with his trunk and viciously hurled him a long distance, injuring him severely. He was conveyed to the Pennsylvania Hospital—the man, not the elephant.

An Epidemic Among the Babies.

Advices from Mahanoy Plane, Pa., under date of August 29, state that almost every day new cases of cholera infantum are reported at Frackville. Several deaths have occurred. It is feared it will become an epidemic. Seven deaths have resulted from this cause the last two weeks.

A Druggist's Fatal Mistake.

Last Monday, in Hoboken, N. J., a physician ordered some powders, containing each ten grains of quinine, for two young ladies, to one of whom he was engaged to be married. By mistake the druggist put up morphia instead of quinine. One powder was taken by each of the girls, with fatal results.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended August 22, 1885.

Bailhache, P. H., surgeon. Granted thirty days leave of absence, August 15, 1885. Chairman of board to examine candidates for appointment as Cadet in the Revenue Marine Service, August 19, 1885.

Irwin, Fairfax, Passed Assistant Surgeon. Recorder of Board, August 19, 1885.

Compressed Tablets for Hypodermic Use.

The difficulty of adjusting with nicety the amount of active drug for hypodermic injection is neatly overcome by the employment of the "Soluble Compressed Hypodermic Tablets," advertised by Messrs. John Wyeth & Bro. They are prepared of a variety of ingredients, such as are most usually required in practice, and put up in small glass tubes. They simply require to be dissolved, and thus the physician can with no trouble have at hand a permanent form of exactly measured agents for his purpose.

A Rum-Crazed Man's Freak.

A well-to-do farmer, living near Weisburg, Dearborn county, Indiana, while in a condition bordering on delirium tremens recently, piled the bedding and furniture on the floor in his room, set fire to it, and then mounting a chair on a table in the middle of the room, and arming himself with a shotgun, bade defiance to his imaginary tormentors. When the neighbors rescued him his eyes were burned, and he was otherwise so badly burned that he cannot live. The house and its contents, worth $3,000, were destroyed.

Precautions Against Small-Pox.

We are pleased to learn that Drs. H. R. Mills, Myron Northing, John J. Mulheron, and Fitzhugh Edwards, have been selected for temporary duty at Port Huron and Detroit, Michigan, under directions from the Marine Hospital Bureau, to aid the State authorities in preventing the introduction and spread of contagious diseases from Canada. This action was taken by the Acting Secretary of the Treasury at the request of the Governor of Michigan.

The Rooks and Cholera.

The peasantry of South Germany have been thrown into a state of consternation over the sudden and inexplicable departure from the country

of the rooks which for centuries have made their abode there. The flock of rooks which nested in the spire of the Ratisbon (Bavaria) Cathedral, recently departed and have not returned. This general evacuation by the rooks is regarded by the people as heralding the approach of an epidemic of cholera.

OBITUARY NOTICES.

DR. FRANCIS ASHHURST.

Dr. Francis Ashhurst died August 17th, at his late residence, in Mount Holly, N. J., of congestion of the lungs. Dr. Ashhurst was a son of the late Lewis R. Ashhurst, and was born in this city, in January, 1842. He received the degree of Doctor of Medicine at the University of Pennsylvania, and was subsequently a resident physician at the Episcopal Hospital. Dr. Ashhurst was a member of the County Medical Society of this city, and other similar organizations. He removed about twelve years ago to Mount Holly, where he had a large and extensive practice. He was well known in Burlington county, where the family of his mother (formerly Miss Hazlehurst) have resided for over one hundred years. Dr. Ashhurst, in conjunction with his mother, founded the Burlington County Hospital at Mount Holly. It started from small beginnings, and there is now a commodious hospital building, occupied by a number of patients. It is the only hospital in the county. Dr. Samuel Ashhurst, of this city, and Mr. Richard L. Ashhurst, a member of the bar, are brothers of the deceased.

DR. D. H. GREGG.

Dr. D. H. Gregg, a wealthy citizen of King William County, Va., was found dead from apoplexy at a hotel in Richmond, on August 25th. He was in the 84th year of his age, and was a native of Boston, and a graduate of Harvard. He came to Virginia when quite young. An examination of his papers brought to light a will which made various bequests, amounting to about $50,000. A codicil leaves the residue of his estate, amounting to from $100,000 to $150,000, to St. Joseph's Female Orphan Catholic Institution of Richmond, the interest to be devoted to the education of female children, of Caucasian race, without regard to religion or nationality.

Items.

—In the *Boston M. and S. Jour.*, July 30, Dr. James R. Chadwick reports ten cases of pregnancy and labor, complicated with fibroids.

—The æsthetics of the sick room have received an impulse from Dr. Lawson Tait, who is said not to accept homely women as nurses for his patients.

—The Madras government, it is reported, is having cinchona extract made in large quantities for gratuitous distribution among the native population in fever-afflicted districts.

—Telegrams from Rome state that 200 persons have been poisoned through eating the ice-cream sold by an ambulant vendor of Riposti in Sicily, on the occasion of a local holiday.

—The false teeth of an elderly woman living near Logan, O., became dislodged during a severe spell of coughing, a day or two ago, and slipping into her throat, choked her to death.

—The Barotte prize of 3,400 francs, awarded to the inventor of the most important and useful invention for agriculture, has been awarded to M. Pasteur.

—Senator Allen, in the Baltimore *American*, writes that he was credibly informed when in the Gulf States, that a teaspoonful of powdered alum is a certain cure for rattlesnake bite.

—Thomas White and his wife Sarah, of Brooklyn, who are possessed of the idea that they are bewitched, have been committed to an asylum as lunatics. They are the persons who kept their dead child in the rooms until decomposition set in.

—It is stated that in the German army salicylic suet is now used universally for foot-sores, sores from riding, etc., and that is found much more satisfactory than the salicylic powder which was formerly used. The salicylic suet consists of two parts of pure salicylic acid, with ninety-eight parts of the best mutton suet.

—The other day a Sanford, Fla., physician, who suspected that some one was peeping through the keyhole of his office door, investigated with a syringeful of pepper sauce. He found his wife, half an hour afterward, with a bandage over her left optic, and she told him that she had been cutting wood and a chip had hit her in the eye.

—Sea-water can be rendered palatable by removing the chlorides, and Thomas Kay, President of the Stockport (Eng.) Natural History Society, says citrate of silver will do this. He says that one ounce of citrate of silver will convert half a pint of sea-water into a drinkable fluid, and a man can keep alive on it a day, or seven ounces will serve to sustain life for a week. He proposes that bottles of the citrate of silver should be secured in the life-boats of ships, and used when absolutely required.

MARRIAGES.

DOTY—BRUCE.—August 3d, 1885, in New York, at the residence of the bride's parents, Dr. Alvah Hunt Doty to Mary Thornton, daughter of Colonel Sanders D. Bruce, all of New York.

CALDWELL—MATTHEWS.—July 2d, 1885, at the residence of the bride's mother, by Rev. F. M. Hopkins, D. D., Dr. J. S. Caldwell and Miss Lillian Matthews, all of Cincinnati, O.

DEATHS.

ASHHURST.—August 17, 1885, at "Clover Hill," Mount Holly, N. J., Francis Ashhurst, M. D., aged forty-one years.

EVANS.—August 24, 1885, at Steelton, Pa., Dr. John F. Evans, of Downingtown, Pa.

FINLEY.—August 4th, 1885, at Fort Concho, Texas, Dr. Samuel Moore Finley, Acting Assistant Surgeon United States Army, oldest son of the late Surgeon-General Clement A. Finley, United States Army.

JUMP.—August 17, 1885, in the morning, at Dover, Del., Isaac Jump, M. D.

KING.—August 4th, 1885, in Washington, D. C., Dr. Hervey W. King, a well known clerk in the Navy Department for the past fifteen years.

MONTGOMERY.—August 3d, 1885, at Muncy, Pa., Hugh Montgomery, M. D., in the eighty-second year of his age.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

DUODENO-CHOLECYSTOSTOMY—ERRONEOUS VIEWS OF IT CORRECTED.

BY J. M'F. GASTON, M. D.,

Of Atlanta, Georgia.

The study of biliary obstructions, and of the proper measures for their relief, has a peculiar interest at present, in view of the surgical proceedings which have been adopted and proposed by different members of the medical profession. Among these, I have suggested as a remedial operation in obstruction of the gall-duct an opening from the gall-bladder into the duodenum for the passage of the bile into the alimentary canal. This proposition has been illustrated by experiments on dogs and by demonstrations of its practicability on the human cadaver; but thus far has not been practiced on a living human being.

Amongst various notices of this operation indicating some misapprehension of my suggestion, I observe on page 100 of the *Medical Bulletin* for April, 1885, that Prof. Roberts Bartholow states, "The objection to the operation is, that the cystic duct is tortuous, and that the bile would have to make a long journey from the liver to the intestine, besides the uncertainty attending the operation itself."

While he understands perfectly, that it is taken for granted there exists complete impermeability of the duodenal orifice of the common duct as a condition for this proceeding, he seems to have overlooked the fact that a large portion of the bile finds its way ordinarily into the gall-bladder, and being there, it may be discharged directly through the cysto-duodenal communication into the alimentary canal; and hence it is begging the question to claim that this is a circuitous route for the bile.

If it is claimed that this process is objectionable when compared with that of an external fistulous opening in cases of obstruction of the gall-duct, his view, that the cystic duct is tortuous, holds as much against the cutaneous outlet as against the cysto-duodenal communication, and is not tenable in either case.

As I have stated that "should any communication with the duodenum exist, however small it may be, dilatation of the ductus choledochus should be attempted," the remarks of Bartholow touching the practicability of catheterization call for the special consideration of surgeons.

"There is great difficulty in exploring the cystic duct unless the sound is most flexible, for just beyond the gall-bladder the duct makes a sharp bend which it is difficult to pass. If the sound is very flexible and great care is used, it is possible to turn this bend and pass the sound into the cystic duct, but I think not beyond into the common duct." This difficulty was verified in my demonstration of the relation of the ducts in the dog, reported at page 83 of the *Southern Medical Record* for March, 1885, as follows: "Upon passing my probe through the opening from the sac into the cystic duct it descends readily into this, and passes into one of the hepatic ducts, but cannot be made to enter the ductus choledochus, probably owing to the angle at which they unite. I now introduce the probe from the opening of the common duct into the duodenum, and it is seen to

glide readily into the tube, but does not find its way into the cystic duct."

Yet, Dr. C. T. Parker reports that in his case he "passed a No. 10 Van Buren sound through the fistula and common duct into the duodenum," traversing, of course, the cystic duct in its course from the gall-bladder. And Dr. J. Marion Sims states in the autopsy of his case, that Mr. Ganal "was able to pass a probe from the gall-bladder through the ductus communis choledochus into the duodenum."

Hence, it seems that the anatomical relation of the ducts referred to by Bartholow, and indicated by me, does not preclude the passage of a sound or a probe; and these should admit of catheterization when not entirely occluded, which would seem to warrant my recommendation of attempting dilatation.

With the lights before us, it is clear that an effort should be made to overcome temporary obstructions of the common bile-duct before proceeding to attach the gall-bladder to the duodenum. I have only suggested a recourse to the cysto-duodenal communication when no outlet can be effected through the natural channel, and it should be distinctly understood that this process is advised only in cases with *permanent occlusion of the common duct.*

My paper was based upon the recognition of an impediment to the natural outlet of the bile from "obstruction of the gall-duct," implying necessarily the ductus communis choledochus. An occlusion of the cystic duct prevents its entrance into, as well as flow from, the gall-bladder, so that it did not come within the scope of my investigation, excepting as a complication of the remedial operation suggested, and hence I have presupposed its patulous condition in proposing an outlet for the bile by a cysto-duodenal opening.

In an article by Mr. Lawson Tait in the *British Medical Journal* of September 7, 1885, page 275, he summarizes the problematical difficulties which rise up before his mind in regard to making a communication between the gall-bladder and duodenum, and says that from his "experience of artificially-made fistulous openings, the chances would not be very great in favor of the artificial communication remaining long open." But when it is remembered how this fistulous opening is made by the destructive ulceration of the tissues constricted by the ligature, it will be understood that the constant flow of bile through this outlet should keep it patulous quite as well as the external discharge of bile preserves the cutaneous orifice open.

The preservation of an opening under such circumstances depends upon the persistence of the discharge, in like manner as the vaginal outlet from the bladder is kept open by the unremitting flow of urine in their fistulous communication. In the case of vesico-vaginal fistula there is perhaps no instance of spontaneous closure, and it may be expected that the bile escaping through this cysto-duodenal fistula shall prevent its closure.

It is true, that in my sixth case, when killed by the inhalations of sulphuric ether, after remaining over five months without any obstacle to the free discharge of the bile by the natural channel, the artificial opening made by the ligation had become obliterated; but this proves nothing as to the result in cases of obstruction of the gall-duct, when the discharge must be forced through the artificial opening continuously. Could the second operation, eight days after the first in this case, have enabled me to ligate the common duct, as was intended, and thus turned all the bile into the sac and thence through the fistulous communication into the duodenum, there can scarcely be a doubt but that the cysto-duodenal outlet would have continued open.

The superficial examination of my paper by Mr. Tait is indicated by his noting only the experiments on five dogs, when the sixth dog was the subject of observations upon which my chief claim for this operation is based.

An objection to my suggestion is urged upon theoretic grounds by Tait, that "the contraction might, in process of time, form a stricture of the duodenum." But practically no such constriction of this canal ensued in the case of my sixth dog, after more than five months had elapsed, and the specimen which I have preserved shows an entirely normal calibre, without any induration or stricture in its walls. So we may conclude that his apprehension is unfounded in fact. With the use of a single silk ligature to connect the walls of the gall-bladder and the duodenum, and effect a communication between their cavities, the requisite inflammation is induced for the adhesion of the serous surfaces, without material alteration in the textures of either the sac or the duodenal canal.

It is further alleged by Tait, that "it is perfectly certain that the proceedings which are recommended for dogs could not possibly be applied to the human being." This assertion is not based upon a knowledge of comparative anatomy, and is disproved by my demonstration on the human cadaver, of which a full report is given in the *Southern Medical Record* of March 20, 1885.

It will be observed that Tait assumes this position without having instituted a single experiment himself, and evidently without a proper understanding of those made and reported by me, so that his unsupported declarations cannot be accepted as in any way invalidating the evidence of facts which I have presented in favor of the efficiency of this operation, and the profession may rest assured that this proceeding will bear the test of experience.

A critique of my paper in the *Birmingham Medical Review* of March, 1885, takes issue with the operative procedure proposed by me, and from beginning to end manifests a total misconception of my views in regard to the gall-bladder and its dependencies. The author disregards entirely a fundamental point, that my article claims to discuss "obstruction of the gall-duct and its bad consequences," which so clearly implies the common bile duct, that no explanation is needed to comprehend that the cystic duct is not involved in biliary arrest or obstruction. While its occlusion may be attended with retention of bile, mucus, or sero-purulent fluid in the sac, this stoppage causes none of the peculiar troubles resulting from the obstruction of the outlet of the bile into the duodenum for which a remedial operation is suggested by me. Fortunately others are capable of understanding the facts, and comprehending my reasoning upon them, which will enable my readers to appreciate in its true light this flippant attempt at criticism.

There is one point referred to, indicating that the contents of the alimentary canal (and not fæcal matter as stated), may pass from the duodenum (and not from the intestine as alleged), into the gall-bladder.

Apart from the fact that no such complication is reported in the operation of Winiwarter, in which it is inferred that the cavity of the sac communicated with the intestinal canal, there was no evidence of such regurgitation in the dogs that lived from ten to fifteen days, with a free opening from the gall-bladder into the duodenum.

In the erect posture, and indeed under almost all attitudes of the body, gravity co-operates with the natural propulsion of the bile towards this dependent opening, and thus obviates any retrograde movement. While the gall-bladder ordinarily serves as a reservoir for the bile, which is discharged only occasionally, the creation of a cysto-duodenal communication allows the bile to flow out continuously, so that its cavity assumes the character of a canal rather than the nature of a receptacle, serving simply for the free passage of bile through it into the duodenum. Under such circumstances the walls of the sac become contracted, and the vis a tergo affords a steady pressure upon the fluid contents in a way to prevent the ingress of the more consistent alimentary mass in passing from the pyloric orifice of the stomach through the duodenal canal. The principle of the injection in hydraulics, bringing the force of the greater column to bear upon the lesser in their onward movement, should moreover afford some traction or suction, so as to favor the escape of bile into the canal. No apprehension of the possible regurgitation of the contents of the duodenum into the gall-bladder need therefore present a barrier to the adoption of this process in cases of obstruction of the common bile duct.

The editorial in Gaillard's journal setting forth the grounds for recognition of originality in conception and priority in execution on my part, in this cysto-duodenal operation, is not accepted by some, in view of the operation of Van Winiwarter to establish an entero-cholecystic fistula. Not only the *Birmingham Medical Review*, but the *Medical Record* and the *Medical News*, have shown a serious misapprehension, in supposing that this attachment of the gall-bladder to the large intestine first, and afterwards to the small intestine, as practiced by Winiwarter, corresponded to my operation by opening a communication by ligature between the gall-bladder and duodenum.

While I am far more interested in demonstrating the great practical importance of this proceeding, than in preferring any claim to consideration as its author, it may be stated that my conception of this surgical procedure was based upon "ulcerations connecting the gall-bladder and that part of the intestine adjacent to the duodenum" discovered in an autopsy made early in the year 1881, and upon my observation of a case on March 12th, 1881, that recovered from what was diagnosed as "obstruction of the gall duct with cysto-intestinal communication." The former is noted at page 366 and the latter at the top of 371, in the October number of Gaillard's Journal for 1884.

In the summer of 1884, when my experiments on dogs were undertaken, on independent preconceived principles, for demonstrating the practicability and utility of a cholecysto-duodenal outlet for the bile, I did not know of Winiwarter's case, though it was recorded in a foreign journal in 1882. Even when the details of these experiments were published in the September and October numbers of the *Atlanta Medical and Surgical Journal* for 1884, the notice of this operation by Musser and Keen, presented to the College of

Physicians and Surgeons of Philadelphia on September 3, 1884, and published in the October number of the *American Journal of Medical Sciences*, had not come to my knowledge.

But putting aside the question of priority, it is proper to note the difference in a pre-determined recourse to the ligature for opening a communication from the gall-bladder into the duodenum, which shall at the same time induce the firm union of their outer surfaces, from an incidental attachment of the sac to the large or small intestines, as done in Winiwarter's cases; and I appeal to the medical profession at large to decide this issue of originality and priority, which has been raised by the journals at home and abroad. As an offset to their misconceptions of my proposition, I respectfully submit the comments made upon my suggestion of a cholecysto-duodenal communication by the *Southern Medical Record*, the *Atlanta Medical and Surgical Journal*, and *Gaillard's Journal*, in an editorial subsequent to that accompanying my paper on "obstruction of the gall-duct, etc."

The first-named, in its number of January 20, 1885, says: "We observe that some of our exchanges take issue with the designation of this as 'Gaston's operation,' owing to the fact that Dr. Winiwarter had previously performed an operation for 'attaching the gall-bladder to the colon.'"

"If the physiological doctrine of the important rôle of the bile to the chylopoetic viscera be well founded (as we consider it is), there is a very wide difference in the result of carrying the bile into the duodenum and into the colon; so that there is really no ground for the claim of precedence in favor of Winiwarter's operation, as reported in the *Prager Medizinische Wochenschrift* in 1882, over Gaston's operation having a totally different aim.

"Dr. Gaston gives the result of some experiments upon dogs which are calculated to illustrate the practicability of uniting the walls of the gall-bladder and duodenum by an elastic ligature, and encircling this with stitches of catgut so as to effect adhesion of the surrounding surfaces when the opening is made by constriction and cutting of the tissues; and states that all the stages of these successful experiments have been verified at different times by fifteen of his colleagues in this city.

"A comparison of this process, for utilizing the bile by delivering it into its proper channel, with others, which remove it entirely from its appropriate spheres, either by directing it into the colon, or turning it outside of the abdominal wall, as in cholecystotomy, must be favorable to the adoption of the remedial operation suggested by Professor Gaston.

"The fact is clearly established by the experiments on dogs, that 'a fistulous opening through the adjoining walls results from the action of even a simple silk ligature attaching the sac to the intestine,' the bile being delivered where it belongs and of right ought to be, so that it only remains to test its practical application to man, for this operation to be recognized among the approved surgical procedures of this progressive age."

The *Atlanta Medical and Surgical Journal* of February, 1885, says: "The original experiments of Dr. Gaston were published in this journal, and we were present at the last operation of the series, in which the walls of the gall-bladder and duodenum were united by a single silk ligature. This was verified subsequently as successful in effecting the communications, and we are informed that the subject of it continues in a healthy condition at present, to undergo a final exploration shortly by a third laparotomy.

"Believing that this operation is destined to become an important curative agency in obstruction of the gall-duct, we deprecate the misconception of it by the *Medical Record*, of New York, for January 3, and by the *Medical News*, of Philadelphia, for January 10, in confounding it with the operation of Von Winiwarter for attaching the gall-bladder to the colon. As an operative procedure the latter has no more claim to precedence against the former than an attachment of the gall-bladder to the stomach, or to the urinary bladder, or even to the abdominal wall, might prefer over its union with the duodenum, which returns the bile to the natural receptacle in the alimentary canal.

"No measure thus far adopted in permanent occlusion of the gall-duct has proven satisfactory, and Gaston's operation offers the most favorable solution of the difficulty."

With this, I can bide my time for putting it into practice, and rest my claim to recognition upon the dying testimony of him who honored me by associating my humble name with this operation.

Gaillard's Medical Journal for January, 1885, states that "in Gaston's operation, the bile is introduced into the duodenum, and performs its important physiological functions; while in the operation cited by the *Record*, the bile is diverted from its physiological course, and is made to intermingle in the colon with the remains of the food, from which all nutrition possible has been extracted.

"Physiologically the operations bear no relation whatever to each other.

"Anatomically they are still more different.

"The *Record* tries to make the conditions after these operations similar by saying that Gaston has 'an exaggerated notion of the importance of the gall-bladder to the animal economy.' But Gaston in attaching due importance to the bile in digestion does not, on that account, include the gall-bladder in the estimate, but the bile producer, the liver.

"It is a very faulty and unreliable physiologist who undertakes at this day to depreciate the importance of the bile. Surely, if one is familiar with the teachings of Murchison, Bidder, and Schmidt, Frerichs, Harley, and others, he cannot commit such a blunder, or compare an operation in which the bile is allowed the force of its entire digestive role, with one in which it is discharged into the colon—that is, cut off from the food, and virtually discharged externally.

"It is true, that after the operation of cholecystotomy a number get well, and that both men and dogs live after a fashion, after they are deprived of the digestive and nutritive forces of the bile. But that does not touch the fact that food subjected to *all* of the gastric and intestinal fluids, the bile excepted, is not digested properly; whereas, as soon as the bile is allowed to supplement these incomplete forces, the digestion is normal and complete.

"Gaston's operation, therefore, is original. It is physiologically and anatomically an entirely different one from that cited by the *Record*, and it is, moreover, the only operation known for occlusion of the bile-duct, as a result of which digestion and nutrition are preserved normal and complete."

With such indorsement of this new process for conveying the bile into the alimentary canal, I feel warranted in commending it to the adoption of surgeons, and I shall feel no hesitation in availing myself of a suitable opportunity for testing its benefits on the human subject.

THE CHARACTER OF THE PULSE.

BY J. M. PINKSTON, M. D.,

Of Faunsdale, Alabama.

It is not that I intend presenting anything new, but merely to call attention to a fact of practical importance that may be of interest to some members of the profession that are not thoroughly conversant with the relation that the action of the heart bears to the radial pulse under certain circumstances. In the first place, in a natural pulse, or as long as the systole of the ventricle is sufficiently strong to force enough blood into the aorta to dilate the same, the aorta retaining its elastic force, by which the blood is driven onward, we may expect the pulse-rate to correspond with the systole of the ventricle; but when the heart's action is too weak for each contraction to force sufficient blood to dilate the aorta, it having lost a certain amount of its elastic force, we may not expect the pulse and contractions of the heart to be in proportion. It has been my sad experience to witness this disproportion in several cases in the last hours of life. Frequently when the pulse is so weak as to be felt only at intervals, we will notice it very suddenly get stronger and slower; now when this happens, it inspires the friends, and often the physician, with hopes; they regarding the change in the pulse as favorable, when in reality it may be one of the most unfavorable symptoms. Now in these cases, what we mistake for a pulse as indicating the action of the heart, in other words corresponding to the ventricular systole, is only a pulse-wave representing about one-third of the contraction of the heart and aorta. When the vital forces have given way to the extent as above stated, there being a very moderate quantity of blood pumped into the aorta by each ventricular systole, and the aorta being almost in a state of inertia, having lost to a certain extent its elasticity, though an extensible tube, would necessarily require two or three contractions before the stimulus would be sufficient to cause contraction of the aorta to force the blood onward; therefore there would be one or more secondary waves to follow and be fused into the primary before reaching the radial artery. I have seen this mistake made in more than one instance, for which reason I call attention to the fact, that we may always examine the heart of a dying patient, and not be deceived by a seemingly hopeful pulse dependent on very unfavorable circumstances, and be induced to inspire the friends with hopes at a time when the symptoms are the most unfavorable.

—An English editor has been struck with some of the answers in the school-children's examination-papers in popular science, and gives a few specimens of them. Among them are "the humerus (or upper arm-bone) is known as the 'humerus,' and is often called 'the funny-bone.'" "The sweet-bread is otherwise called the pancras (for pancreas), which is so named from the Midland Railway Station in London." "A thermometer is an instrument used to let out the heat when it is going to be cold."

HOSPITAL REPORTS.

LECTURES ON INSANITY.

Delivered at the University of Pennsylvania,

BY CHARLES K. MILLS, M. D.,

Lecturer on Mental Diseases in the University of Pennsylvania; Consulting Physician to the Insane Department of the Philadelphia Hospital; Neurologist to the Philadelphia Hospital; and Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic.

Reported by WILLIAM H. MORRISON, M. D.

LECTURE VI.

The Case of J. C., Hanged for Killing a Young Woman—Monomania Chiefly Showing Itself as Erotomania.

GENTLEMEN: To-day I shall give most of the hour to the discussion of the case of J. C., a man whom, with Dr. H. E. Goodman, I was called to examine as to his mental condition the day before his execution. The recollection of the examination will not soon fade from my mind; at present it remains so vividly with me that I trust I will be able to relate to you without effort its main features.

In my last lecture I began the consideration of the subject of monomania, discussing the various meanings which have correctly or incorrectly been assigned to the word; defining the term, as I purpose to use it until I find a better; and speaking of some of its divisions and subdivisions according to different authors—simple monomania, or monomania without delusions, and delusional monomania; intellectual, emotional, and volitional monomania; megalomania, etc.

The prominent abnormal mental characteristics of the man whose story I hope to tell to-day—so far, at least, as those characteristics could be determined by a single protracted interview—were enormous egotism and vanity, absence of anything like a moral sense, a lack of judgment and logical power amounting almost to imbecility, and silly, exaggerated, and delusive ideas with reference to women.

This latter characteristic constitutes a form of erotomania, which may be defined as one of the so-called monomanias, in which the patient develops a romantic affection, which may or may not be connected with sexual passion, for individuals of the opposite, or sometimes even of the same sex.

To help you to a better understanding of the subject, let me, before taking up our special case, say a few words about the victims of erotomania. Hammond* gives the details of several interesting cases of this kind. A young lady of good family developed a romantic affection for a gentleman whom she scarcely knew. She talked about the object of her admiration almost continually; she wrote fulsome sentimental letters to him; she followed him to a hotel and publicly declared her love and admiration. She finally was put under medical care and treatment. Erotomaniacs often single out public characters—actors or actresses, singers, statesmen, millionaires or millionaires' daughters, prominent clergymen, public officials, etc. Sometimes, as stated by Hammond, failure to secure recognition causes a change in the character of the emotion, and leads to violence or murder.

In 1816, an actress, Miss Frances Kelly, was shot at the Drury Lane Theatre by a man named George Barnett, an attorney's clerk, who for several months almost daily had been sending Miss Kelly amatory epistles, sonnets, acrostics, and other professions of his love. Barnett was tried and acquitted on the ground of insanity, and sent to the Bethlehem Hospital for the Insane. "While there, he composed an ode to Miss Kelly, but finally lost his love for her, and spent his time in addressing amatory poems to every young lady whose name and residence he could discover."

Beard* relates of Guiteau, that while in New York, shortly before he shot President Garfield, he became infatuated with the idea of marrying the daughter of a Fifth Avenue millionaire, and followed and annoyed with his attentions a lady whom he supposed to be this daughter, but who was another relative. In the West, he followed a young lady in the same way until he was finally kicked or horse-whipped by her father. Beard also records three other similar cases; the first, that of a man who for months annoyed with his ridiculous attentions the daughter of one of the wealthiest men of New York City; the second was a faithful and trustworthy clerk of a well-known merchant, who showed the same sort of foolish infatuation for his employer's daughter; the third was a man who persistently followed Miss Nilsson, the singer. These three men were all eventually sent to insane asylums.

While, however, erotomaniacs frequently select public characters for their unsolicited and obnoxious attentions, such is not always the case; their affections may be directed to almost any one that chance or accident throws in their way. Their attachments are sometimes fickle, and they are not always satisfied with one object of adoration.

I will first give a brief account of the crime and trials of J. C., as obtained from the newspapers and other sources.

J. C., about 28 years old, lived with his parents on the banks of the Susquehanna river. He shot and killed a good-looking young girl about 18 years old, employed in the family as a domestic. Later I will give his own statement as to the manner in which the crime was committed.

The affair created a great deal of excitement. J. C. was arrested, and was tried in October, 1881. The killing was admitted, the defense being insanity. He was convicted of murder in the first degree, and sentenced to be hanged; but in May, 1882, the Supreme Court granted a new trial, deciding that the judge, in his charge, erred in instructing the jury that "the presumption of sanity can only be overthrown by clearly preponderating evidence." The Supreme Court ruled that only "fairly preponderating" evidence was necessary.

The case was called again at the November term, but on motion change of venue was granted to another county.

On Monday, April 23, 1883, the new trial be-

*A Treatise on Insanity in its Medical Relations.

*Journal of Nervous and Mental Disease, October, 1882.

gan. Again a strong effort was made to prove the insanity of the prisoner, over twenty witnesses being called to testify to his past actions and the general repute in which he was held. Over thirty witnesses were called in rebuttal, and two weeks were spent on the trial, which ended with a verdict of guilty of murder in the first degree, the jury being out three hours. He listened to the verdict calmly, but his mother wept bitterly.

A motion for a new trial was made and subsequently was argued and overruled, the prisoner being sentenced to be hanged. The case was again taken to the Supreme Court, which refused to interfere, and the Governor appointed Tuesday, the 22d day of April, for his execution. Wearied out by the long litigation, C.'s father seems to have lost all hope of serving his son, but the mother never gave up. She went to the Governor's office personally, and her lawyers brought the matter up before the Governor and the Board of Pardons, asking for a respite of 60 days to give opportunity to introduce testimony as to the mental condition of the prisoner, and for argument.

From what I could learn, I infer that his father was a rough, uncouth sort of man, eccentric, or even more, but a man who had lived through a long life without committing any criminal acts. The mother stated that John was all right when he was born, and so far as she knows there was nothing the matter with him until he reached the age of sixteen, when he accidentally shot one of his hands and as a consequence lost some of his fingers. She dated the mental peculiarities from about that time. I think it somewhat doubtful that this had anything to do with it. It probably was simply a coincidence, although, perhaps, it may have assisted in developing what mental peculiarity he afterwards exhibited. A couple of years later, he had typhoid fever. These people lived in a peculiar way. The young fellow told me that his folks, as well as the rest of those living in this region, were known as "cornwhackers," which is something I suppose on the order of bushwhackers. His father and he were continually quarreling, and it depended on who got the shot-gun or the pistol first in the morning as to which should rule the house during the day. In one of these skirmishes, he received a severe wound on his head from an iron kettle in the hands of his father, the mark of which he showed to me. This occurred when he was 19 or 20 years old. He was noted as a strange character, not only in his immediate neighborhood, but also at Marietta and other places in that region. He was said to be a licentious man, and was called crazy by many people, although he was bright and shrewd enough in a great many things. He was always noted for his egotism, his habit of continually talking about himself.

The young girl, E. M., came to live with the family, from a neighboring town. John fell in love with this girl, as he had a habit of falling in love with almost any girl he met. As you will presently see, this is a point in connection with this case. He wanted the girl to marry him. He told me that she had promised to marry him, and explained how she used to tease him.

He gave the story of the murder in pretty much the way I give it to you. One morning he met the girl in the stable, and asked her if she was going to marry him. The girl replied that "she was not going to marry him or anybody else." He said, "If you will not, I will shoot you." She replied, "Shoot," and he shot her. He then shot at himself twice. Both the wounds were, however, only flesh wounds, and neither serious; one was on the sternum, and the other on the back of the head. He then went into the house and went to bed, where he was when his mother came and inquired for the girl. He said that he had killed her; that she was dead, and that he had killed himself, too. (*Sic.*) His father then went for an officer and had him arrested. He said to the constable that there was no use in arresting him, for he had killed himself. The officer replied that he had killed one, and that that was enough, and took him to jail.

As stated, the defense of insanity was used, but recognized experts were not, I believe, employed in the case. A number of physicians, however, testified to his insanity; others testified that he was sane. After conviction, efforts were made to respite him in order that an examination should be made of his mental condition.

Dr. H. E. Goodman and myself examined him twenty-four hours before the time set for his execution. I will give, as well as I can, a detailed account of our interview, and explain what I think to be the nature of the case. It was stated in the newspapers that he had heard that the Governor would not respite him, and that he had broken down. Dr. Goodman and I, accompanied by another physician, and a lawyer, went to the prison to see him. Looking through the opening in the door of the cell, we found him with a broom sweeping his cell in a fussy way. We went in and were introduced to him, without, of course, stating our object in calling on him. We found a rather good-looking man, about five feet ten or eleven inches in height, and very well built. He had led an out-door life. He had dark hair, dark black moustache, dark eyes, and a peculiar but not a bad-looking face. He was not a brutal-looking man.

He said he was glad to see us, and immediately continued, "Well, I am a pretty nice, and a good-looking fellow. Ain't I?"

We replied that we thought he was.

"Yes," he said, "I am; there is no doubt about it; and I am a pretty well built man, too."

We asked him how he liked his quarters.

"O! well," he said, "I am getting sort of used to them, but I should prefer an out-door arrangement of some kind."

Then, without leading, he passed to a subject upon which we were afterwards informed he constantly dwelt.

"You see," he said, "I am a good-looking man, and fond of the ladies; and they are very fond of me."

We learned that no matter on what subject he began to talk, he would in a little while invariably pass off to talk about the women or girls. His refrain was that he was fond of them, and they were fond of him.

In order to draw him from this subject, I said to him, "John, I suppose that you know that your end is near, and that you will probably die within twenty-four hours?"

"Yes," he said, "I guess so. I rather think I

will. The people seem to have made up their mind that they will get rid of me, but it seems rather hard in a civilized nation like this for the people to want to do such a thing."

We asked him, "if he was prepared."

"Oh, yes," he replied; "I am prepared. It is all right with Jesus." He then rattled off two or three verses of Scripture, and continued, "I am all right with the Lord! The Lord Almighty is for me."

Immediately, to our astonishment, he then said: "By the way, do you know how well I beat that fellow out of a watch?"

We expressed surprise.

"Yes," he said, "I took an old brass watch and burnished it up. I tried to beat another fellow, but he got ahead of me, and gave me one of these watches with a glass face; so I thought I would beat the next fellow that came along. Somebody came into the cell and I made a trade with him. I got his watch and ten cents to boot."

We asked him if he supposed that the Lord looked favorably on actions of that kind.

"Yes, I think he does. It is all right so far as that is concerned."

He then once more branched off to his favorite topic of women. All around his cell, he had fastened up cheap pictures, which had been cut from newspapers, theatre bills, and the like. He was much enamored with a very inelegant but striking picture of some woman performer in a traveling troupe. In reference to these pictures, among other things, he said: "Even if we cannot have them here alive, I would rather have them here this way than not at all."

We again got him off to another subject, by asking about the crime that he had committed. He gave an account of it in pretty much the way that I have given it to you. He remembered that he had killed her, but could not remember exactly how he came to do it. He remembered and he did not remember. He said very naïvely, "I am sorry they did not let me go. I had nothing against E. I am glad though that it is all right with the Lord, so that I can go to heaven and be with her. If I can be with her, I'll be satisfied."

We asked him about his father and mother.

"Well," said this strange being, "you know mother is nice. She is very good. Poor old soul, I pity her. I pity that woman; I just tell you I do. She is going on around here; she feels bad, and it almost makes me feel bad myself. But as to father, the old man and me could never hit it. It was always one or the other to be on top. We took a little shooting match one day. Even if it was my father, I thought I might defend myself, and I would take a pop at him if he did at me." On this occasion, he shot a piece off of his father's coat. In this connection he told me of his father striking him on the head with the iron kettle.

Suddenly he came back to his favorite topic. "You know," he said, "about these women who have been visiting me? They come around here, and think I am a pretty good-looking fellow, and get rather taken with me. You have heard of one of them, haven't you?"

We said we had not, but should like to hear about her.

He then mentioned the name of a well-known woman of the community, who either out of humanity or curiosity had visited him, as had also a number of other women. He said of this one: "I am in love with her, and she is in love with me; still she acted pretty mean. I wrote her a letter telling her that I loved her, but she never answered it; but I know that it is all right." (He had in fact written a number of letters to this woman.) He continued: "You know the women come here, and although I am so fond of them, they do act sort of scared. They sit this way," (getting on the edge of a chair and mimicking a half-frightened look). "They ought not to be afraid of me. A man who likes women as much as I do would not hurt them."

This will give you an idea of the character of the man. Of course, much more passed, but this will be sufficient. Before we left him we again tried to draw him to some other subject, and told him that we thought there was not a particle of hope of his being reprieved. He agreed to that, but thought it was a shame for them to act so to a "soft-headed fellow like him."

He spoke of his "spiritool" advisers, as he called them. He referred to one in particular. He said of this minister, "He came down here and picked up that almanac, and turned over the pages until he came to April 22d" (The day on which he was to be executed). "That," said he, "was a pretty nice thing for a 'spiritool adviser' to do; that was. He was a pretty brave man, too, for I felt like punching his head. He asked me if I did not want to make a speech on the scaffold; if I did, he would take care of me. The idea of my making a speech and getting into all these nasty newspapers, that are all down on me, anyhow. I told the sheriff that he wanted me to make a speech, and that I would not do it; and the sheriff told me that my head was level, and I think it is."

He then again went on to speak of the women. We then said "Good-bye." He said, "Good-bye. I am a pretty good sort of a fellow; better than those cornwhackers down there."

That is about the last that he said to us.

He had no hallucination of hearing or sight that could be made out.

He told one yarn, which was probably one of the funny, or half-smart things of which he was full. He said, "Some fellow came around here one night about seven feet six, and looked down through that hole (the opening in the door) and said, 'John, I guess you are going to be hung,' and then got out. That was a pretty thing to do in a civilized nation." There was, however, no evidence of hallucination.

This man either suffered from monomania or imbecility, or he was perhaps on the border line between monomania and imbecility. He was very vain and egotistical, a peculiarity that had been noted by every one who had known him. He had very exalted notions of his own worth, strength, and good looks. In addition, he had some tendency to persecutory ideas with reference to others. He was certainly not a case of true melancholia, as I saw stated in the paper-book of the plaintiff in error to the Supreme Court. If depressed at all, he was subject to logical, or rather illogical, depression, rather than to emotional depression, as is the case in true melancholia.

He was an illustration of one form of that phase

of monomania termed *erotomania*, which I have explained. He could not be kept from the subject of women. Was he shamming for effect? I think not, although to some extent he may have affected silliness of behavior. He may have been informed of our errand. Both Dr. Goodman and myself made allowance for this possibility.

My description of his remarks may make them seem irreverent, but such was not the case. They showed an utter imbecility, an utter want of appreciation of his true condition, an utterly foolish and silly frame of mind.

It is one of the most difficult matters to decide as to the responsibility of the individual in cases of this kind. It is questionable whether some cases of monomania are not responsible for the commission of some crimes. The line cannot be drawn by deciding that the case is one of some form of insanity, but each individual case must be studied on its own merits. The community is naturally always very much excited in such cases. It is not in a condition to listen to anything like reason. There were even threats of lynching this miserable man if he should be respited.

Most of those who had seen much of him thought that he was insane. I learn from the papers that he marched to the scaffold and died, as most monomaniacs do, without any sign of fear.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

Stated meeting, August 17, 1885. The President, C. T. Parkes, M. D., in the chair.

A Case of Ovariotomy

Was reported by Dr. C. T. Parkes, as follows: In Feb., 1885, the patient, Mrs. R., aged forty-three, ten children, came under the care of Dr. O'Connell, of Ponca, Nebraska, who diagnosticated ovarian tumor. Dr. Parkes was requested to perform ovariotomy. He found the patient in fair condition generally, hopeful and clear-minded. The abdomen was glistening with distension. Fluctuation was extremely well-marked in all directions and in all positions of the patient. No resonance anywhere. No umbilical hernia. Her trouble dated from August, 1884, when a small tumor was perceptible in the right side. It gradually increased in size until January 17, 1885, when local peritonitis set in and was followed by rapid distension. Ovariotomy was done March 24, 1885. The patient had been placed in a bright light and an incision four inches in length made in the abdominal walls, midway between the umbilicus and pubes, to the peritoneum. There was no peritoneal fluid, but fortunately the bright light enabled me to distinguish between the peritoneum and the sac of the tumor, so closely were they applied to each other by adhesions. The adhesions were broken down so far as the hand could reach. A trocar was next plunged into the tumor and about eighteen quarts, or about 36 pounds, of a dark, sanguineous fluid evacuated. The sac was enormously distended and very thin. After the most of the contents were drawn off, the opening made by the trocar was closed by Nelaton's forceps. The sac was still adherent extensively, laterally and posteriorly. These were destroyed as completely as possible, and yet it was impossible to draw the sac through the opening, or to reach the deeper adhesions to the pelvis and flanks. Finally a free space was found in the right iliac fossa, the sac turned up and the pedicle found and secured. The greatest difficulty was found in separating the sac from the intestines, which were universally adherent to the posterior surface of the sac, and could only be reached by turning the tumor upwards after division of the pedicle. A firm, broad adhesion to the stomach at the top of the cyst could not be separated, so a portion of the outer wall of the cyst, corresponding in size to the adhesion, was dissected from the tumor, and in that manner the entire tumor was finally removed. The pedicle was about two inches long and very slender, and came from the right side of the uterus. It was noticed in the specimen exhibited that the sac was almost entire, and that it was not smooth and glistening, but rough from the adhesions, and at lower part there was an indurated mass about the size of a large orange. The sac and mass together weighed but three pounds. There was a vast area of oozing surface from which the adhesions had been torn, yet very little blood was lost. The abdominal cavity was thoroughly sponged, a drainage-tube introduced, and the wound closed by six silk ligatures.

The length of the incision, after the removal of the tumor, was but two inches. The patient progressed favorably until the fourth day, when she was attacked with severe and persistent vomiting, rising temperature and pulse. Stercoraceous vomiting ensued and increasing exhaustion, until her death, on the sixth day, pointed toward bowel obstruction.

The points to be noticed in this case are the great extent of the adhesions, the only clear space being in the right iliac fossa, the only way to reach them being to ligate and separate the pedicle and then turn the sac upwards; the small size of the pedicle to such a large tumor. It seemed to be approaching the conditions of a free ovarian tumor described by Mr. Doran, who explains their presence by atrophy and abruption of the pedicle taking place when there are very vascular adhesions of the tumor to other parts, through which nourishment is carried on. It was also noted that this patient went along all right for five days, then symptoms of intestinal obstruction set in. The question was raised, whether it is not the urgent duty of the surgeon in such a case to reopen the abdominal wound, and search for the seat of the obstruction and remove it.

A Case Requiring Battey's Operation

Was next detailed by Dr. Parkes. Miss M., age 17, single, an American, had suffered greatly from pain referred to right iliac fossa, increased during menstrual periods, for one year previous to placing herself under his care, January, 1885. She was already an invalid. Examination *per rectum et vaginam* disclosed retroversion of the uterus, accompanied with a dislocation of the right ovary into the Douglass *cul de sac*. Medical treatment having failed, Battey's operation for the removal of the prolapsed ovary was done June 2, 1885.

Nothing unusual occurred during the operation, and the patient convalesced rapidly. The temperature never rose above 99°. The dressing placed upon the wound was the dry dressing consisting of iodoform, antiseptic gauze and a layer of absorptent cotton. This dressing was not removed until the seventh day, when the stitches were removed. The line of cicatrix was perfect throughout. There was no formation of pus. The blood around the stitch-holes was dry and scaly. The case was remarkable, principally, from the absolute freedom from any discomfort during the recovery from the operation. It was the first example of dry wounds Dr. Parkes had ever seen. The patient was out in three weeks. The uterus was not fastened in its new position, and is slightly anteflexed, but not anteverted. The morbid specimen exhibited is the ovary much enlarged with two small parovarian cysts developed on it.

A Case of Double Ovariotomy

Closed the series of cases presented by Dr. Parkes. Mrs. P., æt. 44, and had borne five children. She complained of a tumor growing for the last two years over the situation of the gall-bladder. February 15, 1885, Dr. Parkes made an exploratory operation, and after cutting into growth, out popped this biliary calculus, about one inch long and bean-shaped. Nothing further was done, and the tumor began to disappear. However, during the manipulation of the abdominal walls he discovered two small tumors in the pelvis, in the region of the ovaries, which were supposed to be ovarian growths, but were not disturbed. But they rapidly grew in size, and were removed by laparotomy on June 16, 1885. The bowels had been moved two days previously. The abdominal incision disclosed the larger of the two tumors now shown, the larger filling the anterior inlet of the pelvis and held down by slight adhesions. These were broken down and the mass removed. It was found to be the degenerated right ovary. The pedicle was extremely short, and was with difficulty secured. It was tied, divided, and the stump dropped. Likewise the left ovary was removed and found to be degenerated. The tumor being smaller and pedicle longer, no difficulty arose. Finally, in sponging, quite free bleeding was noticed from the right pedicle. It was again transfixed close to uterus, and all hemorrhage ceased.

It was noticed that the sigmoid flexure of the colon was distended with fæces, and this condition was remarked as unaccountable, from the fact that free catharsis had been obtained only two days previously. The patient did nicely for ten days after the operation, with the exception that no action of the bowels could be secured by medicines or enemas. A careful digital examination revealed, high up in the rectum, a stricture which could not admit the end of my index finger. The slight opening was surrounded on all sides by a thick, dense deposit of abnormal growth. The question of relief seemed to stand between forcible dilatation of the stricture and the establishment of an artificial anus. July 30, he dilated the stricture so as to admit three fingers in a cone shape. The tissue was very dense. It broke down with difficulty, and the induration extended up the bowel quite two inches. After this was done the scybalous mass was easily removed. By the next day the bowels had moved several times, freely, and tympany disappeared. As Dr. Parkes had to leave the city July 5th, the patient was left in the care of Dr. R. G. Bogue, who subsequently told him the patient had died suddenly on July 10th, with symptoms of perforation of the bowels. Two inquiries arise:

1st. Is it not well to examine the rectum thoroughly before operations, in all cases?

2d. Would the establishment of an artificial opening, as soon as the nature of the obstruction was determined, have given a better result in the case reported?

Dr. Parkes also exhibited a specimen of epithelioma of vulva, which he had removed by Paquelin's cautery.

Dr. Etheridge opened the discussion by asking how far we could go in removing portions of the intestine in cases of obstruction. He said that he had recently had a trying experience in a case of ovarian tumor, in which, after the operation, the patient reacted well, but in forty-eight hours vomiting came on, which soon became stercoraceous and the patient died. On post-mortem examination, the whole of the large and most of the small intestines were greatly distended with flatus. A short piece of the small intestine, just where it entered the large one, was collapsed, and with great difficulty could any of the flatus be forced through it. He asked the author of the paper if he would have had the courage to have removed this portion of the intestine.

Dr. Franklin H. Martin said he had been very much instructed and entertained by Dr. Parkes' well detailed report. It had impressed him with three points or lessons that were dwelt upon in a recent article by A. Vander Veer, M. D., of Albany, N. Y., in the July number of the *American Journal of Obstetrics*, citing "personal observations on the work of Lawson Tait," at his private hospital, in Birmingham, England. These three points, which to his mind explain, to a great extent, the wonderful results of that great operator, are:

1. Cleanliness, pure air, and sunlight.
2. Efficient good-looking nurses.
3. Close personal supervision, and attention to after-treatment.

In the first case Dr. Parkes reported to-night that good light had saved him from going directly into the sac of the cyst in attempting to enter the peritoneum. This case also, he suggested, might have fared better had he been present to have given personal attention to the movement of the bowels, thus, possibly, removing the obstruction which was apparently present. In the third case, if personal attention had been given to the bowels sooner, the obstructions due to the stricture might have been removed and the ultimate result been more favorable. Here the nurse was at fault. Again, in the third case, if personal attention had been possible, the early operation of artificial anus, as Dr. Parkes suggested, might have influenced favorably the ultimate result.

Dr. Weller thought that dilatation of the rectum was the only feasible method of relief in the case in which a malignant growth was formed in the lower bowel. An operation for an artificial anus would have been difficult under the circumstances.

Dr. Stevenson asked why not open the sigmoid flexure and remove the accumulation from it at the time of the operation?

Dr. Parkes closed the discussion by saying he would remove a portion of the intestine if it presented the only way of saving the patient's life. If in a few days after the operation symptoms of obstruction should come on, he would reopen the wound and seek for the seat of the trouble. He said that his theory of the best mode of procedure in these cases was gaining ground in the profession every day. Dr. Hamilton, of New York, lately reported a case of a gun-shot wound of the abdomen, in which there were eleven perforations of the small and four of the large intestine. These were sewed up and the patient recovered.

The cause of the constriction in the case reported by Dr. Etheridge was probably due to an obstruction of the arterial supply to this part of the intestine, causing it to contract. Little good would come from an operation in this case. He thought an artificial anus might have been made in the second case referred to in his paper, though the bowel was distended. In these cases only a small opening was necessary. This might have prolonged the patient's life a short time. The cause of death was perforation of the bowels, resulting from an ulcer incident to the dilatation of the rectum. He generally used saline cathartics to open the bowels. He would not have been justified in removing the accumulation from the sigmoid flexure at the time of operating, on account of the additional shock to the system it would have caused.

Observations on the Cause and Treatment of Infantile Eczema and Allied Eruptions,

was the subject of a suggestive paper read by Henry T. Byford, M. D. He said, in the winter of 1880 he had been called to attend Mrs. R. in her fifth confinement. Two of her other children were dead, and two more, apparently healthy at birth, had died in convulsions before they had completed one year of life. Both of the last two had suffered from scabby eruptions, and had become somewhat emaciated but had not been considered syphilitic. The child born at this time, seemingly healthy at first, soon broke out with what appeared to be an ordinary eczema pustulosum. This eruption occurred on the scalp and on different parts of the body. The child suffered from progressive emaciation, and at the age of three weeks it would easily have been mistaken for a case of struma, to be treated with cod-liver oil. The patient was quickly relieved by calomel in minute doses and mercurial inunctions.

The next case referred to was that of Augustus G., seen first in the summer of 1876. The child had pustular eczema of the scalp, great nocturnal restlessness, and suffered from progressive emaciation. There was no cause to suspect syphilis from the appearance of the child, but the father acknowledged to what seemed to be a perfectly cured attack of syphilis. The eczema rapidly disappeared, and the infant gained in flesh upon calomel powders and mercurial inunctions.

In contrast with these syphilitic cases, he next mentioned the case of E. H., a child one year of age, fat and well nourished, with no possibility of a syphilitic taint, but suffering from an eczema of the head, which spread over the body in patches. Prolonged local treatment had not improved it. The disease soon disappeared under the use of one-fifth grain powders of calomel, given twice a day, and an ointment composed of a drachm of carbolic acid in an ounce of oxide of zinc ointment. The child had been over-fed, and was put upon a restricted diet. There was no return of the disease.

The next case was one in which the eruption invaded the eyelids and caused great conjunctival sensitiveness. By the use of quarter-grain doses of calomel, given twice a day until a laxative effect was produced, then once a day, combined with the external application of carbolized oxide of zinc ointment and a borax eye-water, the condition of the patient was soon greatly improved.

He had succeeded in relieving many other severe cases of eczema by the use of calomel, and it made no difference on what part of the body the eruption occurred or what the condition of the patient was otherwise.

That eczema so frequently occurs in infancy, the large size and great activity of the liver in early life, and the striking action of calomel, had led the author to associate indigestion with infantile eczema as cause and effect. In syphilitic cases the alterative powders often produced an amelioration in the skin trouble sooner than they could through their direct action upon the blood poison. In all cases it is important to regulate the diet.

He knew of no authority who had considered derangements of the liver, and its accompanying digestive disorders, as the chief cause of eruptions of the skin, or who had recommended calomel as the chief remedy for its cure.

As calomel produced such prompt relief, and as improvement of digestion usually followed rather than attended the action of the remedy, one is led to believe that the cure is brought about not merely by improving digestion, but by a removal of waste irritating matter from the system, and from the great efficiency of mercury over other laxatives. He believed that the irritating materials are not only in the retained fecal matter, but also in the blood—the products of imperfect digestion, assimilation and excretion.

He was led to the use of calomel in eczema from noting its good effect in cases due to syphilis; and as these patients improved so well under its use, he next tried it in cases where syphilis was only suspected, and then in all cases.

The usual dose was from one-quarter to one-eighth of a grain powder, given twice a day, the dose to be reduced if too great irritation of the bowels was produced. In cases of children over two and a half years of age, in order to avoid salivation, he usually gave purgative doses of calomel every six or eight days, and trusted to diet and other remedies in the meantime.

In the discussion, Dr. E. J. Doering said he had not used calomel in eczema, but had had good results from the use of corrosive sublimate. He intends to use calomel, after this, in such cases, and he thought nothing better could be found to use in chronic cases.

Dr. J. Zeisler remarked that he was very much interested in this paper, and, especially, to hear that calomel was useful in eczematous skin diseases. He had always held the view advocated

by Hebra, that eczema was caused by external causes and required external applications for its cure. Calomel might be of use in cases due to syphilis. He would not use blue ointment on young children. He asked whether it would not be best to use some external application in cases where there were thick masses of crusts covering the diseased part, and also whether the author of the paper had found salicylic acid useful in this disease.

Dr. C. W. Purdy thought retained excreta a cause of eczema, and called attention to the close relation existing between the intestinal tract and the skin, the condition of the one affecting the other. He had seen cases cured by the use of calomel, and would favor this treatment.

Dr. J. A. Robison said that Dr. Byford had found mercury beneficial in syphilitic and non-syphilitic cases, probably because given in small doses it was a general tonic, as iron or cod-liver oil, increasing the number of red blood corpuscles and enriching the blood. Thus it counteracted any dyscrasia present.

Dr. Byford concluded by saying that Hebra was doubtless right in saying that eczema is caused often by external causes, but in some cases it was clear to him that the disease is due to causes arising within the system itself. In later years Hebra had modified his ideas of this disease somewhat. Although eczema could be cured by external applications, when so treated it is very apt to return. It is not so when removed by the use of calomel. External medication would often hasten the cure. He did not use salicylic acid. He believed that calomel in these cases acted as an agent causing eliminations, as well as being a tonic.

The Society then adjourned.

Editorial Department.

Periscope.

Two Cases of Removal of the Whole Tongue for Epithelioma: Remarks.

Mr. Berkeley Hill thus writes in the *Lancet*, July 18:

Excision of the tongue in cases of cancerous disease of that organ is undertaken by the surgeon with the view either of entirely removing the disease or of relieving pain. The following methods of operation have been suggested: (1) Excision of the whole or a portion of the tongue from the mouth; (2) removal after division of the lip and jaw; and (3) excision through openings below the jaw. The removal from the mouth by means of scissors when possible, as in the second case recorded, is the one which finds most favor at the present day, incisions for the removal of diseased glands being afterwards made according to the necessity of the case. Division of the lower jaw adds considerably to the risk of the operation, and is not performed unless it is not possible to reach the growth without, or unless the jaw is infiltrated by the disease. The submental operations are rarely performed.

For the following notes we are indebted to Mr. Bilton Pollard, surgical registrar:

Case 1. W. W., a man aged fifty years, was admitted to the hospital on March 16, 1885. He stated that he had had pain in swallowing during the last seven months, and that he had noticed a lump beneath his chin for about three weeks. On admission the tongue was much enlarged, and the left side of it was the seat of a hard new growth; there was no ulceration of the dorsum or the side of the tongue, but the tongue was almost immovably fixed to the floor of the mouth, and the submental tissues were much indurated. There were three enarlged glands beneath the left angle of the jaw.

On March 25th, Mr. Hill made an incision in the middle line of the lower lip down to the bone, and dissected off the labial tissues from the front of the lower jaw; he then divided the lower jaw in the middle line, and, finding the bone was implicated, he divided it again on the left side just in front of the masseter muscle, and on the right side just beyond the first bicuspid tooth. Mr. Hill then commenced to free the tongue and submental tissues from the superficial tissues of the neck; but as the breathing became embarrassed, owing to escape of blood into the pharynx, he opened the trachea and put in a tracheotomy tube, through which the anæsthetic was administered during the rest of the operation; a sponge was placed at the back of the pharynx. The tongue and sublingual tissues were then snipped away from the mere superficial structures, first on the one side and then on the other, with scissors; the right lingual artery was seen before it was cut, so it was first seized with a pair of forceps, and then tied; the left lingual artery was divided, but it was quickly seized with the forceps, and tied. Both sides being freed, the tongue was then separated from the hyoid bone on the dorsum, and was pulled strongly outwards, whilst the snipping with the scissors was continued from the dorsal surface till finally all the structures beneath the tongue were removed as low as the hyoid bone, the tendon of the left digastric muscle being removed with the growth. One enlarged lymphatic gland lay close to the sheath of the carotid artery, and in its removal the left facial was wounded, but the bleeding was quickly arrested. The edges of the wound were brought together with six wire sutures, and dressed with iodoform and iodoform wool. The parts removed consisted of the portion of the lower jaw from the right canine to the first left molar tooth inclusive, the entire tongue, both sublingual glands, the left submaxillary gland, and a chain of lymphatic glands which reached lower than the level of the hyoid bone. The right half of the tongue was normal. Microscopical examination of the left half of the

tongue and submaxillary gland showed them to be largely occupied by fibrous tissue and small round cells; in many places tubes of squamous epithelial cells ramified through the tissue; in the more superficial parts the cells were distinctly epithelial and had dentated borders, but in the deeper parts the cells were smaller and were contained in areolar spaces, and resembled rather the arrangement of cells in carcinoma. After the operation the patient was fed by nutrient enemata, and in the afternoon of March 26th (the day after the operation) Mr. Hill passed a tube through the mouth into the stomach and some "egg-flip" was administered, the patient being fed in a similar manner afterwards. The temperature usually ranged between 98.4° and 99.6°, and reached 101° on only one occasion and 100° on two. The tracheotomy tube was removed on the thirteenth day after the operation. An enlarged lymphatic gland was detected in the right submaxillary region on the nineteenth day, and this, with two others that after removal were found to be normal, were excised on the twenty-first. The only difficulty and trouble the patient experienced after the operation was from mucus collecting in his mouth and throat and from the irritation of the ends of the divided lower jaw. The patient began to feed himself by the mouth on the twenty-eighth day, and expressed himself as being quite freed by the operation from his former constant pain and discomfort. He was discharged on the forty-sixth day after the operation; two glands could then be felt in the neck.

Case 2. *Squamous Epithelioma of Tongue; Removal with Scissors; Temporary Relief; Death eight months later from Recurrence.*—G. L——, male, aged fifty-five, was admitted into the hospital on April 1st, 1884. He had been a great smoker, had had syphilis thirty years ago, and white patches had existed on his tongue for three years. On admission there was an epitheliomatous ulcer on the anterior third of the middle of the tongue, and behind it there were white patches on the dorsum of that organ; the lymphatic gland beneath the genio-hyoid muscle and those at the angles of the lower jaw were enlarged. Mr. Hill removed the whole tongue with the scissors according to Whitehead's method; four arteries bled freely on the right side, but only one on the left; they were easily secured and ligatured. The stump of the tongue was fixed up by a ligature passed through its base. The temperature reached 100.4° on the evening of the operation and 100.6° on the following day, and afterwards remained normal. The patient made a rapid recovery, and was discharged on the thirty-sixth day after the operation. Four months and a half later, he was readmitted with recurrence in three glands, which were about the size of walnuts. There was one in each digastric triangle, and another at the anterior border of the right sterno-mastoid muscle at the level of the cricoid cartilage; these were removed, and the wounds were dressed with Listerian antiseptic dressings; on the right side the submaxillary gland and anterior belly of the digastric muscle were implicated, and were accordingly removed with the glands; the internal jugular vein was implicated by the growth in the neck, so it was clamped and tied above and below, and about an inch of the intervening portion was removed with the glands. The temperature reached 100.6° on the first and 101° on the second day after the operation, and afterwards remained normal. The patient made a rapid recovery, and was discharged on the fourteenth day after the operation. He was admitted again three months later with return of the growth in the floor of the mouth, in the lymphatic glands behind the right angle of the lower jaw, and in the right side of the neck, where there was a large tumor which had broken down in the centre and was suppurating; the abscess was opened, and the patient was temporarily relieved, but he died of exhaustion and bronchitis five weeks after his last admission to the hospital.

Remarks.—In the first case, that of cancer of the tongue and floor of the mouth, the operation, which was very extensive, was undertaken with the sole view of relieving pain and delaying the death of the patient by exhaustion. So far it was very successful, though as a means of ridding the patient of his disease it will in all probability prove ineffectual, notwithstanding that the whole of the sublingual tissues and lymphatic glands were removed. The ease with which, after division of the jaw, it was possible to perform such an extensive operation with a pair of scissors was worthy of note; the vessels were either clamped before division or at once picked up afterwards, and so there was very little loss of blood. In the second case of removal of the tongue the entire organ was removed through the mouth by the scissors, according to the plan advocated and so ably practised by Mr. Whitehead. In the case now recorded, Mr. Hill extirpated the whole tongue with the greatest ease, and with but very slight loss of blood; and, provided the operator has a good assistant, it is difficult to understand the great and even fatal loss of blood which has occurred in, at least, one recorded case. This operation reduces excision of the tongue to the level of other major operations; the surgeon deliberately cuts away the whole of the diseased structures, and when he divides a vessel he treats it as in other situations by tension or ligature; the tissues are not bruised nearly so much as by the écraseur, and consequently there is much less sloughing on the surface of the stump, and less liability to septic infection afterwards. There is also less, in fact practically, no liability to secondary hæmorrhage after Whitehead's operation. During two years that Mr. Pollard was resident surgical officer to the Manchester Royal Infirmary, he witnessed the removal of many tongues with the scissors by Mr. Whitehead and his colleagues. In only one case was there hæmorrhage afterwards, which occurred from a small vessel which bled when the patient was recovering from the shock of the operation.

Case of Tpyhoid Fever Complicated by Tetanus, with a Brief Review of other Recorded Cases of this Complication.

Dr. Henry M. Fisher thus writes in the *Med. Times:*

S. C., æt. 34, colored, had for about a week before my first visit to him experienced irregular chills, slight epistaxis, and sore throat, and had been languid and restless at night. I was called to see him March 21, 1884. I found

that he had high fever (temperature 105° F.), and that there was much tympanites, but was told that he was decidedly constipated. At the time of my visit his nose was bleeding freely. Ordered cinchoninæ sulphat. gr. x, at 7 and 9 a. m., and acid. muriatic dilut. gtt. v, every three hours.

March 22. Pulse 100; temperature 105°. Tympanites undiminished. Very free epistaxis.

March 23. Pulse 92, and weak; temperature 102.2°; tongue moist; mild delirium. Says that he sees "horses, dogs, and elephants." Epistaxis continues, and he has had some vomiting; abdominal wall tender to the touch; splenic dullness obscured by extreme tympanites; no movement of the bowels. Ordered calomel, gr. vi, and for muriatic acid substituted acid. carbolic. liq., f.℥i, tr. iodin., f.℥ij, to be given in drop doses every two hours.

March 24. Pulse 96, and fuller, temperature 103°. Complains of much abdominal pain. The calomel did not operate, and his intestines are greatly distended with gas. Very free epistaxis last night. Ordered calomel, gr. vii, sodii bicarb., gr. x, and increased dose of iodine and carbolic acid to two drops.

March 25. After an injection yesterday evening, patient's bowels were moved six times. He was less delirious during the night. Temperature 104.3°. Marked increase in hepatic and splenic dullness. Tongue still moist, but lips dry. Ordered cinchoninæ sulphat., gr. xv, at 5 and 7 a. m.

March 26. Pulse 92; temperature 102.4°. Marked double vision this morning, and had muttering delirium during the night. No further movement of the bowels. Abdominal pain still complained of. Calomel and soda repeated, and ordered quininæ sulphat., gr. viii, at 4, 4.30, and 5 a. m.

March 27. Pulse 88; temperature 102.8°. Expectorated some blood this morning, which appeared, however, to have come from posterior nares. Calomel again failed to operate. Appetite has improved.

March 28.—Was called to see patient at 6 a. m., and found that for about two hours he had been in convulsions. Pulse 84; temperature 99.2°; respirations about 10 in minute, and breathing of Cheyne-Stokes type—one long, sighing respiration being followed by several shorter and shallower ones. There is complete unconsciousness, with marked clonic spasm of the muscles of the upper extremity and of the facial muscles, with only slight intervals of comparative muscular relaxation. There was very decided tonic rigidity of the masseter muscles (trismus). Applied cold to the head by means of Leiter's tubes, and directed the cap to be kept constantly applied. Four hours later his condition had changed very little, except that the paroxysms were even more violent. His eyes were wide open, and he had a startled, frightened look, but appeared to be almost if not quite unconscious. There was marked opisthotonos. His jaws could not be separated sufficiently to introduce food or medicine by the mouth, so I ordered him milk and beef-tea per anum, also chloral hydrat. gr.xx every three hours by enema. I also directed two ounces of blood to be removed by leeches applied to each mastoid process.

In the afternoon I found him somewhat quieter, and was told that he had slept a little. The tetanic contractions were still, however, very marked. Gave atropinæ sulph. gr. $\frac{1}{100}$ hypodermically.

March 29.—Slept a little last night, and this morning consciousness has returned and all the tetanic rigidity and spasmodic movement have passed away. Leiter's tubes were removed, having been used for twenty-four hours with hardly any interruption. His temperature was normal or subnormal, and after this there was no further febrile reaction. His strength returned slowly, and he was very nervous and irritable for several weeks. In six weeks or two months, however, he was able to return to work.

Among the nervous complications of typhoid fever, tetanus would appear to be one of the rarest. Very frequently it is observed that tonic spasm or rigidity affects certain groups of muscles in the course of the disease; but general tetanic paroxysms are seldom observed, or at least have been seldom noted.

Duchek* reports a case of typhoid fever in which there was hyperæsthesia of the entire cutaneous surface, slight ptosis of the right eyelid and dilatation of the right pupil, fibrillar twitchings of the facial muscles, deviation of the tongue, and tonic spasm of the cervical muscles, at first confined to the right side. Later, trismus and opisthotonos occurred. Death occurred on the fourteenth day of the disease.

Girerd's† case occurred during apparent convalescence from a severe attack of typhoid fever. On the *thirty fifth day* from the onset of the disease severe epistaxis occurred. This was followed by paresis of the right side of the body and "paralysis of the pharynx." The patient presented tonic contractions of the facial, dorsal, and abdominal muscles. He was treated by galvanism to the spine and chloral by enemata, and appeared to be improving, when, through some mistake, a toxic dose of morphine was given him, and he fell into a comatose condition, and died on the seventh day after the first occurrence of the tetanic symptoms.

Simoneau‡ records one fatal case; and Fussell§ records one in a girl of 18 during convalescence in the third week, and another case, in which tetanic convulsions occurred—also during the third week—which ended in recovery. J. Fowler‖ records a similar fatal case, which was ushered in by profuse epistaxis. Dieterlen¶ records the case of a child who presented, on the fourteenth day of an attack of typhoid fever, stiffness of the limbs and neck, and on the fifteenth tetanic rigidity of the whole body. On the twenty-first day general convulsions set in (epileptiform), attended with a fall in temperature. These convulsions recurred on several successive days, but the child ultimately recovered.

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*Wochenblatt der k. k. Gesellschaft der Aerzte, September 12, 1866.

†Revue de Medecine et Pharmacie de l'Empire Ottoman, Constantinople, 1876–77, ii. 770–881.

‡Journal de Médecine de l'Ouest, Nantes, 1882.

§Philadelphia Medical Times, xiii. p. 263, 1882–83.

‖Buffalo Med. and Surg. Journal, 1881, xx.

¶Revue Médicale de l'Est, Nancy, April 1, 1884.

Riberolles* records a case of a patient who, on the twentieth day of an attack of typhoid fever, was seized with violent delirium, stiffness, and pain on pressure over the muscles of the back and neck, and who developed on the thirtieth day marked opisthotonos, attended with "choreic movements of the lips and hands." With the onset of the opisthotonos a sudden fall of temperature was noted (from 104.6° F. to 98.2° F.). The day following, there was marked spasm of the facial muscles; his pupils, which had been dilated, became contracted, and he died in a state of profound coma. The autopsy revealed ulcerations of Peyer's patches in process of cicatrization, engorgement of the cerebral sinuses and of the vessels of the dura mater, thickening of the arachnoid, three or four reddish patches (ecchymoses) on the surface of the brain, with effusion of fluid into the ventricles, thickening and opacity of the membranes of the cord, with reddish patches on its surface, as well as on that of the medulla oblongata. There were also signs of congestion of the substance of the spinal marrow and medulla oblongata.

It will be noticed that in the case just mentioned, as in my case, the tetanic spasm was ushered in by subsidence of the fever. Liebermeister has called attention to the great depression of the body-temperature which often attends the development of severe nervous complications in the course of typhoid fever, particularly when they occur at about the middle of the second or beginning of the third week. He attributes this phenomenon to an excessive irritation of the heat-controlling centres; but undue stimulation of the vaso-motor nerves, inducing contraction of peripheral blood-vessels, might also, I think, account for it. In the case of Riberolles there was inflammation of the spinal as well as of the cerebral meninges, and congestion of the substance of the cord and medulla oblongata. This is the only observation that I have been able to find of the condition of the cord and its membranes in a case of typhoid fever which was complicated by convulsions of tetanic type. It seems probable, however, that in all such cases which ended fatally we should find marked evidences of *spinal* meningitis, or at least of *congestion* of the *spinal* meninges. We may, of course, call *reflex irritation* to our aid to explain the development of the tetanic spasm in these cases. We have a central nervous system already in a state of abnormal irritability, and we have a localized lesion in the intestinal ulceration. If, however, this intestinal ulceration were really the exciting cause, we should, I think, expect to see the spasm developed at a much earlier period of the disease than is usually the case, and not at the stage when, in the great majority of cases, the intestinal ulcers are beginning to heal.

*Contributions à l'Etude des Phénomenès nerveux de la Fièvre typhöide, leurs Rapports avec la Température Thèse de Paris, 1884.

Vesical Explorations.

Dr. P. S. Connor, of Cincinnati, Professor of Surgical Anatomy and Clinical Surgery, Medical College of Ohio, Surgeon to the Good Samaritan and to the Cincinnati Hospitals, read before the Ohio State Medical Society, June 4th, 1885, a paper on "Vesical Explorations." He opened by saying, morbid conditions of the bladder may or may not be easily diagnosticated. Endoscopic examinations, of which so much had at one time been expected, have proved to be of little value, though much more satisfactory in the female than in the male. He considered all the numerous modes of exploration which he thought should be supplemented by urinalysis, chemical and microscopical examinations. Digital examination, systematized by Sir Henry Thompson, he thought, affords information of the highest value.

By the ordinary perineal section the membranous portion of the urethra is opened, the prostatic portion of the canal is dilated, and the finger is pushed into the bladder. By this means the finger tip can be brought in contact with every part of the bladder, and the mucous surface can be palpated, its irregularities noted, the present location, size and character of a growth ascertained, and a stone or foreign body in the urethra. In a recent case of the doctor's, the bladder was as thoroughly explored as if done post mortem. The objection is made that the operation does not answer in fat subjects; where the perineum is deep and the prostate enlarged, it is difficult to reach the bladder. Yet in most cases the finger can be made to sweep its surface. The operation is a simple one, merely the ordinary extra-perineal urethrotomy upon a grooved staff, and is almost devoid of danger. Guyon and certain French surgeons advocate the supra pubic operation. The author thought the advantages of exploration in the perineal operation much greater. For every reason, both as respects diagnosis and treatment, digital exploration should always be made when the other more ordinary and longer practised methods of examination have proved insufficient. In very young children, lateral rather than median urethrotomy should be made, since such an operation does not increase the danger to life, and relieves the surgeon of the trouble, at times quite considerable, of dilating the prostatic portion of the canal.

Dr. Holland spoke of rectal examination and in favor of the use of Sims' speculum of a large size. He thought it a rather bold procedure simply for diagnosis, especially in private practice.

Dr. Joseph Ransohoff, of Cincinnati, reported a case in which he had made the operation, and spoke recommending it.

Dr. Conner maintained that in many cases we are left entirely in the dark and cannot make a diagnosis. He has made at least 100 operations, and in not one case was death due to the operation. For himself he would much rather be subject to the operation than to be drugged as some are. He has been much surprised to find with what ease the bladder can be explored.

—An inhalation for coryza is recommended in the *Union Medicale* by Dr. Hager, composed of pure carbolic acid, one hundred and fifty grains; ammonia water, three drachms; alcohol, one ounce; distilled water, five drachms. A piece of cotton saturated with this mixture is placed in a wide-mouthed bottle, and the vapor is inhaled.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An instructive article on pneumonia in young children, by Dr. L. Emmett Holt, of New York City, appears as a neat reprint by the Trow Printing Co. It is particularly full on therapeutics. Of all drugs he considers opium the best.

"It quiets the restlessness, relieves the pain and the cough, and, perhaps more important than all, sustains the nervous system under the strain which the disease produces, and in this way seems to exercise a beneficial effect upon the inflammatory process. I have found the tablet triturates of morphia, $\frac{1}{30}$ grain, a very eligible preparation; one may be given every two or three hours to a child a year old. Of late, I have used a great deal, and have come to prefer the tincture of opium and ipecac, or the liquid Dover's powder, to any other preparation of opium; it may be given in drop doses at the same intervals."

With this he prescribes local applications, good nourishment, and sometimes alcohol.

BOOK NOTICES.

Transactions of the Medical Society of the State of West Virginia. Wheeling, 1885.

Transactions of the Louisiana State Medical Society. New Orleans, 1885.

As usual, the Transactions of the West Virginia Society contain a number of original papers, most of which contain valuable results from original research and observation. The venerable Dr. Trissell, of Wheeling, puts in an earnest plea for blood-letting *to the point of relief*, especially in puerperal convulsions. He says:

"I have never had a patient die from being bled too much, but I am sure I have let a good number die by following the fashions of the day and not bleeding them properly at the proper time.

"Blood-letting is one of the great and powerful remedies, and will accomplish results that nothing else will. I will not undertake to discuss the great subject, but would advise every one to study it for themselves; but so long as the present doctrine or fashion prevails in regard to blood-letting, I fear many of the profession will never understand much about it, for it is by practical or clinical experience alone that the subject can be understood and appreciated."

He believes that extensive blood-letting, even if of no special use, is almost always quite harmless.

Dr. C. C. Hersman gives the result of several experiments with paraldehyde as a hypnotic and germicide. His decision is not very favorable to it. He observes:

"Out of eleven cases selected, I can boast of but one happy result. In a few other cases I had some good and some bad results, occurring with the same patients. Also, we notice in most of the cases, the increase of dose seemed to add to the bad effect. In some cases I recorded pulsations, but took no notice of respiration.

"It is certainly a hypnotic, and while it may be safe, given in proper doses, we fail to notice any property which makes it equal to other remedies at our command. In testing it as a germicide I used the following:

℞.	Sugar (gran.),		
	Yeast (dried),	āā	gr. xx
	Paraldehyde,		℥j.
	Distilled water,		℥j.

Mix.

"I let the mixture stand one week in a warm place with no fermentation whatever. I believe paraldehyde to be a germicide, but do not know the minimum per cent. at which it will act as such.

"Finally, the taste of the drug is very disagreeable. A large quantity of water is necessary to dilute it for use, and the fact that it does not supply the demand already met by other agents, will, in my opinion, prevent its extensive use both in private and in hospital practice."

Other papers of interest are by Dr. D. P. Morgan, on operations in malignant diseases; by Dr. F. C. Evans, on the signs of death; and by Dr. T. A. Harris. The address of the President, Dr. George Baird, is an excellent and sensible review of professional relations.

The Louisiana Transactions also contain various articles of general interest. Those by Dr. Rudolph Matas, on "The Long Continued Fevers of Louisiana that Resist Quinine," and by Dr. I. J. Newton, on "Hemorrhagic Malarial Fevers," will attract attention by the description of rare forms of disease. Dr. A. G. Friedrichs has a suggestive article on the relationship of the teeth to the general system. The address of the President, Dr. R. H. Day, was upon the theme "Mission and Methods of Medicines."

Swallowing a Nail.

A correspondent in Georgia writes us:

"As an addition to the article in No. 24 of the Medical and Surgical Reporter, 'Swallowing a Safety-Pin,' and demonstrating the propriety of an expectant treatment and the efficiency of the *vis medicatrix naturæ*, I beg leave to report the following case of swallowing a six-penny nail: One Monday evening in May, 1885, a little boy, I. S. M., æt. two years, four months, swallowed a six-penny nail (two inches long), with which he was playing. The child did not seem to suffer any inconvenience, as he played as usual afterwards. No remedies were administered; only his usual solid food was given. On the following Wednesday morning the nail, enveloped in fecal matter, passed off without any trouble. The child remained in usual health!

THE

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THE LAWS OF MATERNITY.

The natural laws that through nature's voice command a woman to nurse her offspring, have been frequently written upon, and from all time and from all men comes the injunction that where possible the mother is the best wet-nurse for her child.

That many shirk this important duty, we know full well; and that many are not capable of giving proper nourishment to their babes, we know equally well.

This fact has called forth a most excellent article from the pen of Dr. Nathan Allen, which we find in the *New England Medical Monthly* for August. Dr. Allen, after bewailing the fact that the custom of employing stranger wet-nurses and using artificially-prepared foods is rapidly increasing in this country, and noting the dismal fact that the number of those who are physically and physiologically incapable of nourishing their young grows rapidly, asks why this condition of affairs exists, and endeavors to give an explanation.

He advances the theory that in order to have an harmonious whole, a body capable of performing *all* the duties for which it has been designed, there must not be (as there frequently is) an undue development, training, exercise or use, of any one portion of the body. This is sound physiology and sound hygiene. The fact that more than ten thousand gross of nursing-bottles are annually sold in the United States, bears dismal testimony to the fact that very many of the future supports of our glorious institutions are being deprived of that natural food supply from which great men and women are made.

That many mothers have imperfectly developed mammary glands, and that many are physiologically unable to secrete healthy milk, we all know, and we also know the reason. It is but necessary to walk about a large seaside hotel to find the explanation. On a "hop evening," we will see great numbers of children from seven (aye even from five) years of age upwards dancing about until the hand on the clock registers 10, 10.30, and even 11 o'clock; when, worn out in body,

they go to bed to repeat the same monstrous indiscretion on the first occasion that offers. These little girls, that are to be the future mothers, are not to be blamed; they know not what they are doing.

It is the diamond-decked, low-necked and fashionably-attired mothers, who sit admiringly by, their faces wreathed in smiles at the precocity of their youngsters, who are to be held accountable for the production of a race of non-nursing mothers. The constitutions of these "*little women*" are so undermined by their faulty rearing that they are utterly incapable, not only of nursing their offspring, but in many cases of conceiving and giving birth to children at all.

And this brings us to another evil bemoaned by Dr. Allen. He claims that the productiveness of American women is on the decline, and cites statistics to prove his statement. Two causes are assigned for this. First, a physical and physiological disability, brought about by the same causes that negative the nursing function, and, secondly, the purposive interference with the function of conception.

In fashionable life this last cause is undoubtedly very prevalent, and if we mistake not, is on the increase.

It is not fashionable to have large families, and to those who only half realize the responsibilities they assume when they enter the married state, a large family is too much care and trouble.

The physical disability can, in the majority of cases, be avoided by the proper bringing up of our children; the purposive prevention can be removed only when human beings are content to live in accordance with the laws of nature, and are willing to throw the mandates of fashion to the winds. Expediency is sometimes urged as a reason for interfering with conception, as when a man is too poor to support a large family. This argument holds good when a man is unwilling to live according to his means. Of course two men, with equal incomes, the one with five and the other with ten children, cannot enjoy the same measure of luxurious living; but we daily see proof among our most prolific citizens (the laboring classes) that an honest, industrious man can manage to supply a living for all the children that nature provides.

The better class of Irish Catholics always manage to get along, and as a rule they have large families. For two reasons—they are industrious and frugal, they work hard, have good health and normal functions; their church looks with disfavor upon unnatural efforts to prevent conception, so much so that when a distinguished theologian was recently told that the question had been asked how the increase in the family could be checked by artificial means, and his opinion on the subject requested, answered, "Tell your questioner to go to the devil and find out; he knows more about it than any one else."

We have recently read of a woman in France who has given birth to twenty-six children, and who now at the age of 67 works daily in the field with her husband.

While recognizing, with Dr. Allen, the neglect of these two prime laws of maternity, and while thoroughly realizing that upon a thorough recognition of her duties by the mother rests fundamentally not only the welfare of her offspring, but as a logical sequence the welfare of the state, we at the same time feel that we have only our artificial method of living to blame for this neglect.

We see a ray of hope in the dawning interest in the science of hygiene, which is becoming manifest throughout our country. It is but a few years since this interest was awakened, but it is growing strongly and surely. Let us cultivate it for the good it will bring to us.

SEWAGE DISPOSAL.

Time and again have we urged that the solution of the problem of the disposal of sewage is to be found only in the return of organic refuse to the soil from which it has originally been derived.

We may construct expensive sewers and drain into mighty rivers, but we are only constantly maintaining, what we should sedulously avoid, the prevalence in our vicinity of decomposing organic matter, furnishing, if not actually disease

per se, at least the conditions favorable for its reception and development.

We have already stated that in many parts of Europe, and in some places in our own country, the sewage has been successfully used as farm manure, and we have pointed out the value of thus utilizing it from an economic point of view. A practical suggestion in this connection is contained in the following quotation from the report of the Committee on Public Hygiene, etc., which we find in the *Pacific Med. and Surg. Jour.* for August. The chairman, Dr. M. M. Chipman, says:

"Each family to be supplied with the suitable closet vessels, one of which, with the twenty-four hours' accumulations, to be conveyed, before the family retires, to a place provided, outside of the locked apartments, where it would be accessible to the night workmen. The work to be performed between midnight and six a. m., during which time the street cars are but little used, and these could then be utilized for train cars, to be propelled within the city limits by the power best adapted to the circumstances; and these train cars to be provided with suitable tanks, having smooth and impervious inside finish. On streets having railroad tracks, the closet vessels to be carried by hand, or on barrows or hand trucks, and contents transferred to the tanks on the cars; and on streets without tracks, wagon trucks could be used for hauling the tanks from and back to the cars. Arrived at the country destination, the train loads of tanks could be dumped from side tracks on to compost piles, or hauled directly to the fields, as experience should prove most practicable and profitable. A little exercise of ingenuity would contrive means of expeditiously changing the tanks from car to truck and from truck to car again; and the whole operation, except the first collecting, could be performed by mechanical means, even to the cleansing of the tanks preparatory to the following morning's work; and with systematic organization on a scale commensurate with the most extensive requirements. All solid substances, with such a system, could be kept out of the sewers, and nothing but slops and wash-water allowed to enter them from the dwellings; trouble from sewer obstructions would be materially lessened, and but little water for flushing would be required, these being factors of saving in expense. The night work would not compel the payment of a high rate of wages; as compared with cesspool cleaning and the removing of sewer obstructions, it would not be an unpleasant or unhealthy occupation. As an offset to the expenditures, I will refer to the fact that at San Francisco all the stable manure is hauled away, over the hills to the vegetable gardens, from five to ten miles distant. On the Atlantic sea-board it is carried away from the cities on vessels to the farm landings; and it is a very prevalent practice, if not universal, for the farmers to transport all the accumulations of the cities, of this coarse fertilizer, to their lands; and in some countries these accumulations have acquired a value which compels the farmer to pay for them at the stable, in addition to the expense of transportation; and as closet detritus is much richer in fertilizing properties, with systematic, cheap methods of handling, its application would certainly be more profitable. And it is therefore reasonable to suppose that after the system had become established, and the farmers of the neighborhood of a city had become acquainted with its comparative value, they would readily contract to receive the detritus, on delivery, at such prices as would reimburse all of the expense, both of collecting and transportation."

This suggestion is worthy of more than passing notice; let some few leading families inaugurate some such plan, and the masses, sheep-like, will follow suit.

Some years ago we met a shrewd old Irishman, who, commencing poor, had amassed a large fortune, and this is how he did it. He kept a large number of mule teams, which he used to haul cars for the railroads. Whenever a *worked-out* farm was for sale he bought it cheap. He raised all the hay and oats to feed his mules, and whenever he brought a load of hay to his city stables, he returned a load of manure to his country farm. Thus did he appreciate the value of manure, and thus did he increase the value of his cheaply bought farms.

The same principle applied to the removal of human refuse would not only increase our possessions of health, but would likewise materially add to our wealth; for as we have already said, some two millions of dollars' worth of ammonia goes annually to waste in the urine alone of the citizens of Philadelphia.

—The cuca plant from which the new local anæsthetic is obtained, is reported as being planted on a large scale in Ceylon.

Notes and Comments.

Perinephritic Abscess.

There are many abnormal conditions that are calculated to bother the surgeon in arriving at a correct diagnosis, but we imagine that there are few so trying as those cases under consideration.

Dr. Samuel Fenwick writes about them in the *Lancet*, July 25, 1885, and describes two cases that have come under his personal observation, besides drawing some deductions from a large number of collected cases. Severe pain in the loin and abdomen, with some fever, and ultimately the appearance of a tumor, which becames fluctuating, seem to be the most usual symptoms of any importance. Very insignificant evidence is afforded by examination of the urine, indeed so little as to be of no practical value. In some cases the progress of the abscess is very slow, in others rapid. As to prognosis, it would seem that the more acute the affection the better is the chance for recovery. In one of Dr. F.'s cases (a young man aged 21), where the course of the disease was slow, the patient died, and a post-mortem revealed amyloid degeneration of the abdominal viscera, probably due to the prolonged suppuration. The cause is as yet in a chaotic condition. It may be due to disease of the kidney, of the vertebræ or ribs, of the liver, or indeed any cause that will tend to set up an irritation and an inflammation of the cellular tissue surrounding the kidney. The treatment is self-evident. When the tumor fluctuates, aspirate it and give attention to the general condition of the patient. When long-continued and severe pain in the lumbar region is complained of, we may always suspect perinephritic abscess, but we cannot be sure until we have a fluctuating tumor.

Neurotic Pyrexia.

That nervous influences can and do cause pyrexia we all recognize; the method of such causation or the relations between the effect and the portion of the nervous system from which the cause of the effect originates is not of any practical value, hence we pass by his theories, to note the case which Dr. W. Hale White records in one of our recent English exchanges. Since the patient died, and since Dr. H. of course offers no suggestions for treatment, we will note the case very briefly.

A temperate man aged 63, goes to bed at night, apparently well; in the morning he is found insensible. When brought to the hospital, his left side is completely paralyzed—urine normal, temperature 98.7°, pulse 54 full, respirations 27 irregular. The temperature goes steadily up (with but one relapse) until on the morning of the fourth day, it reaches its highest point (105°), and the patient dies. The post-mortem reveals a large hemorrhage in the right corpus striatum, destroying the posterior two-thirds of the caudate and all the lenticular nucleus (except the deep basal part), the external and internal capsule, the claustrum (but not affecting the island of Reil), and the anterior part of the optic thalamus. There was much red softening around the hemorrhage, which completely tore up the brain substance in the affected region, extending as far upwards as the level of the upper surface of the corpus callosum.

The Requirements of a Sick Room and Nursery.

Dr. Roberts concludes his admirable address before the Brit. Med. Ass., by saying:

"If I were asked to enumerate the ingredients and apparatus which are necessary for the cuisine of the sick-room and nursery, I think I could do so very briefly. In addition to the resources of the domestic kitchen and larder, the sick-room kitchen should contain a supply of the following flours: oat, maize, malt, and lentil flours, in a finely pulverized condition and freed from bran. It should be provided with a solution of soda bicarbonate of known strength. This would be of use to add to milk when necessary, and to assist in the preparation of peptonized articles of food. Next to these would come a reliable pancreatic extract, and a preparation of pepsin or rennet for the production of whey. The associated apparatus should include a thermometer wherewith the nurse could, when desirable, heat up cold-made meat infusions to a proper temperature, and regulate the warmth required in the predigestion of food. A double-cased saucepan would form an indispensable item; this makes an admirable hot-water bath for the preparation of beef-tea and fortified gruels. A pair of scales, glass measures, and a mincing machine would complete the list. Finally, there should be, for the service of the nurse, a card or sheet containing plain directions for the preparation of the various kinds of liquid food."

The State of the Urine after Nephrectomy.

At a recent meeting of the Academy of Medicine Dr. Polaillon presented a female patient on whom he had performed successfully the operation of nephrectomy, and gave the following history of

her case. In examining the urine after the operation, it was noticed that this liquid—which was purulent before the ablation of the diseased kidney—became suddenly clear, and was free from pus-globules. The other kidney produced urine having all the normal characters. Three days after the operation it contained 25 grammes of urea; but it must be observed that on that day the patient scarcely passed a litre of urine. In fact, the exact quantity of urine could not be ascertained for the first few days after the operation, as the patient was then in her courses; but as soon as the menstrual period was over, she passed on an average 124 grammes of urine containing 11 grammes of urea to the litre. This small quantity of urea (the normal quantity passed in the twenty-four hours being 25 to 30 grammes) is in relation to the weight of the patient, which was only 35 kilogrammes. In conclusion, Dr. Polaillon remarked that this case is another example of one kidney alone being sufficient for the excretion of the urea contained in the organism.

The Effect of Cocaine upon the Healing of Wounds.

Dr. Lucien Howe concludes an article on this subject in the *N. Y. Med. Jour.*, August 8, with the following propositions:

1. In lesions of the conjunctiva, perfect solutions of the hydrochlorate of cocaine have no appreciable effect, beneficial or otherwise, upon the healing process. When the solution is imperfect, a slight additional hyperæmia is produced, which persists longer than in the other eye, but this is ordinarily of no practical importance.

2. In lesions of the cornea it has a beneficial effect, like other mydriatics, but inferior to that of atropine. In imperfect solutions a perceptible abrasion of the epithelium is produced, and, though this is quickly renewed, the healing is thereby delayed by the cocaine.

3. In wounds of the iris the mydriatic action of cocaine is evident; but here again it is inferior to atropine, and is of little value in detaching firm synechiæ. Imperfect solutions, however, do not appear to hinder the healing process any more than when applied to the conjunctiva or cornea. Indeed, as strong mixtures possess decided antiseptic properties, they would seem to exert a favorable effect in this respect.

Treatment of Venereal Diseases Forty Years Ago.

In the course of his "Address in Surgery" before the British Medical Association, Dr. J. Marshall, when comparing the surgery of forty years ago with that of to-day, when speaking of the progress in the treatment of venereal diseases, said: "Venereal diseases were treated without mercury, or with as small doses as possible, in accordance with views which had then been ably propounded; and, as no distinction was made between the hard and the soft sores, so far as their possible consequences were concerned, whilst the majority of those taken into hospital were evidently soft chancres, followed by bubo, the non-specific or almost non-specific treatment was very successful. Iodide of potassium was becoming a favorite remedy; but it is curious to observe that a common formula in the notes was one grain of blue pill and one grain of iodide of potassium, combined in one mass, to be taken three times a day. When the iodide was administered alone, the usual dose was three grains three times daily; very seldom did it reach to four or five grains. In deep syphilitic ulcerations, and in sloughing gummata, a weak solution of iodine was commonly ordered as a lotion."

Examination of the Yucca Angustifolia.

In a paper on the Chemical Study of Yucca Angustifolia, read by Helen C. De S. Abbott, of Philadelphia, at Ann Arbor, Mich., before the chemical section of the American Association for the Advancement of Science, it was stated that saponin was separated from the leaves and the root of the plant, and that it possesses the property of emulsifying oils and resins. It was also stated that the use of the wood of yucca angustifolia would serve as an emulsifying agent as well, if not better than quillaia saponaria,* since it contains 10.4 per cent. of saponin, while the quillaia contains only 8.82 per cent. of saponin.

The Age of Puberty in Finland.

Dr. G. Heinricus (*Gynakol Centralblatt*, VII., 5) gathered from the journals of the obstetric clinic at Helsingfors the statements as to the first appearance of the menstruation in 3500 women of the lower classes. The average age was 15 years, 9 months, and 25 days. The inhabitants of this country, are six-sevenths Finns and one-seventh Swedes. There was, however, no notable difference as to age in the two races, also no difference in the different parts of the country.

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*Tincture of Quillaia as an Emulsifying Agent, by Henry Collier. Year Book of Pharmacy, and Transactions of the British Pharm. Conf., 1879, p. 514.

CORRESPONDENCE.

How to Take a Pill.

EDS. MED. AND SURG. REPORTER:—

If Dr. H. Ashalter and other medical gentlemen would teach people "How NOT to Take a Pill," they, perhaps, would be doing more good for the unfortunates who have to take medicine, than to waste valuable time and space, in a live journal, to tell them "How to Take a Pill," besides preventing more or less torture to the stomach. Medicines in an undiluted form, particularly the drastic kind, unnecessarily irritate the coats of the stomach, and should never be given.

It is a well known fact to well-read physicians that thoroughly diluted medicines in some bland and simple vehicle, are much more kindly received and far more speedily disposed of by the stomach, than in pill form. Properly diluted medicine is not so bad to take if swallowed quickly and followed immediately with a drink of cold water. If you are really sick you will take anything that will do you good, and never "kick" about the taste; and if you are not *actually* sick, and are very sensitive and scrupulous about your taste, what in the world do you want to take medicine for, anyway?

THOS. H. CALLAHAN, M. D.

Buffalo, N. Y., August 19, 1885.

NEWS AND MISCELLANY.

The American Dermatological Association.

The ninth annual meeting was held at the Indian Harbor hotel, Greenwich, Conn., August 26th, 27th, and 28th, 1885.

WEDNESDAY, MORNING SESSION.

The meeting was called to order by the President, Dr. W. A. Hardaway, of St. Louis.

The first paper was read by Dr. J. E. Graham, Toronto, Can. It was entitled

A CASE OF TUBERCULO-ULCERATIVE SYPHILIDE OF HEREDITARY ORIGIN.

The patient was a girl twenty years of age. The skin of the forearm presents elevations and depressions, and in places it is covered with thin scales. For three or four inches above the elbow, the arm is atrophied and covered with cicatricial tissue. At the upper border of the cicatricial tissue, there is an ulcer three-fourths of an inch wide, which encircles the arm. Above this there is sound tissue; no nodules are present. The left clavicle presents, about its middle, a swelling and ulceration about the size of a silver dollar. This was the result of a blow. There is no copper colored appearance. Investigation of the family history showed that the mother was apparently healthy. Three of the patient's sisters, all younger than herself, were healthy. The father died from pneumonia when the patient was eighteen months old. It was subsequently learned that he had also had syphilitic ulceration of the throat.

The treatment consisted in the local application of a mild mercurial ointment and the internal use of bichloride of mercury and iodide of potassium. The condition steadily improved, and in the course of six or eight weeks the ulceration had healed. The patient at that time passed from observation.

The speaker referred to the difficulties of diagnosis in this case, as there was a complete absence of specific history, the facts in regard to the father not being learned for some time after the case had been under treatment. There was no history of any previous evidence of hereditary syphilis, but taking all the facts into consideration, the doctor thought that there could be no doubt as to the correctness of the diagnosis.

Photographs showing the condition were exhibited.

The next paper was entitled

CLINICAL NOTES ON PSORIASIS,

by Dr. F. S. Greenough, New York.

The paper was founded on the records of 394 cases of psoriasis. This number occurred in about 15,000 cases of skin disease examined, and represented about two and one-half per cent. Two hundred and five cases occurred in males, and 188 in females. Several tables of statistics were presented, showing when the cases first came under observation, and the age at which the attack was first observed. In 97 cases the speaker had been able to get reliable evidence in regard to the family history. In 31 cases psoriasis had existed in a near relative, but in 66 cases the patient felt sure that the disease had existed in no other member of the family.

As regards locality affected, where there is much development, it is almost constantly found about the elbows and knees, and more frequently on the extensor surfaces than on the flexor.

Well-marked cases are readily diagnosed, but in some cases there is considerable difficulty in making the diagnosis. It is most frequently confounded with some form of eruption resulting from constitutional syphilis. When psoriasis affects the scalp, its appearance is often similar to that of secondary syphilis. In psoriasis, however, the patch consists simply of epithelial cells, and there is no hyperæmia connected with it. In syphilitic eruption, the crust will contain other elements than epithelial cells, and on removal of the crust, spots of moisture will be detected. A characteristic symptom of psoriasis of the scalp is a band of hyperæmia, about three-fourths of an inch wide, extending around the forehead contiguous to the hair. This is a point of value in the diagnosis betweeen eczema capitis and psoriasis. In the former affection, this band is wanting. In eczema, also, evidences of dried serum or pus will be found. Eczema is apt to extend to the ears. Psoriasis is not accompanied with enlargment of the post-cervical glands, as in eczema. The diagnosis from favus is made by the age of the patient, the evidences of destruction of the hair follicles in favus and the microscopical examination.

On the general integument, syphilides are most apt to resemble psoriasis. The region on which the eruptions appear is important. The syphilides are apt to affect the flexor surfaces, while the psoriasis affects more commonly the extensor aspects. Psoriasis begins as a minute point of hyperæmia, which may last for several days. In

macula syphilide a crop of macules appear within twenty-four or forty-eight hours. When the eruption fades, there is in syphilis a decided pigmentary change. In squamous syphilis the epithelial scales differ from those of psoriasis. In some cases of psoriasis there is severe itching, leading to scratching of the skin, and as a result scabs and crusts make their appearance; but here the cause of the condition is readily recognized.

In regard to treatment, tarry preparations, especially the oil of cade, had been most efficacious. Great comfort may be afforded by the use of emollients. Cod-liver oil is one of the best applications. Chrysarobin is a powerful remedy, but has the disadvantage of destroying the clothing. On the face and scalp, it is apt to produce dermatitis. The internal administration of arsenic in some cases is of benefit. Even after apparent recovery, there is great danger of relapse.

Dr. L. A. Duhring said that the reader of the paper in referring to the diagnosis did not allude to the difficulty sometimes experienced in diagnosing seborrhœa capitis from psoriasis.

Dr. A. R. Robinson said he did not agree with the author in regard to one of his points of diagnosis in favus. In the early stage, you do not find moisture when the crust is removed. There is a shiny appearance. It is only in advanced stages that ulceration is present. While it is true that psoriasis often disappears without producing pigmentation, yet there may be discoloration found on the lower extremities, particularly where there is a varicose condition of the veins.

Dr. R. H. Morrison, Baltimore, had seen many cases of psoriasis, but could only recall one or two cases of psoriasis in the negro.

Dr. G. H. Fox, New York, had been very successful in the treatment of psoriasis and its management. He adopted the teaching of the late Tilbury Fox, who laid stress on the point that in psoriasis, as in other inflammatory affections of the skin, and also in lupus, the first thing to do is to lessen the congestion of the skin; and the speaker did this by restricting the diet, ordering a diet of fruits and vegetables in the summer, and in the winter, give a carefully restricted diet. Tea, coffee, tobacco and stimulants of all kinds are to be cut off. By so doing more will be accomplished than is obtained by using arsenic and local applications at the start.

In regard to local remedies, he never used tar in the treatment of psoriasis. With the application of chrysarosin made at the proper time, there is no necessity for the use of tar.

Dr. C. Heitzman, of New York, said one of the most important points after making the diagnosis is to decide as to the acuteness or chronicity of the affection. If it is acute, local applications are to be avoided. If the case is chronic, chrysarobin may be used with advantage, at least temporarily. It is not a cure. He agrees with Dr. Fox, that restriction of the diet is important for the purpose of lessening the congestion. Tar can not be dispensed with. There is nothing like tar to prevent the recurrence. No mention has been made of pyrogallic acid, which does good in some cases.

Dr. W. A. Hardaway thought that psoriasis is frequently hereditary. The same sort of skin may be transmitted, just as a certain color of the hair or of eye may be transmitted; and then any exciting cause may develop the psoriasis. I have seen psoriasis follow eczema. It is not unlikely that in seborrhœa of the scalp, there may be the development of psoriasis. He had seen the excessive use of oatmeal produce typical psoriasis.

In the treatment of psoriasis it is important to regulate the diet. Cut off meats and aid digestion in all possible ways. As a local application, he believes that chrysarobin with salicylic acid is very useful in chronic cases. This treatment may be followed up by the application of sulphur ointment. In psoriasis of the scalp, sulphur is quite an efficient remedy.

CASES OF ANGIOMA PIGMENTOSUM ET ATROPHICUM,

by Dr. J. C. White, Boston.

Two cases were reported. The first patient was a young man 17 years old, and a Russian pole by birth. Freckles appeared on his face before he was two years of age. These increased in number until the age of six. When the teleniectasic condition first appeared is not noted. When seen, the patient was well developed and apparently in good health. He has, however, grown slowly, and is now no larger than a boy of twelve. The hair of the head is abundant and intensely black. The eyes are also black.

Present condition. Melanosis. The forehead and lower portion of the face are of a dark brown color, and on close inspection small spots of a darker color are seen. The whole trunk is as dark as the skin of a dark Spaniard. The scrotum is very black, and the penis and glans present dark spots. The arms and hands are thickly spattered. The legs are also affected. On the right thigh there is one spot of dark color covered with rather long hair. The mucous membrane of the mouth and pharynx is free from melanosis.

The Atrophic Condition.—On the right side of the face, occupying one-half the surface, is a sharply-defined area of white cicatricial-looking skin. Similar areas are seen on the other cheek, forehead, and about the mouth. A few white spots are seen on other portions of the body. The sensibility of the affected areas is decidedly lessened.

Telengiectasis.—Over parts of the face there are bright red spots, varying in size from a pin's head to a pea. They are most noticeable in the atrophied portions. Within the lids there are two angiomatous new growths. Several vascular twigs are also seen on the face. A few red points are found on the femoral surface.

The second case is a brother of case 1, aged three years, born in New York. When eighteen months old, little colored freckles were noticed on the face. Since then the condition has been developing. His hair is dark brown, and eyes are black. The face is covered with numerous dark brown freckles. The spots are so close together that at a little distance the skin has a uniform color. In some places the spots are slightly elevated. The backs of the hands are covered with dark brown spots. Elsewhere the skin is clear. There are no leucodermic spots, and no angiomatous condition.

From a study of these cases, I conclude that in the beginning the development of these spots can

not be distinguished from ordinary freckles. Gradually the spots multiply, until they involve a considerable portion of the skin. It is probable that several years may advance without further manifestation of the disease. The telengiectasic condition is probably secondary. In the first case it is most developed in the atrophic portion. It is probable that in this case there will be hypertrophy of the epithelium, and final transformation into epithelioma. This has been the result in the 33 cases which have been reported.

Discussion.

Adjournment of morning session.

WEDNESDAY, EVENING SESSION.

RELATIONS OF LUPUS VULGARIS TO TUBERCULOSIS,

By Dr. J. N. Hyde, Chicago.

The following clinical facts were then cited in support of the view that lupus vulgaris was not the result, as had long been taught, of tuberculosis or other systemic diathesis, but was the product of a local infection by bacilli, entirely unassociated with any constitutional evidence of diathesis or predisposition. 1. The unimpeachable character of the family record in by far the larger number of cases of lupus vulgaris. 2. The fact that the disease is in its inception a disorder of the period of childhood, when for the most part, the habits of the child are favorable to infection. 3. The several sites of predilection are those most favorable to such infection. 4. The failure of the disease to spread by inheritance. 5. The remarkable tendency of lupus vulgaris to cutaneous limitation.

THE TREATMENT OF LUPUS BY PARASITICIDES,

By Dr. J. C. White, Boston.

The doctor reviewed briefly the evidence in favor of the parasitic nature of the affection. All previous plans of treatment which had proven most successful were those which would have the effect of destroying any parasite which might be present.

A number of cases were then reported in which the local use of corrosive sublimate in the strength of two grains to the ounce of water or unguent had been used with beneficial results. The ointment was especially recommended. It had been rarely necessary to prolong treatment over two months. As regards the permanency of the cure, the author was unable to speak, as the experiments had been continued for only eighteen months.

Dr. Sherwell expressed his profound disbelief in the parasitic nature of the disease.

Dr. Wigglesworth suggested that the oleates might be more efficient than ointments, on account of their penetrating power.

The next paper was by Dr. W. A. Hardaway, of St. Louis, on

THE TREATMENT OF PORT-WINE MARK BY ELECTROLYSIS.

In the treatment of this affection, the object is to excite sufficient inflammation to cause occlusion of the vessels. Electrolysis seems to be the most convenient way of doing this. At first, the speaker had used a bundle of needles, but he now employed only the single needle. It is important to allow a period of some weeks to elapse between the applications. The histories of three cases were given in which this method had been employed.

DISCUSSION.

Dr. Wigglesworth had seen good results from cutting the vessel in two places and using a preparation of iron, thus closing up the dilated vessels.

REMARKS ON A MOOT POINT IN THE ETIOLOGY OF PSORIASIS,

by Dr. S. Sherwell, Brooklyn.

The speaker had been struck by the great diversity of opinion in regard to the general health of those affected with psoriasis, and in order to arrive at something like a consensus of opinion on the subject, he had referred to the writings of most of the authorities in dermatological matters. Brief extracts from various writers were then given. The evidence thus obtained strengthened the doctor's opinion that the patients with psoriasis were generally in good health.

He thought that the theory of Piffard, who believes that the rheumatic diathesis is a great exciting cause of psoriasis, was the most rational theory that had been advanced.

Adjournment of evening session.

THURSDAY, MORNING SESSION.

At the business meeting officers were elected as follows:

President.—Dr. E. Wigglesworth, Boston, Mass.

Vice-Presidents.—Dr. I. E. Atkinson, Baltimore, Md., and Dr. A. R. Robinson, New York, N. Y.

Secretary.—Dr. G. H. Tilden, Boston, Mass.

Treasurer.—Dr. H. W. Stelwagon, Philadelphia, Pa.

Dr. E. B. Bronson, of New York, was elected to membership.

The next meeting will be held, beginning the last Wednesday of August, 1886, at Indian Harbor Hotel, Greenwich, Conn.

Dr. G. H. Fox gave a brief description of two cases of

DYSIDROSIS.

The first patient, for want of a better term, he classed under this heading. The patient was twenty-nine years of age and had always perspired freely. Four years ago the eruption began on the palms of the hand, and had persisted. The soles of the feet had also been affected at one time. The skin of the hands was decidedly thick and had a dark hue, and was dotted with numerous elevations of epidermis, averaging in size that of a hempseed. The patient had never seen any moisture in connection with this. There had been no itching. The skin never peeled off. Puncture with a needle revealed no serum or fluid of any kind.

The second case was that of a woman, aged 45, a cook, whose general health was good. The present trouble began five years ago. The eruption is on the face, and consists of numerous large and small vesicles containing clear fluid.

MYCOLOGICAL STUDIES IN TINEA FAVOSA AND TINEA TRICHOPHYTINA,

by Dr. A. R. Robinson, New York.

The speaker prefaced his paper with a few general remarks. The epidermis of different individuals differs in susceptibility to these parasites.

Children are more apt to suffer with tinea trichophytina and favus, while adults more frequently presented tinea versicolor. All children are not equally susceptible. In many cases of parasitic disease there is impaired vitality previous to the development of the affection.

The speaker then gave an account of his investigations to determine the exact anatomical seat of the parasitic diseases in question, and to determine the changes which they produced in surrounding tissues. The conclusion was that in favus the rete is not affected until the later stages, when ulceration has made its appearance. The parasite confines itself more particularly to the corneous layer. The parasite of tinea trichophytina in some cases passes down into the rete, while in others it does not.

A number of sections were shown under the microscope, which illustrated the points brought out in the paper.

Discussion.

Dr. White did not agree with the speaker in the importance of depressed general health as a factor in the production of these diseases. He had never seen any necessity for internal treatment in these cases.

Dr. Piffard thought that there is a relation between the condition of the general system and the rapidity of development and rapidity of cure.

Dr. Duhring had always held the view that a particular condition of the epidermis was necessary for the growth of the fungus. The majority of cases of obstinate ringworm, he had seen, have been in individuals in poor health, but there are exceptions to this rule. What this particular condition of the skin is, has not been determined.

ON THE STRUCTURE OF THE DERMA AND THE DEVELOPMENT OF ELASTIC TISSUE IN IT,

by C. Heitzman, New York.

The essayist drew attention to the fact that Professor Stricker, of Vienna, the acknowledged best microscopist of Europe, has now accepted his views concerning the life of Basis-substance. Dr. Gartner, (who was present at the meeting), Stricker's assistant, has brought from Europe an electric picture microscope, by means of which these newly discovered facts can easily be demonstrated to a large audience upon a screen. There are three varieties of basis structure, differing from each other in their chemical constituents, viz., the glue-yielding basis-substance proper, producing the spindles within the bundles of so called fibrous connective tissue; the cement substance between the spindles; and the elastic substance developing along the edge of the bundles in advancing age and in some tumors. All three varieties are traversed by a delicate reticulum of living matter in connection with the protoplasmic cords, that fill the interstices between the bundles in the shape of a comparatively coarse reticulum. Thus it becomes intelligible that in morbid processes, not only the protoplasm, but also the basis-substance, participates in an active manner. After the liquefaction of the solid fields of glue-yielding basis-substance, the bundles directly are transformed into inflammatory corpuscles, from which starts every physiological and pathological new formation.

Dr. W. A. Hardaway described a case of multiple myomata of the skin, accompanied with severe pain.

A. B., age, 36, married, with healthy children, and good family history. Never had syphilis. Present trouble began a year ago. Changes in weather produced pains in the parts which have since become affected. To relieve these, firm pressure was made with the hand. Between the paroxysms, pain was not produced by pressure. Later the lesions presented themselves.

Present Condition.—A strong, hearty man, a peddler by occupation. The pains still persist, recurring at intervals of one night to a week. Each attack lasts two or three minutes, and does not return the same night.

The growth is situated on the right side of the back in the mid-dorsal region, and the course of the growths is obliquely outwards. There are one or two of the elevations on the left side; three of the growths are as large as peas, others are small. The epidermis is not abnormal. On passing the hand over these growths, there is no hyperæsthesia; but on deep pressure in the neighborhood of the larger masses, the patient sinks moaning to the floor.

One of the larger growths was removed, and microscopical examination showed it to be composed of smooth muscular fibre.

From a clinical standpoint, the case bears a close relation to the cases of neuroma which have been reported. The speaker concluded that certain new growths in the skin accompanied with severe pain may be widely different histological structures. We are not justified in assuming that a painful tumor of the skin is a neuroma or fibro-neuroma, simply from its clinical history, without a microscopical examination.

AN UNUSUAL CASE OF TYLOSIS OF THE HANDS,

by Dr. R. S. Morrison, of Baltimore.

The patient was a negro, aged 32; muscular, well-developed, and apparently healthy. By occupation, he was a fireman of a steamer, and had occupied this position for ten years, shoveling coal with the right hand grasping the upper portion of the shovel, and the left hand sliding up and down the handle. Two fingers of the left hand are worn off to the second joint, while the other two are going in the same way, the nails having nearly disappeared. On several occasions he has drawn pieces of bone from the fingers. There has been no pain at all connected with the affection. On this hand there are some large blisters, underneath which there are red granulating surfaces, which are painless. There is no history nor evidence of syphilis. Specific treatment has been used without effect. The man obstinately refused to give up his work, so that little could be done in the way of treatment.

Adjourned.

EVENING SESSION.

THE RELATION OF HERPES GESTATIONIS AND CERTAIN OTHER FORMS OF DISEASE TO DERMATITIS HERPERTIFORMIS,

by Dr. L. A. Duhring, of Philadelphia.

MYCOSIS FONGOIDE,

by Dr. G. H. Tilden, Boston, Mass.

The speaker described the case of a man, aged 28 years when he came under our observation.

Three years before, several red, desquamating spots had been observed on the elbows. Several months later erythematous spots, accompanied with pruritus, were noted. These lesions retained a dry scaly character. There were no vesicles or pustules. At the end of a year, several red nodules appeared on the face and throat. These, however, disappeared. Later, a small papule appeared on the right thigh, and increased in size. From this there exuded a thin fluid. This was followed by the development in many parts of the body, particularly the axillæ, groins, and neck, of similar lesions, in some cases reaching the size of a hen's egg. After a time there was superficial erosion of some of the tumors, but these excoriated tumors remained firm in consistence. But some of the masses, which were covered with epidermis, were soft, but there was no evidence of the formation of pus. There was also indolent enlargement of the lymphatic glands. The general health continued good. The patient passed from observation, and died at the end of three years and a half.

The report of the microscopist who examined the tumors was read. His opinion was that the growths consisted of the formation of lymph tissue in corium.

Reference was then made to the literature of the subject and the various cases, some 30 in number, which had been reported, were given, and the symptoms and course of the disease were described.

Sections of the growth were also presented for examination.

URETHRAL IRRITATION IN THE MALE AS A CAUSE OF CERTAIN NEUROSES AND OF ACNE,

by Dr. L. H. Denslow, St. Paul, Minn.

He prefaced his remarks by a brief review of the cases of contracted meatus reported by Dr. Otis. He then gave an account of a number of cases coming under his observation in which there were reflex conditions associated with conditions of the urethra, such as contracted meatus, stricture and excessive sensitiveness of the prostatic urethra. In these cases, removal of the urethral trouble produced an alleviation or cure of the affection to which attention had been directed. He also reported four cases in which the same treatment had been followed by marked improvement or cure of the skin disease. In some of the cases ergotin was also employed. The speaker said that he simply reported the cases as so many observed facts, and did not express any theory. He would keep the cases under observation, and at a subsequent meeting give a further report.

Dr. Hyde thought that many of the cases with urethral trouble associated with acne, were patients who probably had been taking for some time balsamic preparations and as a result they had the development of acne.

Dr. Denslow remarked that in all the cases reported, the acne had existed since puberty. The patients were not hypochondriacs, and they were not masturbators. He was satisfied that no drugs had been used by any of them.

Adjourned.

(*To be continued.*)

Psychical Research.

The Philadelphia Branch of the American Society for Psychical Research will resume its meetings next month, and will devote its attention principally to the subjects of thought-transference, hypnotism, and faith cure.

This Branch was organized about six months ago. Dr. Charles K. Mills is the President, and Professor Benjamin Sharp, of the Biological School of the University of Pennsylvania, the Secretary.

The aim of the Society is to approach these various problems without prejudice or prepossession of any kind, and in the same spirit of exact and unimpassioned inquiry which has enabled science to solve so many problems, once not less obscure nor less hotly debated. The founders of this Society fully recognize the exceptional difficulties which surround this branch of research; but they hope that by patient and systematic effort some results of permanent value may be attained.

The following are among the subjects which have been intrusted to special committees:

"1. An examination of the nature and extent of any influence which may be exerted by one mind upon another, apart from any generally recognized mode of perception.

"2. The study of hypnotism, and the forms of so-called mesmeric trance, with its alleged insensibility to pain; clairvoyance, and other allied phenomena.

"3. A critical revision of Reichenbach's researches with certain organizations called 'sensitive,' and an inquiry whether such organizations possess any power of perception beyond a highly exalted sensibility of the recognized sensory organs."

Among the associates of the American Society are the following:—George Biddle, Howard Furness, Professor Horace H. Jayne, H. La Barre Jayne, Louis E. Levy, Dr. Charles K. Mills, Dr. George R. Morehouse, Charles Morris, A. E. Outerbridge, Professor O. Seidensticker, Coleman Sellers, Lloyd P. Smith, and Professor R. E. Thompson.

Vegetarianism.

"I do not hesitate to say," observes Dr. B. W. Richardson, "that this consideration brings us face to face with that system of feeding which is called 'vegetarianism.' We have not to consider how to avoid living on such a purely animal and natural food as milk, for example; we are not to consider how to learn to live on vegetables which contain more water than the 75 per cent. of water which is present in legs of mutton and in other similar animal foods. But we really ought to consider the question of utilizing, on a large scale, all vegetables which, in nutrient value, stand above animal products. We have also to learn, as a first truth, that the oftener we go to the vegetable world for our food the oftener we also go to the first, and, therefore, the cheapest source of supply. The commonly accepted notion that when we eat animal flesh we are eating food at its prime source cannot be too speedily dissipated or too speedily replaced by the knowledge that there is no primitive form of food—albuminous, starchy, osseous—in the animal world itself, and that all the processes of catching an inferior animal, of breeding

it, rearing it, keeping it, killing it, dressing it, and selling it, means no more and no less than entirely additional expenditure throughout for bringing into what we have been taught to consider an acceptable form of food, the veritable food which the animal itself found, without any such preparation, in the vegetable world. With the light of these natural facts filling the national mind, the tendencies of all advanced scholars in thrift should unquestionably be to find out plans for feeding all the community, as far as possible, direct from the lap of earth; to endeavor to discover how the fruits of the earth may be immediately utilized as food; and to impress science into our service, so that she, in her laboratories, may prepare the choicest viands, minus the necessity of making a lower animal the living laboratory for the sake of what is just a little higher than cannibal propensities."

The State Board of Health at Work.

Dr. Lee, Secretary of the State Board of Health, has communicated with the City Board of Philadelphia on a topic which will involve a voluminous report for the purpose of embodying the facts and suggestions in the annual report of the State Board. The interrogatories bear upon the facilities which the health authorities of the city can command at any time in case of an epidemic of small-pox. The questions are:

1st. What are the means at the disposal of your Board for the disinfection of clothing and bedding and upholstered furniture, and carpets which have been used on and about a person ill with any infectious disease.

The reply to that question should contain an account of all buildings and apparatus in use for that purpose, their location, dimensions, capacity, and mode of employment.

2d. Can any citizen avail himself of these facilities free of expense?

3d. What are the modes of conveyance of such infected articles from the house to the disinfecting station?

4th. What precautions are adopted to prevent the spread of infection in transit?

5th. In what manner are the public informed of the existence of these facilities?

Druggists in Convention.

Nearly forty members of the National Retail Druggist Association were present at the opening of the convention at Lafayette Hall, Pittsburgh, September 7. The association now has 3,034 members, an increase of 552 since the last meeting. Among the persons well known to the trade in attendance are George J. Seabury, T. J. MacMahon, H. Atwood, New York; Henry J. Meninger, Coroner of Brooklyn; Charles W. Parsons, representing the *New York Druggists' Circular*, and Hugo Kantrourtz, of the *German-American Druggists' Gazette*, of New York.

Hay Fever Sufferers in Session.

The United States Hay Fever Association, in session at Bethlehem, N. H., elected the following officers: President, Frank B. Fay, Chelsea, Mass.; Secretary and Treasurer, C. C. Dawson, Lowell, Mass.; thirty vice presidents, and an advisory board of thirteen ladies; committee on scientific facts, Professor Samuel R. Lockwood, Freehold, N. Y., chairman, and five others; committee on proposed remedies, M. Richards Muckle, of the Philadelphia *Public Ledger*, and Dr. Edward Townsend, of Philadelphia.

Mixed-up Babies.

A Solomon is wanted to sit in solemn judgment in Milwaukee. Two mothers in a social rhapsody agreed to bathe their baby boys together, and in an evil moment began the diversion. Both boys were but four days old, and neither of the mothers had learned to know her offspring by any distinguishing mark. Somehow the babies got so badly mixed that they never have been sorted since, and the women are crying even yet because each fears she is nursing the other's child. Meanwhile the boys are mum.

Bathers at Public Baths.

The various public bath-houses report the number of bathers for the week ending Saturday September 5th, as follows: Almond street, 516 men, 25 women, 4,118 boys, 199 girls; total, 4,858. Hanover street, 288 men, 14 women, 2,448 boys, 35 girls; total, 2,785. Twelfth and Wharton, 738 men, 14 women, 8,066 boys, 58 girls; total, 8,876. Thirty-second and South, 245 men, 8 women, 4,487 boys, 60 girls; total, 4,800; grand total, 21,319.

Poisoned by Sausages.

Katie Loughlin, two years of age, died in Dover, N. H., September 7th, from eating a piece of sausage declared by a physician to be poisoned. A three-year-old child of James McDonnel was lying for a time at the point of death from the same cause. Thomas Loughlin, uncle of the first-named child, was saved from death by a powerful emetic.

OBITUARY NOTICES.

FRANK B. GALLERY, M. D.

Dr. Frank B. Gallery, one of the most prominent physicians of Rochester, N. Y., died on Aug. 29th, of pyæmia, or blood poisoning, from the effects of an operation performed by him eleven years ago and caught from the patient. He was incapacitated from professional duty some time ago, and removed to the town of Greece, where he died. He was 38 years of age.

ROBERT D. YATES, M. D.

Dr. Robert D. Yates, formerly of Brooklyn, died recently at sea on board the steamer Schiedam, of the Rotterdam Line, of which he was surgeon. He sailed on the steamer for Amsterdam recently. Dr. Yates was born in Brooklyn in 1857, and was graduated from the Medical Department of the University of the City of New York, in 1881. He afterward became an assistant in the Kings County Hospital. At the expiration of his term of service he accepted a position as surgeon of the steamer on which he died. He was on his first voyage when he was seized with malignant typhus fever, and soon succumbed to it. His home was with his parents at No. 360 Bridge St., Brooklyn.

Items.

—A petrified giant "who must have been 12 feet in height when alive," was found near Victoria, B. C., the San Francisco *Examiner* reports, by two farmers who were digging a well. This one may be a distant relative to the Cardiff giant.

—Dr. Ramos, a Brazilian physician, states (*Bull. Gén. de Thérap.*) that refrigeration of the lobe of the ear will stop hiccough, whatever its cause may be. Very slight refrigeration will answer; the application of cold water, or even of saliva, being sufficient.

—The *College and Clinical Record* tells us that Bartholow calls the following a capital application in leucorrhœa:

℞. Iodoformi, ʒj
Acidi tannici, ʒj. M.
Sig.—Pack q. s. about the cervix.

Personal.

—The Chair of Anatomy in the University of Vermont has been offered to Dr. John B. Deaver, Demonstrator of Anatomy in the University of Pennsylvania.

—Assistant Surgeon W. A. Edwards, 3d Regiment, National Guard of Pennsylvania, has been detailed in Special Orders No. 26, Adjutant General's Office, Harrisburg, to act as surgeon of the detachment of the Guard at Creedmoor, on September 11th, and the other days in which the marksmen will take part during the national rifle practice.

QUERIES AND REPLIES.

EDITORS MED. AND SURG. REPORTER:

In your editorial in issue of August 22d, "Possible Mistakes," you do not state whether the post mortem included the brain, nor in what condition it was found. May not the first diagnosis of "meningitis," at the hospital, have been the *correct* one, and the *pneumonia*, the *result* of brain lesion.

The *diagnostic symptoms* of pneumonia were seen after *several days'* illness. The "vomiting, convulsions, general lassitude, headache, grinding of teeth, constipation, later somnolence, gradual transition into coma, besides divergent strabismus and a mild degree of rigidity of muscles of the neck" were present on entering the hospital, and all point to lesion of brain or its meninges. The "weight of testimony" is in the direction of brain difficulty at first, and pneumonia followed because of embarassment of the nerve distributed to the lung.

These symptoms given, I should be loth to accept any other conclusion, unless the post mortem absolutely gave negative evidence of disease of the brain or its meninges, especially at the origin of the *par vagum*.

Many of the above symptoms are common to both pneumonia and meningitis, but the early signs in this case were phenomena of brain lesion, and while the diagnosis of "meningitis" may not have been the exact one, the *developed* pneumonia is partial evidence of difficulty in that section of brain from whence comes the nerve supplying the tissue of the lung. These thoughts are respectfully submitted in the interest of true pathology.

Springfield, Ill. B. M. GRIFFITH, M. S.

Reply.—In reply to the above we wish to say the following: As mentioned in the editorial referred to, the case was reported in a French journal, and we simply translated it. We cannot say, therefore, whether the brain was investigated or not, the original making no mention of the fact.

But in regard to the other remarks of Dr. B. M. Griffith, we must first draw his attention to the fact, that the French writer is an authority on the subject and a physician of vast experience, who could not well be supposed to make such a mistake as the one surmised by Dr. G. Further, a pneumonia, if developing in consequence of a brain-lesion at the origin of the par vagum nerve, is apt to attack one whole lung or both lungs; it certainly does not show the morbid condition, as described in the case quoted. In cases of infectious inflammatory states of the brain or its meninges, if pneumonia set in, an embolus generally causes the pulmonary condition, and the pathological changes induced by such an infarct usually become so rapidly extensive, that whenever pneumonia appears in consequence of an original cerebral lesion, death is apt to occur within from 48 to 72 hours.

While these points and others, which could not be mentioned here without occupying more space than can be allotted for this reply, bring the weight of testimony in favor of the pneumonia having been an original disease in this case, there are some facts which seem directly to prove the correctness of this view. According to the quantity of pneumococci present, the brain in pneumonia evinces all the morbid states from congestion and œdema to inflammation. The picture of the disease usually then is as that presented by the French case, while there never is an initial disease of the brain, in which, when the first symptoms of the complicating lung-affection appear, these are not clearly defined, and in which death would not take place within 3 days. In such cases we do not find the gradual alteration of the complicating malady, but all the symptoms and signs at once rapidly develop themselves and quickly lead to death.

From the symptoms, as reported, from the post mortem examination, and from the facts stated, we can only draw the conclusion that the patient suffered from an infectious pneumonia, in which the complicating morbid conditions of the brain appeared more pronounced during the first and second stages of the lung-disease than the latter itself, but as soon as the height of the latter malady was reached, its symptoms stepped into the foreground; otherwise the lesion of the brain would have ascended to its acme, then all at once become complicated by the pneumonia and produced a fatal issue within 72 hours. In the latter case up to death, notwithstanding the complication and its unmistakable manifestations, the disease always presents the picture of a grave defection of the brain; while as here supposed, after the initial brain-symptoms have commenced the malady, the latter assumes its real character and as such causes death, never again, perhaps, reminding one of the brain-complication at the start, the agony excepted.

We gladly enter upon these discussions, for they show the careful manner in which the articles of the MEDICAL AND SURGICAL REPORTER are read, and they also stimulate all to deeper study.

MARRIAGES.

STOUT—CARTY.—On September 1, 1885, at Daisy Lawn, Florence, N. J., by Rev. W. Williams Christine, assisted by Revs. S. Townsend and John W. Morris, Charles P. Stout, M. D., of Philadelphia, to Miss Kate Carty, daughter of Alfred Carty, esq., of Daisy Lawn, N. J.

DEATHS.

FOUNTAIN.—On Friday, August 28, at Yorktown, Hosea Fountain, M. D., aged 68.

KERRICK.—On August 20, 1885, at his late residence in Jeffersontown, Ky., Dr. B. H. Kerrick, aged 73 years.

WARD.—On August 30, 1885, in this city, Edward H. Ward, M. D., in the 71st year of his age.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CASE OF A RARE FORM OF VAGINAL CYST.

BY DAN'L B. D. BEAVER, M. D.,
Of Reading, Pa.

The growth of cysts between the bladder and vagina is of rare occurrence. Of a dozen authors whose books on gynæcology I have examined, only one seems to have observed them. West says he saw one case, and quotes McClintock as having met two. Aside from their infrequency, these cysts are of interest on account of their liability to be mistaken for other diseases, and the ease with which they may be removed when recognized, as was the case in the following instance:

Miss S., æt. 18, of healthy appearance, was brought to me by her mother, about a protrusion between the labia which had been there four years, and had caused some physical and much mental uneasiness.

During this time the growth had been examined by a number of physicians, all of whom said it was a simple prolapse of the vagina. She gave no history of traumatism, nor of previous disease of any of the pelvic organs. Upon examination, there was found protruding from the vagina immediately below the urinary meatus, a soft, elastic tumor of the size of a large pigeon's egg. The vaginal mucous membrane was freely movable upon it, but it seemed adherent to the muscular layer of the vaginal wall, with which it could be reduced easily to a position behind the neck of the bladder. From this position it relapsed immediately upon withdrawal of support, even while the patient was lying on her back.

There was neither pain nor tenderness upon pressure, in the tumor and the parts around it. Although there had not been any disturbance of the functions of the bladder, the proximity of the tumor to that viscus suggested the question of communication between the two.

Withdrawal of the urine did not lessen the size nor resistance of the tumor, nor could the end of the catheter be brought into close contact with its posterior wall.

It did not seem then to have any connection with the interior of the bladder; but yet there might have been a very small opening through which the catheter could not be passed, and which might have been so irregular and winding in its course, as to obstruct the flow of liquid into the bladder. To determine this point with certainty, the cyst was tapped with a very small needle-trocar, and the removed fluid examined for characters which would distinguish it from the excretion of the bladder. This fluid was of a very light straw color, six drachms in amount, with a specific gravity of 1005, and heavily laden with albumen. The specific gravity of the urine was 1015, and it was free from albumen.

It was then clear that there was no connection between the growth and the interior of the bladder.

The cyst having been evacuated, the patient was told to return in two weeks, with the expectation of finding it considerably diminished in size.

September 29. The patient was etherized, and the cyst opened freely through the vagina. It contained about one drachm of liquid, and had shrunken to probably one-half of its former size. After having been opened, the cavity was packed

with a dossil of absorbent cotton, which was previously saturated with tincture of iodine, and this retained in position by a larger cotton tampon in the vagina. The following day another application of iodine was made. Afterward pure carbolic acid was applied once a week until the cavity was entirely obliterated, a period of several months.

June 4, 1884. An examination was made, and both the cyst and prolapse of the vagina found to have disappeared entirely. Since then the lady has been under my observation, but has not complained of a return of the disease.

The causation of these cysts is obscured by the slowness of their development. In this case the disease was known to have existed four years before the discomfort arising from it led the patient to seek advice.

The pathology is equally obscure. Rindfleisch divides cysts into four classes: retention cysts, exudation cysts, extravasation cysts, and softening cysts. The first of these classes embraces such cystic growths as come from closure and dilatation of mucous follicles, or other of the granular structures in and beneath the vaginal mucous membrane. These are comparatively frequent, and after attaining moderate size assume the pear-shape—the mucous polypus. That the tumor in this case did not arise from the granular structure of the vaginal mucous membrane is shown by its deeper attachment, by the free mobility of the vaginal mucous membrane upon it, by its form, and by the fact that it could be pushed easily up to a position behind the neck of the bladder, where it was practically out of the course of the vagina, and where in all probability its growth began and continued until it was driven to the vaginal outlet, the point of least resistance, by the weight of the overlying organs.

Although there is no history of an injury, nor of previously existing disease of the pelvic tissues, it probably arose either from exudation of serum, or an extravasation of blood between the deeper layers of the vaginal wall, or in the connective tissue between it and the bladder. According to Klebs, these cysts may arise from lymph vessels in the connective tissues. Winckel says they may be the result of œdema or hemorrhage into the submucous tissues. Veit thinks they are sometimes the consequence of an abnormal development of the Wolffian bodies of fœtal life.*

The diagnosis of these cysts is sufficiently easy, especially in the absence of inflammatory complications. If it presents any difficulty, it is encountered in determining the presence or absence of close connection with the pelvic organs. When the growth is in front of the vagina, as in this case, it is of course all-important to ascertain whether it is free from the urinary passages before active interference is made.*

The treatment of the disease involves the destruction of the cyst *in situ*, or its removal. The first method to present itself to the mind is the removal of the cyst in whole, as is done with those near the external surfaces of the body; but consideration of the dangers incident to such procedure should lead to the use of milder means. Veit treated one case successfully by laying open the cyst, and stitching its wall to the mucous membrane of the vagina, along the whole line of the incision, thus turning the cyst to account by incorporating it with the wall of the vagina—a very ingenious operation in the case of insufficient vaginal surface. West treated his case by opening the cyst freely, and applying solution of nitrate of silver to its wall until it disappeared.

* Schmidt's Jahrbücher, B. 197, p. 144.

* Hickinbotham reports an interesting case of a vaginal cyst of which the cavity communicated with the urethra. British Medical Journal, April 29, 1882.

AN OPERATION FOR CYSTOCELE.†

BY T. A. REAMY, A. M., M. D.,
Of Cincinnati.

The doctor made a few general remarks in relation to cystocele, discussing its ætiology, and the relief, mechanical and surgical. He considered the methods of Sims, Dieffenbach and Emmet, their benefits and objections, and then went on to the consideration of his own method. He had followed it in public hospitals and private practice for eight years, and had obtained in favorable cases very satisfactory results, and claimed for it some important advantages.

The patient is placed in the extreme lithotomy position, an assistant holding each lower extremity, and the posterior vaginal wall held back by Sims' speculum. The tissues are caught up by small double-toothed tenaculum forceps, and the cutting is done with long scissors, sharp pointed, curved on the flat, the same as used in perineorraphy. A constant stream of water carbolized at 100° F. is allowed to play on the field of denudation. This controls hæmorrhage and keeps the field clear. (The doctor then drew figures on the board explaining the operation.) The denudation is modified in direction, width or length, as each case requires. If it is desirable to cut deeply,

† Abstract of Remarks before the Cincinnati Obstetrical Society.

care must be taken to avoid the lateral branches. There is however no danger of this unless you carry the arms some distance out beyond the cervix. He had never encountered the accident, but theoretically the danger does exist. The lines of denudation should be sharply defined, so that when the sutures are tightened they shoulder against each other and union by first intention is secured. Ordinarily, no cicatricial tissue is found in the line of union. It is quite true, as Thomas has said, that it is not material what direction the denudation may take, provided you get rid of sufficient redundant tissue, and take up the pouch that is present, for it will contract from all directions. You can readily see that the uterus is one fixed point, the meatus another, and the greatest amount of redundant tissue is situated just forward of the cervix.

If you carry the arms of your denudation on either side of the cervix, the direction of the contraction will be directly in harmony with the original construction of the parts, and the contraction, if you get union, will be in the very direction in which you desire to get support. Further, in this method the tissues can be safely subjected to greater traction than they can bear in any other method of procedure. In the clinical use of the method, you will find that you do not have to denude so large a field in order to get contraction, or rather no one path of denudation is so wide. As you approach the urethra you can denude very deeply, but it is not necessary to go so deep there, as it is further up towards the bifurcation of the denudation. If, however, here you simply take off the mucous membrane, and do not go through the muscular tissue of the vagina into the cellular tissue between the vagina and the bladder, the operation will fail, and because you can denude so deeply with safety by this plan, is one of its chief advantages. In two cases in which I desired to cut deep, I have opened the bladder and formed a vesico-vaginal fistula; but I closed it up at once with the sutures of the operation for cystocele, and nothing untoward occurred. Denude deeply, for the more deeply, within limits, the more certain you will be to get good results. As already stated, at the upper extremities of the denudation, it is better not to go too deep on account of the ureters, but that danger, as already stated, I do not regard as great. The doctor usually placed as many as eight sutures to the linear inch of the denudation. The placing of the stitch, which draws the three arms of the Y together, is of importance. Even if the suture should go to the bladder, it will do no harm. It is important to get the border surfaces united perfectly by first intention. The doctor uses the so called silk-worm gut, out of which fish-lines are made. It is really made of the intestines of a fish; it is an animal ligature, and you can with ease render it perfectly aseptic. It is strong enough for any purpose of this sort. You can draw on it with almost your entire strength without breaking it. It is prepared for use by cutting the kinked ends off with the scissors, and throwing the rest into a carbolized solution, (a ten or fifteen per cent. solution in warm water,) and in a half hour it is ready for use. Tie two or three knots, or it may come undone; but you may cut the ends short or long, as you please. Its advantages are smoothness, strength, and if rendered aseptic, is not followed by any more suppuration than a silver wire. It does not become too soft, is not absorbed too soon, but remains like wire for weeks; cut ends will not jag the tissue.

After the operation the patient must be kept in bed, and a self-retaining catheter kept in the bladder constantly for eight or ten days, until union is complete. This I regard as essential, since the distension of the bladder, though it may not prevent union, will nevertheless prevent the union from occurring within the field of the operation in the contracted state so favorable to good results. These remarks will seem to be of more importance if my recommendation is recalled to carry the denudation through the vaginal wall, at least near the centre.

The doctor has operated after the method proposed in fifty cases, and thinks his experience warrants the claim that it possesses the following advantages:

1. Simplicity.

2. Less width of denudation is required at any given point in order to secure the necessary contraction after closure, than in other methods.

3. The deep denudation, necessary to cure in all cases, can be done by this method with greater safety.

4. Since tension upon any one line of the operation after union is less than after other methods, and since the deep denudation causes firm union, the good results are likely to be more permanent.

5. After cure, the vaginal orifice and entire anterior wall of the vagina will conform more perfectly to the original.

—Dr. Maxwell Ramos, in a letter to Dr. Dujardin Beaumetz, speaks highly of cooling the lobe of the ear in obstinate hiccough. It is not necessary to refrigerate; a cold lotion suffices.

PILOCARPINE IN CROUP.

BY JOHN H. OWINGS, M. D.,
Of Deer Lodge, Mont.

December 16, 1883, I was called at 4 p. m. to see Lauretta, age 4 years, daughter of J. McA. On arriving found pulse quickened, hoarse whispering voice, short ringing metallic cough, and stridulous respiration. Upon examination of fauces, found a fibrinous patch on the right tonsil about the size of a large grain of wheat. Respirations 36. Tongue moist, but covered with a yellowish white fur. I learned that she had awakened about 2 a. m. with croupous cough, and that she had had an attack of croup one week before, which had been relieved by vomiting with syrup ipecac and lobelia, but had had no return of the trouble until this a. m. Gave turpeth mineral, gr. 3, and after vomiting freely ordered calomel, ½ gr.; pulv. ipecac, ¼ gr., to be given every hour, with hot fomentations to neck.

9 p. m. Patient much the same. Gave pulv. alum, 1 dr., which was followed by copious vomiting. Hot fomentations and muriate and ipecac continued, promising to call in morning.

7 a. m., 17th. Patient growing worse. Rough hissing or crowing sound both on inspiration and expiration.

Gave turpeth mineral, gr. 5, and ordered tr. verat. viride in ½ drop doses with potassium bromide, gr. 10, every hour, hot fomentations continued, muriate and ipecac discontinued.

11 a. m. No perceptible change.

4 p. m. Stridulous respiration, increasing loss of voice. Gave turpeth mineral, 5 grs., which was followed by scanty emesis. Ordered patient t o be kept enveloped in steam from slacking lime, and to give:

℞. Tr. eucalyptus, ℥v.
Mur. pilocarpine, gr. ½.
Vin. pepsin, ℥j.
Syrup tolut., q.s. ad ℥iv.
Sig.—Give a teaspoonful every half-hour.

9 p. m. Called Dr. M. in consultation, for the purpose of performing tracheotomy. Breathing somewhat easier. Gave 3 grs. turpeth mineral, which was followed by vomiting of a large quantity of mucus with shreds of fibrinous membrane. Ordered treatment continued, promising to return in a few hours.

2 a. m., 18th. Breathing great deal better. During last act of vomiting a large quantity of membrane came away, and is now expectorating a good deal of tough, yellowish fibrin, with frothy sputa.

9 a. m. Crowing cough gone, breathing easy, has been taking beef tea and wine. Ordered eucalyptus and pilocarpin to be given every hour, with generous doses of wine and beef tea.

4 p. m. Patient still improving; breathing natural.

19th, 10 a. m. Patient quite bright; has taken some solid food; cannot speak out loud; has had action of bowels, but urine very scanty. Ordered nitre, juniper, and digitalis, and the eucalyptus and pilocarpin stopped.

21st. Patient convalescent, and visits discontinued.

26th, 2 p. m. Called again to see this little patient, and found a return of disease, with all its horrors. Resumed eucalyptus and pilocarpin, giving it every hour, and directed that three grains turpeth mineral be given every four hours, with lime steam and hot fomentations.

9 p. m. With every act of vomiting shreds of membrane are given off, tinged with blood.

27th, 9 a. m. Patient better. Treatment continued, lengthening the interval between the doses of eucalyptus and pilocarpin to two hours.

28th. Patient still improving. Eucalyptus mixture every four hours, and the diuretic given three times a day.

30th. Patient convalescent.

Since the date of the foregoing case I have had three others, and treated them the same. Two recovered, one died; the latter, some twelve miles from town, I visited twice, and in view of the poor nursing the child received, do not think the treatment had a fair chance.

I have also used the eucalyptus and pilocarpin in fifteen cases of diphtheria, with only two deaths. Tincture iron and quinine, with whisky, were given freely, but I am inclined to think that to eucalyptus and pilocarpin I owe my success in this disease. I have used pilocarpin freely in follicular tonsillitis with the best of results, and mention these facts for the purpose of calling the attention of the profession to them, believing that if properly used, they will not disappoint.

A PECULIAR CASE.*

BY J. L. GEYER, M. D.,
Of Norwich, Ohio.

I present a case, new to me, and as far as my reading goes I am not able to refer to anything similar.

The subject of the present article was a lady aged 52, of nervous temperament. Her figure

*Read before the Muskingum County Medical Society, August 6, 1885.

stooped, shoulders considerably rounded, but not "hunch-back." Married thirteen years, but has never borne children.

For years has suffered from heart disease, that is, more or less palpitation, with constriction of the breast, something after the manner of globus hystericus. Thin in flesh, and slightly anæmic.

Upon examination, I found the tongue furred, color white. Temperature 101°, and pulse 120. The respirations were quick and restrained, caused by the pain on full expansion of the chest; pain more on the left than right side, and beneath the short ribs rather than higher. Bowels costive, which is their natural condition. The lower limbs were painful, muscle and joint alike. No swelling or redness to be seen at any point on them. Chilliness was complained of, and it was followed by headache.

The treatment instituted was palliation: first to relieve the suffering, then to move the bowels, which was not urgently called for at the time; in fact, was delayed until after two days of anodyne treatment. Morphia and quinia were the remedies used at first; the morphia to allay the pain, the quinia as a tonic. This combination could not be continued, as the morphia produced such intense nausea, followed by vomiting. I was well aware of this peculiar idiosyncrasy of the patient; yet, to give it was the better course; to allow the use of the hypodermic syringe required no tedious persuasion. The hypodermic injection consisted of morphia sul., and atropia sul.; this relieved the pain fully.

On the third day a cathartic was administered, and after awhile the pain returned, and with considerable force, but not so great as when first attacked. The drugs consisted of leptand., podophyl., calomel; after their administration all other remedies were discontinued. As the pain continued, a sense of numbness and stiffness began to pervade the extremities—a feeling as if powerless to move the legs, from the hips downwards. A tight or constricted condition of the skin was felt.

Upon trial, the limbs could be moved, and the skin was found in its natural condition—without swelling. A fear of impending paralysis pervaded the mind of the patient. This illusive idea was soon dispelled, and caused a more hopeful spirit.

It was soon observed that the skin on the top of the feet was changing. The skin was thickly marked with white streaks, situated beneath the epidermis, which was more or less transparent.

The light-colored streaks ran in every direction, but more across the foot than any other direction. This phenomenon soon spread upwards, until it reached the umbilical region, where it ceased.

The lines or streaks were about one-sixteenth to one-quarter of an inch wide. The condition presented by the abdomen of a pregnant woman at full time better illustrates the appearance than any other comparison with which I am familiar.

The conditions mentioned commenced on the top of the feet and traveled upwards, but grew thinner and less marked, ceasing in the hypogastric region.

Within two or three days, the lines began to grow dimmer, and in ten days were scarcely visible, finally leaving the flesh with normal appearance.

After the cathartic had produced an evacuation from the bowels, salicylate of soda was administered in small doses, in connection with the use of morphia by the mouth, as upon trial it produced no nausea. As soon as possible the morphine was discontinued, and tinct. iodine, carb. potass., and cit. ferric, with an occasional dose of quinia sulph., were given. The treatment was continued 22 days, with entire relief.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM PEPPER, M. D., LL. D.,
Provost of, and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

Diabetes Mellitus.

Gentlemen, I shall to-day ask your attention to this patient, A. H., white, aged 46 years, and a farmer by occupation. He has been moderate in all his habits, has had good meals at regular hours, and has masticated his food thoroughly. There is no history of venereal disease. Just before he was taken sick, he had considerable business worry and worked hard. His family history is good. He was apparently healthy and strong when he went into the army in 1861. He then contracted camp-diarrhœa, which has clung to him more or less ever since, the bowels being loose by spells twice a month or oftener. He had no other acute illness, except slight intermittent fever. Four years ago, he noticed that he was drinking a great deal of water and eating ravenously, and at the same time he observed that he was passing too much urine. He soon began to have darting pains in the legs and thighs, and across the loins. In a short time, the pain became so severe as to compel him to give up his

work. These pains gradually diminished, and he has had no pain for the last year. His flesh failed rapidly, and altogether he has lost forty-five pounds. His sight has also progressively failed, and for the last six months it has been so poor that he could not work.

Since he has been in the hospital, (five months) he has had this listless expression. His skin has been harsh and dry with absence of perspiration. The tongue is usually clean, but coated at times with viscid saliva. He has had a great deal of thirst. The digestion for the most part has been good. When he came to the hospital, he was passing from 125 to 160 ounces of urine in the twenty-four hours. On testing it, it was found to be loaded with sugar. There was some irritability of the neck of the bladder, and redness and slight inflammation of the meatus urinarius. From that time until the present his condition has fluctuated, the amount of urine varying from 240 ounces to 100 ounces, varying very much with the diet upon which the man was put; yet not altogether, because the quantity went up to twelve pints while he was on the same diet that brought it down to six pints. His weight has fluctuated between 120 and 125 pounds. He has had numerous boils all over his body.

The eyes have been examined by Dr. Risley, who finds double diabetic cataract, most marked in the left eye.

The spells of looseness of the bowels have continued to recur. Some days ago, it was noted, for the first time, that there was some fever. The maximum temperature was 102°, and was connected with a catarrhal attack, as shown by looseness of the bowels, slight cough, and so on. During this febrile attack, the quantity of urine went down from twelve pints to nine, to six, reaching three pints five days ago. With this there was very rapid loss of flesh, losing nine pounds in as many days. His present weight is one hundred and eight pounds.

During all this time, there has been an abundance of sugar in the urine. The last examination, made a few days ago, gave seven per cent. in a total quantity of eighty ounces. An examination made this morning shows a trace of albumen, and on repeated examination of the sediment, one or two small hyaline tube-casts were found.

Here then, we have a case of diabetes, presenting some interesting clinical features, and it will serve very well as a basis for some general remarks upon this disease. I am wrong, however, in speaking of this as a disease, for diabetes is really only a symptom. It implies the presence of sugar in the urine, and more than a trace of sugar, since there may physiologically exist a minute amount of sugar in the urine, and this may be present more than merely occasionally. There must be a certain degree and continuance of the appearance of sugar in the urine to constitute true diabetes. A mere trace of sugar is consistent with apparent health, and must be regarded as within the limit of physiological variation. A more or less continuous appearance of sugar in notable quantity, constitutes diabetes mellitus, or saccharine diabetes. When it exists as a substantive condition, it is associated with other marked symptoms. The chief of these are a harsh, dry skin, sometimes so marked that sweating can scarcely be produced by severe exertion in hot weather. Secondly, thirst, marked and constant, and sometimes unappeasable. Evidently, there is not only a desire for liquids, but there is also that heated, irritated feeling of the mucous membrane, which craves drink for the momentary local sensation, and in addition there is a craving of the system for larger quantities of liquid. There is also an unnatural desire for food. The appetite is usually strong, and sometimes craving, the desire for food coming back soon after eating, showing that it is not simply a true appetite. Despite the quantity of food taken, there is progressive failure of flesh. In some cases this is very slight, but more commonly there is progressive emaciation. Sometimes this progresses steadily downward, while at other times it is very rapid, with fluctuations. I have seen these patients lose fifteen pounds in ten days, and I have seen them gain flesh very rapidly, but the flesh appears to be of poor quality; it is hard to get and easy to lose. The degree of emaciation in some cases is extreme.

Even more remarkable than the progressive loss of flesh, is the progressive loss of strength and energy. These patients grow weak, and their work tires them. This increases, until extreme debility marks the full development of the disease.

Loss of sexual power is very distinct in diabetes, and is sometimes one of the first symptoms that attracts the attention of the patient. Next, we note the increased frequency of urination, and increased quantity of urine.

You have then these most characteristic symptoms associated with saccharine urine: harsh, dry skin, unnatural thirst, unnatural appetite, progressive failure of flesh, marked loss of strength, loss of sexual desire and power, and increase in the frequency of urination, and increase in the quantity of water passed. Sometimes it will be one or other of these symptoms which the patient first notices, and for which he consults you. If you postpone examination of the urine until the possibility of diabetes is forced upon you by having the patient complain of all this group of symptoms, you will overlook three out of five of the cases coming before you. You will find sugar in the urine very often where the symptoms have not suggested its existence, just as you will find albumen and tube-casts hundreds of times, where the symptoms would not make you suspect the existence of Bright's disease. If you are going to recognize Bright's disease and diabetes early, it will be because you have formed the inflexible rule of examining the urine in every case of disease under your care.

Some of these symptoms require special study. The increase in the frequency of urination may amount to the patient being called up once or twice during the night, and more frequently during the day, or its frequency may be much greater. The quantity of urine discharged varies greatly. It is a common thing to find it running up to 80 ounces or 120 ounces, and it is not rare for it to reach 160 ounces. It may go to 200, or even 240 ounces. This would be regarded as very great, still I have seen twenty pints, and I have seen even forty pints passed in the twenty-four hours. This, of course, is very excessive, but two or three gallons is not rarely met with. I have had pa-

tients who would put a bucket of water on one side of the bed and an empty bucket on the other, and empty the one and fill the other with urine before daylight.

The urine of diabetes presents certain peculiarities. There could not be a better sample of diabetic urine than that which I now show you. It is pale, of an amber color, and has the peculiar odor of new-mown hay, slightly sweetish. Its specific gravity is high, and the degree of elevation depends upon the quantity of sugar and the concentration of the urine. 1025 is a low limit. The specific gravity of saccharine urine is usually above this, but I have seen sugar in the urine with a sp. gr. of 1016. It will not do to exclude the possibility of diabetes because the specific gravity is not above normal. A specific gravity between 1025 and 1045 is very common, but it may go up to 1050 or 1070. It may be very high, although the quantity of water is considerable, the quantity of sugar in such cases being enormous. The total amount of saccharine matter discharged may reach two, three, or even six ounces in the twenty-four hours. Occasionally there will be found that there is albumen in addition to sugar, showing that there is Bright's disease associated with saccharine diabetes. This case presents that serious and interesting complication. I shall not spend time in discussing the various tests for sugar in the urine, but shall simply show you the result of the application of Fehling's test, which is the one most commonly employed. As you see, a single drop of urine produces intense reaction. So much for the clinical symptoms connected with diabetes.

When we come to speak of the causes and nature of diabetes, we find ourselves involved in some most interesting clinical reasoning and physiological speculation. I prefer to limit myself to indicating the clinical conditions under which diabetes makes its appearance. Diabetes has a close connection with the nervous system. It has long been known that in some lower animals, as the frog, an injury to the floor of the fourth ventricle will develop an artificial diabetes, which will soon be followed by diabetic cataract. So, too, we know clinically that if pachymeningitis, a syphilitic gumma, or other tumor involve this portion of the nervous system, the symptom of artificial diabetes will ensue. In some instances, where a traumatic injury in the human subject has involved this part of the nervous system, diabetes has been noticed. It is not only when there is actual injury from traumatism, or the occurrence of some lesion of this part, that diabetes develops, but it is very clear that in many cases a long-continued functional nervous derangement, lies at the root of the production of diabetes. In many of these cases diabetes has followed severe mental depression, or prolonged business anxiety and worry. Depressing passions of any kind may be followed by the occurrence of diabetes. It would seem that it depends upon a derangement of those complicated nervous processes which govern the completion of the digestive act. In order that the starch and saccharine articles of the food shall undergo in the stomach and upper bowel, and subsequently in the liver, those chemical changes which fit them for absorption and use in the tissues—in order, I say, that these changes shall go on from first to last uniformly, regularly, and completely, there is needed a very elaborate nervous control, harmonizing and co ordinating these different stages of the digestive and assimilative acts. It is not to be wondered at that in certain individuals who probably are disposed by heredity to derangements of the liver, stomach, or pancreas, a long-continued profound nervous disturbance, would gradually induce such derangement of the functions of these organs as would show itself by an inability to successfully handle the starchy and saccharine matters, and consequently by the absorption into the blood of incompletely digested substances which will be discharged in the urine. You will see from what I have said, that it is clear that diabetes may also depend upon derangement not of the nervous system, but of some of these organs concerned in the preparation of the starches and sugars; thus, unquestionably, affections of the pancreas, the secretion of which plays so important a part in the transformation of starch and sugar, may be a cause of diabetes. In other cases, disorder of that most complicated function, the function of the liver, will give rise to this condition. It is not impossible that it may depend upon primary derangement of the stomach, but we find this less commonly. Here, then, we have a variety of sources for the production of diabetes, and a corresponding variety in the clinical condition with which it is associated.

Of course, in those whose power to handle and dispose of starchy and saccharine articles of food is limited, diabetes can be produced at will, by giving an unusual quantity of starch or sugar. A certain portion is properly dealt with and utilized, while the remainder passes off in the urine. There are many persons in this condition. There is then diabetes from excessive ingestion of these articles. We recognize a strong individual predisposition to this condition in nearly every case. There are some persons who do not seem to get diabetes under any provocation, while there are others in whom sugar will appear in the urine from very slight causes.

With this variety in the mode of production of diabetes, you will expect to find a corresponding variety in the class of subjects who suffer from this condition. Let me sketch a few illustrations of these classes as they appear in practice. A big, burly fellow came into my office the other day and said, "I came to ask why I cannot sleep with my wife." I told him that probably he had diabetes. Examination of the urine showed it to be full of sugar. He was fat and hearty, and had not lost a pound in weight in a couple of years. You will find one class of cases, generally advanced in years, over fifty, often very stout and burly, with good color, good nutrition, good appetite, who have been particularly hearty livers, eating a great deal of strong, rich food, and often drinking a good deal of beer and wine, who pass a moderate quantity of urine, from 80 to 90 ounces, with rather high specific gravity and containing a moderate quantity of sugar. Many of these patients are disposed to lithæmia, that is to irregular gouty manifestations, and they may even have a distinct expression of gouty symptoms. These individuals will have diabetes for years, without much impairment of general health.

Again, we meet with more severe cases, coming on more commonly in early life, sometimes late in life, of which this patient is a good example, where there is an increased flow of urine, a considerable amount of sugar, and every one of the serious symptoms which have been presented by this man.

Lastly, diabetes is met with in young persons, where sometimes there is a family predisposition, and these cases developed quickly, soon become severe, and run a rapid and fatal course.

The diagnosis of diabetes is so simple as to require no further discussion.

The prognosis is on the whole bad as regards ultimate cure, but not entirely bad, for a certain proportion of cases can be radically cured. The prognosis is, however, usually favorable as regards prolongation of life. The extent of prolongation would be indicated by these conditions: In the first place, the age at which the affection develops. The later in life the better. Secondly, by the way in which the patient holds his weight and strength. If, with a continuance of saccharine urine, the patient keeps his weight and strength, the prognosis is very good, and such cases may last many years; while on the other hand, in proportion as the flesh and strength fail, will the prognosis be unfavorably affected. In the next place, the prognosis will be influenced by the extent to which diet will control the appearance of sugar in the urine. There are some cases, in which a moderate restriction of diet causes a disappearance of the condition. In other cases, where we cut off all the sugar and starch we possibly can, sugar is still elaborated and discharged. Of course, the presence of any local disease, as of the pancreas or of the liver, or still more, such a complication as Bright's disease, would constitute a very unfavorable element in prognosis. Finally, the prognosis would be influenced by the effect of certain treatment upon the symptoms. In intermittent diabetes, that is to say, where saccharine urine is not continuous, the prognosis is always much more favorable.

Now, as to the treatment of diabetes. In the first place, there are some cases which had better be let alone. In elderly persons who are passing a moderate quantity of urine, containing not an excessive amount of sugar, I advise you not to meddle too much with them, nor to try by rigid restriction of diet and the use of powerful remedies to cause a total disappearance of the sugar. For aught you know, the condition may have lasted for years, and the case may be one of those in which there is a discharge of the excess, while the system appropriates as much as it requires. If great changes in the diet are enforced and large doses of powerful drugs given, the nutrition may be so deranged, and the vitality so depressed, that harm rather than good is done. We recognize then, that there are some elderly, gouty, moderate diabetics, in whom the condition should be let alone, save as regards the establishment of very careful hygiene and a moderate restriction of diet. If, after watching the patient for some time, I find that the continuance of saccharine urine is not attended with marked failure in flesh and general strength, I do not worry myself with trying to get rid of the last traces of sugar from the urine.

In general, as you all know, the chief element in the treatment of diabetes is the regulation of the diet. In some cases this must be absolute, in other cases a moderate restriction is sufficient. The fundamental principle is the reduction of the amount of sugar and starch in proportion to the amount of nitrogenous and fatty food. It is commonly best to exclude sugar entirely, or as far as possible, for a diet can be borne with great success which contains no original sugar, as there will be sufficient sugar derived from the transformation of the starchy food. Sugar is particularly irritating to most diabetics. A very little of it will cause an increased flow of urine, increased thirst, and an aggravation of all the other symptoms. In some cases the simple omission of sugar will be followed by great relief.

The starchy food is to be omitted according to our judgment of the severity of the case. When beginning the treatment, it is best to gradually increase it, watching the effect on the urine. It is sometimes necessary to omit starch as far as possible, and let the patient depend almost exclusively upon meats, fish, eggs, butter, cream, succulent vegetables not containing starch, and such beverages as do not contain sugar, combining these so as to make as agreeable a dietary as possible. Often you will be obliged to give a certain amount of starchy food, especially in the form of biscuit and bread. The attempt has been made to furnish a flour containing little or no starch from which biscuit and bread can be baked. There are in the market a large number of preparations under the name of gluten and diabetic flour. Most of these are prepared by washing out the starch with water, and leaving the gluten behind. The flour of almonds, which contains no starch, has been used, but it is not palatable. In many cases a small percentage of starch in these flours does not render them inadmissible in moderate quantity. As you will gather from what I have said, you can frequently allow ordinary white flour, or bran, or oatmeal, in small quantity, if you find that the patient can bear a small amount of sugar in the urine with the enjoyment of fair health. In aggravated cases of diabetes, it is far better to allow a diet which is going to sustain strength and satisfy the appetite than to enforce such a diet as will be repulsive to the patient, and of which he will not take enough to sustain nutrition and vitality. Theory is one thing, and its application in practice is a very different thing. The tact of the physician is shown by steering as close to what is theoretically right as the particular condition of the case will permit. In no instance is this truth more strongly shown than in the arrangement of the diet of the diabetic patient.

At the next lecture, we shall take up the drugs which are most desirable in the treatment of diabetes.

—The driver of a coal cart at Bayonne, N. J., met with a singular accident recently. He was jostled from the wagon by the wheel striking some obstacle. The hind wheel passed over him, crushing his leg, and an instant later the cart capsized and he was buried under the wagon and a ton of coal. He was extricated by some laborers. His injuries are serious. He was taken to the hospital.

EDITORIAL DEPARTMENT.

PERISCOPE.

Some Brief Notes on the Late Outbreak of Cholera in Paris.

Dr. Hy. Tomkins thus writes in the *Lancet*, March 21, 1885:

The outbreak of cholera in Paris during last November afforded an opportunity for those interested in epidemic diseases of seeing and studying this scourge of Eastern countries; and at the end of the month I visited Paris for that purpose, though at that time the outbreak had begun to subside almost as rapidly as it commenced, so that in all I saw only some forty to fifty cases. The history of its appearance and progress in Europe last year may be summed up in a very few words. In the middle of June the first cases were reported in Southern France from Toulon, and the following week cases were occurring in Marseilles, and quickly assumed serious proportions. As it subsided in the south of France it spread to the northern parts of Italy, and early in September, Naples had become attacked with what proved to be a most virulent outbreak, the densely crowded and filthy quarters of that fair city affording congenial soil for the spread of the disease, with the result of a loss of some 11,500 lives. At this time it had disappeared from the towns in the south of France, but towards the end of October cases occurred at Yport, a small fishing village, described as filthy and dirty in the extreme, situate upon the coast of Normandy; then, after a few cases had been heard of in one or two places in Northern France, the startling official notification of its presence in Paris appeared on Nov. 5th, though it would seem that several cases had previously occurred in the capital, but were kept quiet for fear of creating a panic in the public mind. The cases increased rapidly in number daily, and on the 11th of that month 152 new cases were reported, with fifty-six deaths.

The first cases occurred amongst the inhabitants of the east end of Paris, in a dirty, filthy neighborhood off the Faubourg St. Antoine, situated in the eleventh arrondissement, a district lying beyond the Place de Bastille; and to those familiar with this quarter, it will be admitted that for filth and degradation, both morally and physically, it is perhaps worse than anything to be found in the east end slums of London. From the 4th to the 17th, 1250 known cases had occurred, with 617 deaths, and by this time only one of the twenty arrondissements into which Paris is divided was free from cholera. During the last week in November the disease rapidly declined, and in the second week of December it was practically at an end, the cessation having been as sudden as its onset. It is difficult, in the absence in Paris of compulsory notification of infectious diseases, to state with exactitude the total number of attacks, but it was probably not less than 2000, as 900 deaths occurred, and amongst the cases treated in hospital, which were about 1000, there were more than 500 deaths, or a mortality of over 50 per cent.; but the mortality amongst these would certainly be higher than amongst those not treated in hospital. As has happened so often in the past in the history of epidemics, when the cholera reached Paris it was ill-prepared as regards hospital accommodation and general organization for the removal of patients, disinfecting of infected dwellings, and the like. It was at first intended to use only one or two hospitals situate on the north and south of the city; but it was soon found that in face of the sudden and severe collapse, so common in cholera patients, they ran great risk of dying, and actually died, in transit from their homes to hospitals at a distance therefrom, and wards were set apart in the general hospitals situate in various parts of the city; thus, the St. Louis, Tenon, St. Antoine, Lariboisière, Cochin, and other hospitals, all received cholera patients.

At the time of the outbreak the regular ambulance service of Paris consisted of only some half dozen conveyances, which were totally inadequate for the demands made upon them, and ordinary coaches had to be pressed into the service. Immediate steps were, however, taken by the health authorities, and by the time the epidemic was declining an efficient service of forty ambulance carriages was in operation, together with a corps of disinfectors, ready at once to proceed to any house where cholera was reported to be present. In the matter of ambulances we here might with advantage take a lesson from Paris. Instead of being built as ours are of a most pronounced and distinctive, not to say funereal-looking pattern, so that every one at a glance recognizes "the fever van," they are constructed externally to resemble the ordinary coach for hire in the streets, and thus avoid observation to a very large extent. At the Health Exhibition last year there was exhibited an ambulance, built for the London Fever Hospital, which, to all outward appearance, was a handsome brougham carriage of large size, whilst inside it was fitted in every way as comfortably for the patient as could possibly be desired.

All the hospitals in Paris, as is probably well known, are supported out of the rates, and managed and controlled by the governing authorities, there being no hospitals supported by voluntary contributions, and they are under the immediate direction of the Administration de l'Assistance Publique. The routine with regard to cholera cases was as follows: On a cholera case occurring, information was at once taken to the nearest police station, which is in telegraphic communication with the Central Bureau de l'Assistance Publique, situate near the Hotel de Ville; here it was decided to which hospital the case should be sent, instructions telegraphed to the nearest ambulance station for its removal, and some of the staff of disinfectors at once sent to disinfect the patient's rooms.

The hospitals visited by me were the Cochin, the St. Antoine, the St. Louis, and the Mariniers.

At La Salpétrière, though not a hospital in the ordinary sense of the word, several cases occurred amongst the inmates, and Dr. Charcot informed me that the first case they had there was in an old woman who had not been out of the building for four years, and not even a guess could be given as to its origin.

At the Hôpital Cochin, the cholera patients were treated in wooden structures, of which this hospital has many to supplement the accommodation in the ordinary wards. The patients were under the care of Dr. Beaumetz, who courteously afforded me much information and help. In these wards trial was made of saturating the air with ozone. The apparatus employed had previously been in use at Toulon, and consisted of a large air-pump which forced the air through a solution, the composition of which I was not able to ascertain, but which saturated the atmosphere passed through it with ozone, as shown by pieces of paper moistened with iodide of potassium, and starch placed in various parts of the wards being rapidly changed in color and darkened. There was used also in these wards a new remedy, erigeron canadensis, an American drug much lauded for its astringent properties in checking diarrhœa and dysentery. It appeared to check the purging when given, but in many of the cases here purging was very slight, and not the most prominent symptom. The general results of these measures do not appear to have been of a very encouraging nature, as 50 per cent. of the cases proved fatal.

At the Hôpital St. Antoine, situate in the district above alluded to as being the locality where the first cholera cases appeared (and which received the largest number of any single hospital in Paris), transfusion was much practiced by Professor Hayem, who had had made a very simple and easily-managed apparatus for this purpose. The solution used was the ordinary one of common salt with a small proportion of sulphate of soda, and it was had recourse to not only in the worst cases, but also in those of a less severe type, and a considerable number of those thus treated recovered. Usually the injection was made into one of the veins at the bend of the elbow, but in some cases the internal saphenous vein in front of the inner ankle was selected. The immediate effect of that treatment was often for a time most marked and beneficial, appearing to give the patient temporarily new life; but as a general result of the treatment here the mortality also reached 50 per cent. Should I ever have to treat cholera myself, I should certainly be inclined to give transfusion a trial in bad cases, as it without doubt in many instances helps to prolong life, where it does not actually succeed in saving it.

It was at the Hôpital Mariniers, situate near the fortifications to the south-west of Paris, that the most perfect arrangements, from a sanitary point of view, had been put into operation. This was a new hospital, scarcely finished at the time of the outbreak, and was erected for the purpose of an infectious hospital, and presents some interesting features in hospital construction. It has accommodation for 300 patients, and was built in about six weeks. The wards are all one-storied only, and are raised upon wooden piers above the ground, so that the air circulates below as well as above and around them. It was built in a skeleton framework of wood, this being brought to the site ready to put together, and the spaces were then filled in with brickwork, consisting of only one brick in thickness placed end to end, so that the walls are only some four inches thick. Externally they present a neat and substantial appearance. On the inside the walls were finished off with plaster, and had a much more comfortable appearance than the usual temporary wooden erections, and gave none of the difficulties in maintaining an equable and proper temperature met with in these latter. The arrangements for disinfecting everything connected with the wards, etc., was most complete. A large gas stove, on the same principle as the Ransome (Nottingham) disinfecting stove, had been constructed. A special room for fumigating with sulphurous acid fumes was built, and still further machinery was erected of a very simple but apparently efficient character for disinfecting all the waste water, slops, and sewage, before leaving the hospital sewers. At the extremity of the grounds a large tank was constructed in the earth, into which all the hospital sewers opened; adjacent to this was erected a strongly-made iron cylinder and a large steam-boiler. The sewage was drawn into the cylinder and then subjected to a temperature of over 300° by steam forced into it from the boiler before being discharged into the sewers of the town, a temperature probably sufficient to kill all forms of germ life. The working of this was most simple, and necessitated the attendance of only one man, and was in operation day and night. In the wards themselves all infective material—stools, vomit, urine, soiled linen, etc.—were at once treated with chloride of zinc, and this appears to have been the practice followed at most of the other hospitals, chloride of zinc being apparently the disinfectant most in vogue in Paris. For the disinfection of rooms, houses, and conveyances, sulphurous acid was used. The treatment adopted at the Hôpital Mariniers was not of a very special character; opium in the form of paregoric and wine was much used, the limbs rubbed with a turpentine liniment, and hot air baths also given; these two latter remedies appeared to give much relief to the muscular cramps. The mortality here and elsewhere was 50 per cent. The bodies of those who died were covered with sawdust, saturated with chloride of zinc, and buried in a few hours.

As one who saw cholera patients for the first time, what struck me with most force was the great fear which seemed to lay hold of many of these patients, so unlike anything met with in the ordinary zymotics—such as small-pox, typhus, diphtheria, and the like. The sudden and extreme collapse, the comparative absence of real delirium, and as the later stages come on the shrunken features, the shrunken eyeball, dark areola round orbit, and the shrivelled, inelastic condition of the skin, so that when pinched and raised up it showed scarcely any elasticity or tendency to retract itself in the normal manner. In one man at the Hôpital Cochin this inelastic state was marked even in the convalescent stage. After seeing patients in the collapse of cholera, it is easy to understand how it has been possible to mistake patients really alive for dead, so like is

the condition to that of a corpse. After death this shrunken, livid appearance is perhaps as characteristic of the disease as any of the anatomical lesions met with, these latter being quite as vague and indefinite as those of typhus; and in the absence of any ante-mortem history, it would, I think, be difficult to diagnosis a case of cholera from a post-mortem examination alone. There were usually more or less inflammatory changes in the mucous membrane of the intestinal canal, but these varied much in degree; other lesions described were equivocal and doubtful in the cases which came under my notice.

Any remarks upon cholera at the present day without an allusion to the comma bacillus would indeed be the play of "Hamlet" with Hamlet left out; but as a matter of fact, when brought face to face with the treatment and management of the disease. the bacillus has no *locus standi* either as regards treatment or hygienic measures. Whatever may be the ultimate outcome of Koch's discovery, at present it is like the bulk of the work of the physiologist and biologist—interesting chiefly in the laboratory, though none the less great and important results may, and probably will, flow therefrom to practical medicine and treatment of disease. Few of the physicians in Paris (amongst the exceptions notably Dr. Strauss) appeared to trouble themselves much about the bacilli, and in some of the wards but little attempt was made even to find them. Koch describes them as easily found by staining in the ordinary manner; but although I have searched since my return, and have had also the assistance of Dr. Dreschfeld, I have up to the present time not been able to find one, to my mind, respectable comma bacillus in either stools or intestine, though ordinary putrefactive bacilli are to be found in abundance. The further knowledge we have gained respecting cholera from the outbreak in Paris and Europe generally last year has been but little; it did not need this to teach us that filth and overcrowding and insanitary conditions generally formed its special home, or that the poor, the badly-fed, and the intemperate, were its especial victims. In its treatment we have advanced nothing; of its origin, its mode of spreading, its incubation, and its cause, we are as much in the dark as ever. Further evidence has been gained that, given good sanitary surroundings, there is but little risk of direct infection from the sick; amongst the large number of medical men, students, nurses, and other attendants on the sick in Paris, I was not able to ascertain that a single case had occurred.

To those familiar with the cess-pool arrangements in Paris, together with the suspicion as to the purity of some of its water-supply, it will appear highly probable that in the present year we shall have again opportunity of studying all and every one of these questions, even if the disease does not reach our own shores; for spread as it was more or less throughout Paris, there must be myriads of bacilli only waiting for the coming summer and favorable conditions of growth to again break out into activity and life.

—The Orleans family subscribed $10,000 for the cholera patients at Marseilles.

A New Variety of Chronic Nasal Catarrh.

Dr. Harrison Allen thus writes in the *Med. News:*

In a small proportion of sufferers from nasal catarrh, the mucous membrane which lines the nasal chambers is thin, and exhibits scarcely any erectile power. It is abundantly supplied, however, with arterial blood, and everywhere of a uniform light pink color. A highly polished probe placed in the nasal chamber will cause diffuse reflections to appear on the membrane. The nasal septum, as a rule, is without marked nasal deflection, but may be greatly thickened.

The membranes, especially those at the upper portions of the chambers, upon the gentlest manipulation are apt to bleed slightly; the nostrils are not infrequently excoriated, especially in winter. The discharge is mucoid in character when the disease is mildest, but easily becomes turbid upon slight vascular excitement. During the height of an acute attack (which the patient is apt to call "a fresh cold," and which in females is occasionally coincident with the menstrual period), it becomes purulent. The discharge passes into the throat as readily as from the nostrils.

The pharynx is always capacious, the muscular structures active, and the palato-pharyngeal folds well drawn out to the sides. The uvula is always small and sometimes rudimental, presenting the appearance of having been amputated. The mucous membrane is of a pale color, while the larger veins are numerous. At the sides of the pharynx below the tonsils, the peculiar pearly white color characteristic of the alveo-lingual groove, is seen. The tonsils are always small and drawn out to the sides of the pharynx; they are usually not seen, unless the palato glossal fold at first is retracted.

The tongue is clean and the closed glands at the base are few in number, inconspicuous, and permit the longitudinal superficial veins of this portion of the tongue's surface to be unusually well seen. The veins of the mucous membrane of the cheek, which lie on the space between the orifice of the duct of Steno and the reflection from the mucous membrane from the cheek to the alveolar process, are large, superficial, and coarsely reticulated.*

The pale color of the anterior surface of the soft palate extends forward, and is continuous with that of the hard palate without any change. The hard palate itself is exceptionally pale, and the positions of the palatine veins may be determined by bluish streaks on the membrane.

The posterior or palatal portion of the hard palate in the median line is almost invariably marked by a sessile exostosis, ordinarily two-thirds of an inch in length and one-third of an inch in breadth, although sometimes larger. Extending from the anterior border of this exostosis to the position of the rugæ, is a pronounced median ridge, sometimes the seat of a second exostosis, which is marked in the centre by a minute lineal groove. In two cases which I have seen, the palate was highly arched, and a large congenital opening existed in the anterior portion of the nasal septum.

The subjects of this form of catarrh, as far as I

*The buccal veins here described have been neglected by anatomists and clinicians. They are of importance in studying conditions of vascularity in the mouth, nose, and throat.

have observed, very commonly have fair skins, are of spare habit, with a tendency to gray or blue eyes, and light-brown hair. The general circulation is never good; the hands and feet are apt to be cold. There is, very generally, a history of tuberculosis, either in the immediate family, or in the families of the parents, although I have never seen the disease coexist with phthisis.

In examining a case of catarrh of this variety, which had never been subjected to local treatment, the under surface of the narrow middle turbinated bone is often found covered with a thin layer of fibrinous exudation; but in all cases, whether this be present or not, firm pressure of the probe against the ledge-like surface will cause the spot which is pressed upon to become instantly of a bright red color. This is a characteristic sign, and a most valuable one, in determining the presence of the condition described. In attempting to make an examination of the posterior nares, it is often found that, in spite of the liberal diameters of the pharynx, it is very difficult to obtain a view. The difficulty arises from the fact that the powerful levator-palati muscles pull up the soft palate, and persistently narrow or entirely close the opening of communication between the naso-pharynx and the oro-pharynx.

This form of catarrh may be easily distinguished from that of any other variety; for, so far as I know, the group of signs and symptoms above given under no other circumstances co-exist. In catarrhs accompanied with inflammatory extravasations or œdema, the pharynx is of a dusky-red color, and the anterior border of the reddened soft palate is sharply limited from the paler hard palate.

The exceedingly sensitive character of the nasal mucous membrane, and its disposition to slight bleeding from trifling causes, the absence of the erectile tissue, or its rudimental character when present, a nearly straight septum (hence the absence of nasal obstruction),* form a group of characters which may be easily recognized.

This form of the disease is not common. I have had the opportunity of carefully studying twenty cases.

The prognosis for cure is unfavorable. In seventeen cases, very marked alleviation followed treatment, while in three no benefit followed the most carefully devised and systematic treatment. I have reason to believe that in these three cases, the failure could be largely attributed to hereditary peculiarities, the results of tubercular history. In one case three grandparents and a maternal aunt had died of consumption. In another, all members of the family had had "weak throats," a maternal aunt and uncle and a paternal aunt dying of phthisis. The third case was complicated with neurasthenia. The remaining cases were greatly benefited by applications of a saturated solution of nitrate of silver over the more hyperæmic portions of the mucous membrane. This agent, when used with care on a surface not larger than a duck-shot at a single sitting, is readily borne, and is often followed by the most satisfactory results. I am in the habit of first covering the middle surface of the turbinated bone with these applications, and repeating them every other day. The galvano-cautery under no circumstances is to be used. It is in this class of catarrhal cases that I have found the oleo-resin of cubebs of advantage; indeed, in my experience it is the only form of catarrh in which that preparation is of any use. The agent can be lightly painted along the sides of the chamber, care being taken that it does not trickle into the pharynx. Minute doses of arsenious acid in conjunction with cod-liver oil and oleo-resin of cubebs, are well borne, particularly in the winter months.

This form of catarrh is closely allied to ozæna. I remain under the impression that the distinction between the disease and ozæna remains one of grade, rather than one of distinction in kind. While I have never seen ozæna associated with the disease, the characters of ozæna appear to be a high grade of inflammatory state, associated with a disposition to fibrinous exudation, engrafted upon the general features of the phase of nasal and pharyngeal distress as here described.

*A sense of obstruction is sometimes referred to the plane of the middle turbinated bones, or obstruction to breathing may be reported as occurring during the night, especially during sleep. In the main, the statement is correct that the turgescence of the mucous membrane is insufficient to close the nose.

"Indigestion," and its Treatment.

A writer in the *London Medical Times* (July 4, 1885,) says:

There is no complaint of which the diagnosis and the treatment are more often vitiated by gratuitous theorizing, and consequently meddlesome drugging, than chronic indigestion. Moreover, this same love of theory and "treatment"—a curious source of ready satisfaction to many medical minds—leads to a great exaggeration of the number of cases which are dubbed dyspeptic. Satisfied with a supposition of some derangement of the secretions or movements of the stomach which cannot be proved or observed, but is all the more elaborately and dogmatically enunciated, too many of us are apt to search no further than this organ for the ultimate cause of the complaint which we have to treat. And yet it may be boldly stated that an immense majority of the patients who come to doctors for relief from pain, or discomfort of some kind, be it "fullness," or flatulence, or flushing, after taking their meals, have little or nothing the matter primarily with their stomachs, and do not require, but should rather avoid, any medicine directed thereto, or indeed any drug at all. This proposition will be found to be true just in proportion to the *apparent* freedom of these patients from any ailment except that of the stomach. In considering this question, cases of organic disease, as cancer, or ulcer, or gastric catarrh from obvious irritatives, such as alcohol, or patently immoderate living, are left out of sight; for they are evidenced by other symptoms beyond those to which we refer, and, generally revealing themselves to the careful medical enquirer, are not ticketed as dyspepsia. Equally of course are ignored the common derangements of the stomach which would more properly be termed acute, occurring in the course of fevers and inflammations, or as the immediate results of acts of gluttony or drunkenness. The *ordinary* dyspeptic patient is one who suffers at certain times after taking food; and even if never quite

free from his complaint, which is not often the case, is at all events much worse at such times than at others. Many, indeed, both claim and appear to be quite well except at the fatal after-dinner time.

To come to a correct conclusion as to the diagnosis and treatment of these cases, a comprehensive knowledge is brought into requisition, and the more such knowledge is practically applied, the smaller will be the number of patients who will be vaguely called dyspeptics. We shall then eliminate the gouty, and the sufferers from the less obvious forms of renal disease, and what is often lost sight of, the victims of unsuspected cardiac mischief. It is not altogether rare to find patients persistently treated, and treated in vain, for "dyspepsia" by so-called stomachic remedies, be they acids, or alkalies, or bismuth, or the many artificial and almost useless so called physiological "digestives" the names of which end in *-pepsin*, whose symptoms, though incidentally referable to gastric congestion, are really due to disease of the heart, and especially of the mitral valve. Again, the sufferers from chronic pulmonary affections, and notably from bronchitis, furnish a considerable contingent of cases which for the patients' sakes should not be put down as "indigestion." The host of neurotics, whose prominent complaint is dyspepsia, will certainly be more successfully treated by general hygienic or "tonic" methods than by "stomachic" medicines, or indeed, very often, than by giving much attention to even dietetic rules; and a change of habits or social surroundings will frequently succeed where all the resources of the cook and the druggist have been taxed in vain by the "therapeutical" physician. Psychical dyspeptics are misunderstood and maltreated by thousands.

It would seem perhaps scarcely necessary to insist upon the all-important part played in the production of some of the most troublesome cases of indigestion by the deficiency or absence of teeth. But this cause is surprisingly often overlooked by the most ardent treaters of disease, and cases might be quoted in numbers where many doctors, including those the most eminent "for the stomach," have vainly drugged for years a healthy organ, whose owner has been at last relieved of his intolerable sufferings by the art of the dental mechanician.

Most prominent of all perhaps among the dyspeptics who apply for relief are those whose sufferings, sometimes of great severity, are due only to neglect of proper intervals between their feeding-times. Not quality or quantity of food is here at fault at all. These are they who take good breakfasts, because their digestive organs have had their physiological and therefore unstarved rest; who do not suffer much or at all after luncheon (if they take any); but from an over-late dinner, when their possibly idiosyncratic stomachs have been long empty, undergo tortures which only an unnatural appetite can drive them to endure. Drugs are not good for such as these.

From this small and imperfect selection of common-place sketches from life it will be seen that "dyspepsia" ought not to be so great a bugbear to the doctor as it often appears to be. The despair of the therapeutist should decrease with his dwindling drug-list. Useful as in very many cases of organic disease of the stomach various medicines are, and indeed indispensable as perhaps the only means of relieving the patient, they are in such cases only palliative; and the same, in a modified sense, may be said of most of the remedies in the forms of acids and alkalies which are given at certain times and with certain rules, with the often plausible notion of affecting the secretions of the stomach. A dose of such medicine may relieve the pain or discomfort which follows a meal, or may even, though more doubtfully, prevent such pain in rare cases by promoting digestion; but the effect is only temporary; the cause is not touched, and the theory which prompts their administration is elaborated more in the study than at the bedside. The stomach rarely suffers alone; never, perhaps, in indigestion which is *curable*. In curable dyspepsia drugs reach their lowest, in incurable disease of the stomach their highest, point of utility. Pepsin may relieve discomfort for the moment; but it seldom does, and at best it is a sorry therapeutic crutch. Opium, and even bismuth, are often a god-send to a cancerous stomach. And with respect to the purely dietetic treatment of dyspepsia, there are two sides to the question. Doubtless the dyspeptic should not disobey the accepted dicta of physiology and of general experience with regard to his manner of living; and broad rules should in most cases be enforced. But in proportion as a man is dyspeptic, so he often finds out best for himself what to take and what to avoid; and as long as his meals are moderate in quantity and regular in time, he will often be better with a comparatively unrestricted diet-table. The most "dietetic" of doctors rarely practice themselves what they preach to the healthy, and the least dyspeptic of dyspeptics are verily not those who are always taking thought for their daily meat and drink.

A Case of Hemorrhagic Measles, Complicated with Broncho-Pneumonia, Supra-Orbital Abscess, Purulent Ophthalmia, Perforation of the Cornea, Metastatic Abscesses, and Spontaneous Gangrene. Death.

Dr. L. A. Malone reports the following case in the *Archives of Pediatrics*, January 15, 1885:

James Kelly, aged two and one-half years, was admitted to the Asylum Hospital, October 21, with incipient measles. His general condition at that time was poor, nutrition defective, and family history bad, the mother insane and the father weak and strumous. The case was furthermore complicated by a contusion of the right eyelid, which, at time of admission, was not apparently of a serious character, but proved eventually an important factor toward a fatal termination.

October 8th.—The boy is found in a critical condition, with a temperature of 102°, pulse 136, and respiration 60. Very drowsy.

R.	Ammonii carb.,	gr.xv.
	Tinct. nucis vom.,	min.viii.
	Tinct. digitalis,	min.xxx.
	Aquæ camphor,	
	Syr. tolut. b.,	āā ℥j.

M. Sig.—Teaspoonful every hour. Poultices to chest.

9th.—Pulse 110° and respiration 44; breathing

easier, but patient very drowsy; base of left lung consolidated and right eye suppurating.

11th.—Measles fading out, boy still very dull, cough infrequent.

13th.—Temperature 100°, pulse 134, respiration 56. The eruption had begun to decline and purpuric spots to occupy the site of the eruption. ℞—Quinine, gr. ij, t. i. d. and forced feeding. There was considerable discharge from an opening above the tarsal cartilage of right eyelid. On probing this pus cavity it was found to extend deep in the orbit. The general condition of the patient on this day was wretched; the character of the respiration was labored; collapse of the base of right lung, and very limited expansion of the thoracic walls; large mucous râles were heard over the whole chest; at various intervals points of inflammation, involving the subcutaneous areolar tissue began to appear; treatment continued, with milk and whisky *ad lib.*

14th.—Not so stupid, and occasionally asks for food.

15th.—Temperature 99.8°, pulse 92, respiration 56. The respiration was still labored and superficial; loose mucous râles heard over whole thorax; sordes on lips and teeth; large purpuric blotch on the right buttock, with threatened abscess; free discharge from the right eye; desquamating very freely; small sloughs on forehead and upper extremities—these sloughs extending no deeper than the subcutaneous areolar tissue, and ranging in size from a split pea to a dime.

16th.—No worse, if anything the general condition improved; cough more infrequent; cornea of right eye opaque, but less discharge from the eye and nose.

17th.—Temperature 99.6°, pulse 128, respiration 56. Respiration labored; no mucous râles, but bronchial breathing on both surfaces of both lungs; new inflammatory points, and new sloughs on face and upper extremities; fluctuation felt over right buttock, but limited in area to about one square inch; still desquamating freely, with pronounced mouse-nest odor.

18th.—No worse, but cornea opaque. ℞—Murdock's food.

19th—5 p. m.—Temperature 103.5°, pulse 140, respiration 60. This was the only visit in the afternoon of which record was made. Respiration irregular and labored; breathing bronchial; but little discharge from the eye; skin hot and dry; thirst intense; very restless; desquamation as freely as before; odor of person offensive.

20th.—Temperature 100°, pulse 122, respiration 56. Pulse better than the day previous; sub-crepitant râles heard on posterior lobe of the left lung; little discharge from the eye; sleeping well, but restless when disturbed.

21st.—Temperature 100°, pulse 128, respiration 60, jerky and labored. Large mucous râles heard at the end of inspiration; new sloughs on the face, arms and hands; cornea of right eye protruding, and discharge very copious; restless, and thirst intolerable.

22d.—Temperature 100°, pulse 128, respiration 60, and still jerky. Large mucous râles over the whole thorax; during the night previous, patient had a severe attack of dyspnœa; thirst great; opening in right upper eyelid had scabbed over; an increase in the number of sloughs on face and extremities; the epidermis over the right buttock had sloughed off to the extent of the purpuric patch mentioned above; this denuded surface was extremely sensitive, as the papillæ of the chorion were exposed; patient's general appearance much worse.

23d.—Temperature 99.2°, pulse 130, respiration 48. Patient very stupid again; sub-crepitant râles were now heard in place of mucous bubbling on the day previous; flattening of the right side of the chest more marked; breathing very labored and irregular. Tinct. quebracho added to expectorant.

24th.—Temperature 101.4°, pulse 134, respiration 42, and jerky. Had a severe attack of dyspnœa, lasting four or five hours.

25th.—Temperature 101°, pulse 140, respiration 56. Breathing very much labored; large, loose, mucous râles over both lungs, and a very troublesome and persistent cough; evidently failing.

26th.—Temperature 101.5°, pulse 140, respiration 46. Flattening of right lower portion of the thorax, indicating complete collapse of the lung; patient did not seem so stupid this morning; pulse good, but in general seemed weaker; during the remainder of the day the patient gradually failed, dying at 6 o'clock a. m., October 27, without apparent pain. No post-mortem was allowed by the father.

Remarks.—This case is chiefly noteworthy from the number of complications observed and the extent of the superficial gangrene. Hemorrhagic measles, associated with pneumonia, usually runs a much more rapidly fatal course than that of the present case, which might have survived the pulmonary complication had it not been for the injury previously inflicted upon the eye. This, though it seemed at first trivial, was the foundation for a supra-orbital abscess, which discharged profusely and was undoubtedly the cause of purulent absorption, the metastatic abscesses, and death. The etiology of the gangrene of the buttock is not so clear, though Eustace Smith states that a special disposition thereto is occasionally observed after measles. In this case it was directly consequent to an immense purpuric patch occupying almost the entire right buttock. Elsewhere the purpuric patches faded into brownish stains, but here the discolored integument became first dark blue, and then almost black. At one time it was thought fluctuations could be detected beneath this hardened, parchment-like cuticle, but an exploring-needle failed to demonstrate its presence. At no time was there any increase in the size of the original gangrenous spot, though a smaller one later appeared on the opposite side. Superficial sloughing took place on the seventh day, leaving a raw, exceedingly sensitive surface, which showed no effort toward repair. Dusting with equal parts of iodoform and bismuth subnitrate promptly relieved the pain, but death intervened too soon to learn whether this treatment would have been effectual for recovery.

—Christian Cooper, of the town of Livingston, Columbia county, died recently, aged 111 years, 10 months, and 15 days. Mr. Cooper was active, and retained his mental faculties until a few days before his death.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An interesting series of statistics of one hundred cases of urethral stricture treated by electrolysis without relapse, are published by Dr. Robert Newman, Surgeon of the North Western Dispensary, New York city.

——Dr. Henry Leffmann, of this city, in a recent reprint, urges the medical use of pure alcohol and alcholic mixtures of known composition in preference to ordinary fermented liquids. His reasoning is cogent.

——The same writer sends a paper on "Medical Education," reprinted from the Proceedings of the Philadelphia County Medical Society.

——The "Report of the Proceedings of the Tennessee State Board of Health," at its meeting July 7, 1885, forms a pamphlet of 24 pages, and contains a variety of matters of local interest.

——Dr. A. B. Cook, of Louisville, describes, in a recent paper, a case of complete laceration of the perineum and part of the recto-vaginal septum. Erysipelas followed, but by careful treatment the patient was ultimately discharged cured.

——A long and careful compilation on "Health Statistics of Women College Graduates," by Annie G. Howes, shows that the female graduates of our colleges and universities do not seem to show, as the result of their college studies and duties, any marked difference in general health from the average health likely to be reported by an equal number of women engaged in other kinds of work, or, in fact, of women generally without regard to occupation followed. Copies of this pamphlet may be obtained of Miss Marion Talbot, 66 Marlborough street, Boston, Mass. Price, 25 cents.

——The medical uses of cocaine in hay fever are described by Dr. Roberts Bartholow, of this city, in a paper before us, issued by Messrs. John Wyeth & Bro., and the various applications of the drug in practice are reviewed by a competent hand in a neat pamphlet, distributed without charge by Messrs. Wm. R. Warner & Co., also of Philadelphia.

BOOK NOTICES.

A Complete Pronouncing Medical Dictionary, Embracing the Terminology of Medicine and the Kindred Sciences, with their Signification, Etymology, and Pronunciation. By Joseph Thomas, M. D., LL. D., etc. 1 vol., large 8vo., pp. 884. Philadelphia: J. B. Lippincott Company. 1885.

There has been real need of a work of this kind, and after a careful examination of the manner in which the author has performed his laborious task, we have no hesitation in saying that he has succeeded in presenting a medical dictionary, which for the daily use of the student or the practitioner is superior to any other in the language. He is especially careful in assigning the derivation of the words, their accents and pronunciation, and their exact meaning according to the usage of the best modern writers. In the preface he explains how extremely difficult at times this is, owing to the absence of any recognized standard of Latin pronunciation or of English spelling; and every editor and lecturer will be prepared to appreciate what he says on these points. Through the assistance of specialists in various branches of medicine and pharmacy, he has been able to add all the recent introductions to the phraseology and nomenclature of medicine, surgery, pharmacy, chemistry, and the allied sciences, and in this respect the work stands a long way ahead of any that has yet been issued.

The typographical display of the words and their definitions is exceedingly judicious, and the paper and sizes of type leave nothing to be desired on these heads.

An appendix is added to the volume, giving the most essential elements of Latin grammar, the most usual Latin terms found in medical writings, abbreviations employed, scales of weights and measures, doses of medicines, etc. These are conveniently and clearly arranged, and enhance the value of the volume.

Poisons, their Effects and Detection. A Manual for the Use of Analytical Chemists and Experts. By Alexander Wynter Blyth, M. R. C. S., etc. Vol. II.

On Renal and Urinary Affections. By W. Howship Dickinson, M. D., etc. William Wood & Co., New York. 1885.

These two volumes are the July and August issues of "Wood's Library of Standard Medical Authors," and are valuable additions to the series. We have previously spoken of the treatise of Mr. Blyth; that of Dr. Dickinson treats of a number of miscellaneous affections of the kidneys and urine, such as are most frequently met with. It does not pretend to be a complete essay on the subject, but will be found a valuable compend of information on many obscure points of pathology and treatment.

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AID TO BE OBTAINED FROM GERMANY TO CONTINUE AN AMERICAN LITERARY WORK OF GREAT VALUE.

We translate in the following a communication, which was published by Prof. Ernst v. Fleischl, of the Vienna Physiological Institute, May 16, of this year, in the well-known German medical paper, *Centrlbl. f. d. Medic. Wissenschaften.*

We, as Americans, would be ashamed that what we are indirectly reproached for in the learned Professor's letter, is possible in our country, were it not for one fact: that very few physicians on this side of the Atlantic are acquainted with the great work of Dr. Billings. Some years since, we remember that circulars were sent around informing the medical profession in this country of the scope of the work; but most physicians scarcely looked at the circular, surmising the publication to refer to the medical literary work of our government. We feel convinced, should Dr. Billings' praiseworthy work be well advertised amongst medical men, that a sufficient number of subscribers will soon be secured to guarantee the success of the invaluable undertaking.

The original, translated, reads as follows:

"A LITERARY DUTY OF HONOR.

"*Admonition to all German Colleagues.*

"The whole world of medical scientists, and before all the German medical investigators, are about to commit the wrong of an omission scarcely credible and very far-reaching, and to throw a doubtful light on the intensity and the sincerity of their literary necessities and interests.

"As I am persuaded that the dishonor which threatens to befall us in fact is not merited, but is to be referred to an ignorance, though not less reproachable, I beg permission of the editors of this paper to address a few explanatory words to the large circle of its numerous readers.

"1880 two medical literary undertakings of truly incalculable value have seen the light of the world.

"One is independent of extraneous aid, a magnificent monument of honor, worthy of highest admiration—a present of the American nation to the scientists and physicians of all countries. Beneath the modest title of a Catalogue of the Medical Library of the War Department in Washington, there is really concealed a complete literary index of all ages and nations, containing all books, monographs, journalistic articles, ever published

on any subject in the least connected with medicine, arranged according to the name of the subject, and also containing the writings of every author, classified according to the name of the author, and whereby the names of the theses and of the authors are promiscuously arranged in alphabetic order. The whole work, composed by a bureau of twelve to twenty co-laborers who, under the direction of Dr. Billings, have been busy with it for more than twelve years, will probably fill from eighteen to twenty-two volumes (in quarto), of which five have thus far appeared, each of more than 1,000 pages. The enumeration of the names of the journals, archives, and other periodical papers, which have been consulted in this grand work, fills alone 126 narrowly-printed quarto pages.

"This invaluable work is not for sale, but is presented to all public libraries by the American government. It is also presented to a few scientists and physicians known to the American government, and to medical libraries, and probably no library would apply in vain in Washington for a copy.

"The second enterprise has been started by the same industrious (*arbeitsfrohen*—verbatim, glad of work) Billings, who is the real creator and chief co-laborer of the first.

"This second enterprise has the title 'Index Medicus,' and is arranged exactly like the large catalogue, and really a continuation of it, beginning at the conclusion of each single volume; but certainly at the same time an absolutely complete index of modern medical literature. Twelve monthly numbers are yearly published, with a thirteenth index No., and its contents are so up to the time, that all publications are mentioned up to within two months of the appearance of each volume. All theoretical branches are naturally treated with the same completeness as practical ones.

"With the last No. of 1884, the news was published that the 'Index Medicus' would cease its appearance with that No., viz., on account of want of subscribers. Hoping for a large number of subscribers, the price originally demanded was $3 per year, but it had later to be raised, first to $6, and finally to $10 annually.

"Actually scared by the news of the cessation of this really indispensable literary aid, I inquired by letter of Dr. Billings, with whom I am personally acquainted, for a more detailed explanation, and from his reply I discover the following shameful facts:

"Both editors, Dr. Billings and Dr. Fletcher, have always done the enormous labor which the 'Index Medicus' demands, completely without compensation—totally gratuitously. Notwithstanding all this, the publisher who has thus far published the work, has lost each year never less than $1,000 by this undertaking!! And the simple reason of this is: the 'Index Medicus' has in France 6 subscribers, in Austria 7, in Germany 9, in Italy 6, in England 34, and in the United States 320!! Dr Billings is of the opinion that there are in the whole world not 500 human beings who would really feel the necessity for such a work! That cannot be possible!

"Partly induced to do so by my urgent representations, and by my promise to work with all my power for the success and the distribution of the 'Index Medicus,' the never-tiring Billings—the former publisher having died—has obtained a new publisher willing to continue the work, and this year, therefore, the 'Index' will again appear, first for the (comparatively by no means large) price of $10; but should the enterprise give but a little proof of success, for a much smaller annual sum."

Prof. v. Fleischl then advises the German medical profession to subscribe for the work, etc., and concludes:

"What induces me thus personally to interest myself, and to publish this 'admonition' (Mahnruf), is exclusively the conviction that we have to look upon it as an affair of honor, that an undertaking of such utility and disinterestedness should not fail for want of subscribers (verbatim: participation, interest).

(Signed) "Prof. Ernst v. Fleischl,
"Physiolog Institut, Währinger Str. 11.
"*Vienna, April* 28, 1885."

Should this translation, read as it will be by the thousands of readers of this journal, not cause at least a few of them "to go and do likewise?"

THE PROPHYLAXIS OF CHOLERA.

Bearing in mind that the last epidemic of cholera in this country commenced in December, it is well that we should know all that is to be known in reference to prophylaxis; for having been unvisited during the summer is not proof that we are not daily in danger, so long as the disease has a home in countries so directly connected by commerce with our shores as are France and Spain.

We are all familiar with the means usually

recommended as prophylactic against cholera, but in the course of Dr. Pringle's address before the British Medical Association, we find some new points not hitherto recorded. Without entering into the merits of his arguments, we will state some of his valuable conclusions, premising that his utterances are the results of cholera experiences during a service of thirty years in India.

First in order of importance, as affects the commerce of a nation, is quarantine.

Dr. Pringle has satisfied himself that the period of incubation of cholera is forty-eight hours; hence when a vessel arrives from an infected port with cases of cholera on board, he would remove all patients capable of being removed to a hospital ship moored in a secluded locality, with special reference to the prevailing wind, while suspicious cases should be kept under observation. As regards the remainder of the passengers and crew, they should be removed to a quarantine ship, and if no case of cholera appears among them for forty-eight hours, they should be permitted to land and disperse. The vessel should then be disinfected. The treatment of these cases of cholera, and of those under observation, should be carried on by the medical officer of health, or one specially deputed for this purpose; who, if possible, should possess some practical knowledge of cholera, not so much for the treatment of it, as for the diagnosis of the disease, as he is quite satisfied that there is such a symptom as a "cholera-look," and some even go to the length of a cholera-odor.

The detention above recommended would be quite unnecessary even in the instance of ships on which cases of cholera had occurred during the voyage, if there had been no fresh cases within forty-eight hours of arrival off the port.

In reference to local measures, he recognizes three conditions which are necessary for the development of a case of true Asiatic cholera: 1, the individual susceptibility at the time; 2, the effects of local unsanitary conditions, including overcrowding; 3, the concurrence of certain atmospheric conditions. Without the first two the third is innocuous; without the third, the first two are equally so; and without the first, the last two are innocuous.

Take the case of Alicante, in Spain, in July, 1884. The first two were undoubtedly present, but not the true cholera influence (though there were a few isolated or sporadic cases); the necessary concurrence of some specific atmospheric conditions was absent, and no outbreak was developed. In July, 1885, all three seemed to be present, and the appalling epidemic now raging is the result. The aim, therefore, of preventive measures should be to remove the first two conditions by improving the health of the population, and the sanitation of the locality; so that, if the cholera-influence which accompanies cases of the disease, or that due to atmospheric media or conditions, find its way into a locality, an outbreak is rendered most improbable, because the first two conditions are not present.

There seem to be some localities where the cholera germ will not develop; but one of the most favorable conditions for its propagation is overcrowding; hence, if the disease comes among us, and the residents of large cities would fly from it, let them select some secluded, high-lying, and healthy country place, rather than the fashionable summer resorts where great masses of people congregate.

The influence of food calculated to produce diarrhœa is dwelt upon, and we are told that "the mahapurshad, or holy food of Juggernauth, chiefly composed of melons in various stages of decomposition, the eating of which was a religious necessity to a pilgrim, too often produced a train of symptoms most favorable for the development of the cholera-influence, when no wonder the mortality was appalling. The abundance of fruit in Cashmere often works up the cholera-influence, if present, to an alarming outbreak; and when an early rise in some rivers, the sandy beds of which are devoted to the growth of melons, throws a vast quantity of this fruit into the market, ripe and unripe, with a population considerably underfed, if the cholera-influence be anywhere near, it soon finds a favoring soil, and an unaccountable (!) outbreak of cholera is reported. All this

points to the necessity of careful inspection of the meat, fish, vegetable, and fruit markets, and the removal and destruction of all meat, fish, vegetables, and fruit unfit for food, either from overripeness or from incipient decay."

In connection with the effects of impure water, we are told that the hill sanatorium in the Himalayas most liable to cholera, and which suffers the most from the disease, is Murree, a station also noted and dreaded for the frequency and fatality of its outbreaks of typhoid fever, due, without doubt, to the impurity of the water supply and the saturation of the soil for many years with injurious substances.

The usual suggestions in reference to disinfection of clothing closes this most instructive address.

FIRE-ARMS.

The strong *general* influence which the *family* physician possesses is unequalled save by that of the father-confessor.

This influence, more especially in rural circles, renders him a general adviser on all matters, those outside of the pale of medicine even.

This powerful influence should be used to induce persons not to have fire-arms indiscriminately about the house.

We realize that they are occasionally needed for self-protection, but the instances in which they are so used is infinitesimally small (in civilized communities) when compared with the number of cases where they bring death and sorrow to happy households. We can hardly pick up the morning paper without reading of some such accident. The most recent comes from Pine Creek station in this State, where a young man, shooting at a cat, killed his own mother, who was hidden from view by an intervening arbor.

Let physicians use their influence to stop this. An old boot would have dislodged the cat, and would not have killed the mother.

—Prof. P. Vogt, who succeeded Prof. Hueter in the chair of surgery at Greifswald, has died suddenly, in his forty-first year.

Notes and Comments.

Germain See on Asthma.

The Paris correspondent of the *Lancet* says that according to Professor Germain Sée, the only curative means against nervo-pulmonary asthma is "iodo-therapy"—that is, ioduration of the lungs and of the nervous respiratory system. But this method is not always tolerated, and patients are often induced to resort to the empirical remedies in vogue, all based on the combustion of certain substances and the inhalation of vapors thus produced. These vapors always contain a special substance to which the name of "pyridine" has been given. This substance is met with in all the products of the dry distillation of organic matters, of coal tar, of the principal alkaloids, in the fumes of tobacco, in nicotine, and in the animal oil of Dippel, from which it is ordinarily extracted. It is a colorless liquid, very volatile, of a strong, penetrating odor, miscible with water in all proportions, forming, with mineral acids, soluble bases, but unstable. Professor Sée endeavored to determine, experimentally, the physiological effects on patients suffering from asthma and from disease of the heart. The following are the conclusions of his work on the subject, which he lately presented to the Academy of Sciences:—1. Whatever the form or origin of asthma, ioduration constitutes the veritable curative method. When iodism intervenes, pyridine should be resorted to, but only during the fits. It is the best palliative, whereas iodine is the most efficacious remedy. 2. Pyridine is superior to the injection of morphine; its action is more durable and much more inoffensive. 3. In simple nervo-pulmonary asthma the fits cease completely. When the asthma is complicated with permanent pulmonary lesions, the duration of the treatment should be continued beyond eight or ten days to ensure relief. In cardiac asthma, with or without renal and dropsical complications, pyridine would render the greatest service in combating the most persistent and painful of the phenomena which accompany heart disease. The best mode of administering pyridine consists in pouring four or five grammes on to a plate, which is placed in a closed room, containing about twenty-five cubic metres of air. The patient, placed in a corner of the room, breathes the air impregnated with the vapors of pyridine. This treatment should be repeated for about twenty minutes three times a day. The absorption is immediate, and the pyridine can at once be detected in the urine.

The Action of Salicylic Acid in Rheumatism.

In the *Lancet*, June, 1885, pp. 1119, 1158, Dr. P. W. Latham enters fully into this question, and gives elaborate chemical tables, showing the changes that take place after the ingestion of this drug. Without attempting to reproduce the formulæ proving these changes, it will suffice to state that salicylic acid is changed into salicyluric acid, and thus hinders the formation of uric acid in the system. That salicylic acid, properly administered, does cure rheumatism and prevent cardiac complications, if given early enough, is an admitted fact, and the conditions which in acute cases ensure success are the following:

1. Pure salicylic acid must be given, the acid prepared from wintergreen only.

2. It must be uncombined with any base. One hundred grains of the acid mixed with fifteen grains of green acacia in powder and a little mucilage, and allowed to stand, harden, and are readily made into 30 pills.

3. Six pills, equal to a scruple of the acid, must be given thrice at intervals of an hour; and if the head be not affected, a fourth dose must be given, it being essential to saturate the system, until buzzing in the ears be produced. Afterwards, a scruple is repeated every four hours, if it can be borne. Usually 80 to 100 grains are sufficient, but some patients require 140 to 150 grains.

4. Forty to eighty grains are to be given daily for ten days, after all pain and pyrexia have passed away.

5. A strictly milk and farinaceous diet is to be enjoined.

6. The bowels are to be daily opened by 3 to 5 grains of calomel at bedtime, with a saline draught in the morning. This is most essential.

7. The bed should have light blankets, sufficient to keep the patient from feeling cold, as the object of treatment is to cool, not to sweat the body.

Is Intra-uterine Erysipelas Communicable?

Prof. R. Kaltenbach, in *Giessen Gynakol. Centralblatt*, viii. 44, p. 689, says that on the 31st of May a woman æt. 35, for the second time pregnant, was received into the lying-in wards. She had some time previously an erysipelas of both under extremities, which had started from an ulcer on the leg. On the 19th of June an erysipelatous inflammation on the right heel appeared, which spread over both legs. Here and there vesicles were found. The temperature exceeded 102.2° F. only once, and returned to normal on the 1st of July. At the time of the birth, which occurred fourteen days later, scales of skin still showed themselves on the under extremities. The puerperal period ran a quite normal course, with the exception that a small abscess formed in the region of the sacrum. On August 5, the patient with her child were discharged well. The child showed a desquamation on its head, neck, and thorax. In the course of the next few days the deeper parts took part in this desquamation.

For intra-uterine infection spoke:

1. The characteristic form and mode of spreading of the desquamation.

2. The time at which it occurred.

Therapeutical Hints.

Dr. John W. Martin says in the *Med. Press*, July 22, that the following is an excellent lotion for subduing inflammation, and reducing the œdema of the inflamed parts:

℞. Tr. opii camph. co.,	℥	ij.
Tr. tolutani,	℥	ij.
Liq. plumbi diacetat,	℥	iv.
Glycerine,	℥	ij.
Aquæ, ad.,	℥	xx. M.

A piece of lint or old linen to be well wetted with the lotion, and to be applied to the inflamed part. The wetting to be repeated at frequent intervals.

Internally, it is useful to combine the following mixture with the use of the foregoing lotion:

℞. Potass bicarb.,	℥	iss.
Tr. nucis vom.,	♏	xl.
Ferri am. cit.,	℥	iss.
Sp. am. aromat.,	℥	iss.
Aquæ, ad.,	℥	viij. Liq. M.

"℥j. three or four times a day."

He has found this treatment especially useful in those cases in which intense inflammation in the arms follows re-vaccination.

Prostatic Massage in Retention of Urine.

A very ingenious device is recommended by Dr. J. M. Le Rütte, in the *Weekblad*. The operation is performed by introducing the forefinger into the anus, and moving the prostate three times to the right, three times to the left, three times longitudinally, and then rubbing the surface. This proceeding causes some discomfort to the patient, and cannot be long borne. A gentleman above 50 years of age, who for a year had found increasing difficulty in passing water, was seized with complete retention. Neither soft nor metallic catheters could be passed. Nelaton's bougie was, however, introduced, and a great quantity of urine drawn off. A large prostate was felt per anum. After

twenty massages, with warm bathing every evening, he regained the power of passing water normally, and he has now had no difficulty for two years. A gentleman, aged 70, suffered in the same way. After fifteen massages a cure was effected, and the patient continues well. With both patients the massage caused some hæmorrhage from the prostate into the urethra, which an iron mixture was found quite sufficient to stop.

The Treatment of an Acute Form of Diarrhœa.

Dr. John Kent Spender tells us in the *Brit. Med. Jour.*, August 8, that more than thirty years ago a combination of laudanum and castor oil was much prescribed for "dysenteric diarrhœa," and he says that he has found the following formula extremely valuable for nearly all forms of sudden and acute diarrhœa, such as we often see in August and September. He combines about two minims of castor oil with three or four minims of solution of hydrochlorate of morphia (Brit. Pharmacopœia), and rubs them into an emulsion with gum acacia. To this he adds spirits of chloroform and a little syrup. This is the quantity for a single dose, which may be repeated every hour or two, according to the urgency of the case. If the diarrhœa is chronic, the quantity of the oil is increased, and if there is much pain, more morphia is prescribed. But when this mixture fails or does little good after four or five doses, it may even aggravate the malady to continue it. Warm milk and lime-water is the best food; a mustard poultice may be put on over the stomach, and there should be absolute rest in bed.

The Heart and Pulse in Acute Nephritis.

We are aware that in chronic Bright's disease, there is, after a time, usually a dilatation and hypertrophy of the heart, as well as a full, hard, tense pulse, indicating a high degree of vascular tension; but we have as yet heard but little of a like condition in the acute form of the disease.

Dr. G. Baumgarten calls our attention in the *St. Louis Courier of Medicine*, July, in an especial manner, to the fact that hard pulse and secondary hypertrophy of the heart is not at all uncommon in the acute form. He details several cases that have come under his experience, and says that in one case, of a boy aged 8 years, who had scarlatina, notwithstanding the urine was of normal quantity and contained no albumen, he made a diagnosis of acute nephritis, based upon a *large, tense, slow* pulse, some œdema of the lids, slight fever, pallor of the face, and loss of appetite. A week later the diagnosis was verified by the occurrence of violent uræmic convulsions, scanty, albuminous and bloody urine. As the case progressed to recovery, the peculiarities of the pulse gradually disappeared.

Sponge Grafts for Carbuncle.

In lieu of the old treatment of carbuncle by numerous incisions and the slow process of ulceration and sloughing, Dr. J. S. Grigley suggests, in the *Southern Med. Record* for August, a method that had proved very successful in his hands. In order to appreciate his treatment, it is well to bear in mind that carbuncles usually occur in those who are weak and debilitated, whose systems are "run down," whose reparative power is therefore below par. As soon as he is sure that there is a carbuncle, he freely cuts away all the implicated tissue, and scrapes the surface clean. He then places pieces of sponge (previously washed in a dilute solution of sulphuric acid, and kept in a 5% solution of carbolic acid) on the surface, saturating them in an ethereal solution of iodoform, 20 grains to the ounce. A piece of folded iodoform is laid over the sponge, then a thick sheet of absorbent cotton, followed by gutta percha tissue, and the whole secured by adhesive strips and a bandage.

Pregnancy and Labor Complicated with Fibroids.

After relating the histories of ten cases in the *Boston Med. and Surg. Jour.*, July 30, Dr. James R. Chadwick concludes with the following propositions:

As aids to *diagnosis*, the following points should have great weight:

1. An area of flat percussion beyond the limits of the tumor or tumors.
2. Unduly rapid growth of a fibroid.
3. Bluish discolorations of the vaginal entrance.

As to *treatment:*

4. That intra-uterine disinfectant douches should be administered throughout the puerperal period in all cases, even before the supervention of symptoms.

As to *prognosis:*

5. That fibroids are, as a rule, absorbed during involution of the uterus, or soon after.

Intestinal Obstruction by Piece of Beef Bone.

In the *Texas Courier-Record of Medicine*, Dr. C. L. Gwyn says that on February 1, 1883, N. T., aged 51, white, applied to him for relief of a sharp, lancinating pain about the anus. Examination

revealed a spicula of bone one inch and three-sixteenths long, wedge-shaped and jagged. It was caught by its sharp end in one of the folds of the rectum, just above the internal sphincter muscle, and was swallowed while eating soup some days previous. It was easily removed by forceps and speculum. There are two similar cases on record in *Med. Archives*, November, 1869, St. Louis.

To Keep off Mosquitoes.

The effectiveness of the following mixture in keeping off mosquitoes is vouched for by "The Angler:"

Three parts olive oil.
Two parts oil of pennyroyal.
One part glycerin.
One part ammonia.

To be well shaken before applying to face and hands. Avoid getting the mixture into the eyes.

CORRESPONDENCE.

Tying the Navel Cord.

EDS. MED. AND SURG. REPORTER:—

In the REPORTER of August 8th, 1885, Dr. J. Gilbert Young invites criticism on the treatment of his case of umbilical hemorrhage.

If the cord was a thick, hard, unyielding one, it is probable the hemorrhage was due to its rapid desiccation, whereby the pressure of the ligature was relieved, and the vessel left patulous.

He ligated the cord while it was filled with blood and gelatin, and perhaps while it was still pulsating, and then, as soon as the constriction of the ligature ceased through the process of oozing and drying, the full vessel would naturally bleed from arterial or heart pressure.

Though the hemorrhage may not have been due to that, but to some other cause, I claim his method of treating the cord, as set forth in his article, is erroneous and defective.

Why will doctors continue to follow the old well-worn groove of past generations, which is devoid of common sense, and has no practical reason to commend it? Why tie the cord before severing it? What is the use of stripping or trying to strip an uncut cord? What is the idea of having a ligature on the placental end of the severed cord?

To be sure Clay, of Birmingham, in his Obstetric Operations, gives a cut of how to tie the cord, with an absurd excuse for the use of the placental ligature—that of "cleanliness;" while Bedford, on the other hand, gives a very plausible reason for omitting it, viz: that of "emptying the placenta and reducing its bulk."

To those interested in the subject, I recommend the following, which I believe to be the best method of preventing those unfortunate cases of fatal umbilical hemorrhage:

Wait until all pulsations in the cord cease before severing it, then cut the desired length, and strip the stump well of blood and gelatin, holding it firmly near the navel between the left thumb and index finger.

After that manipulation is completed, it can be ligated if so desired, with the common round white cotton wrapping-twine. I have found no advantage in the flat braid, even if Bedford does recommend it.

The cord of the brute animal is not ligated, and I have yet to hear of a fatal case of umbilical hemorrhage in them; and I believe if the cord of the human animal is similarly treated, there will be no fatal hemorrhage either.

When there is a thick hard cord, we must expect hemorrhage from the stump if we ligate hurriedly and then sever. To be safe in those cases, we must wait until the vessels are emptied and collapsed before we ligate.

Through inexperience I had a fatal case during my early practice, by not waiting sufficiently long before ligating. The cord was large and hard, and I made little impression on it in my efforts to strip after I had severed it. I ligated, and an hour after I left the house the hemorrhage was detected. The child lived a few hours.

The stump should never be dressed or compressed, but allowed to dangle, drying gradually without grease or other applications.

I have endeavored to enlist the attention of practical men to this subject by articles in the REPORTER of January 3d, 1880, and May 2d, 1885. I have also prepared a lengthy criticism on the treatment of the newly-born child, in which I attempt to show the unscientific teaching of some of the leading obstetric writers, from Smellie to Lusk.

I am of the opinion that eminent teachers are averse to innovations in these cases, as they continue to recommend ancient customs, which to me are devoid of practical common sense.

So far the populace are gradually rejecting some of them, for instance Smellie's warm flannel cap.

W. J. CRAIGEN, M. D.

Cumberland, Md., August 24, 1885.

Hard to Kill.

EDS. MED. AND SURG. REPORTER:—

On August 10, 1885, I was called on Stone Hill by telephone, to see a dying man. My protestation that I could be of little or no good to a person in that condition proving of no avail, I drove to Stone Hill, nearly five miles from Warren, occupying nearly an hour. Found my man lying by the side of an oil derrick, nearly covered with blood, his head being supported by a companion, who gave me the history of the accident. Henry Sutton, age 42, and companion, were agitating an oil well, and when Sutton saw oil escaping he told his companion to attend the engine and he would shut off oil. The engine was not stopped soon enough, as the polishing rod rope was snapped off in the crown pulley, and while Sutton was turning off the stop-cock, using his right hand, and leaning his body over towards his left to escape the jet of oil, the polishing rod (an iron bar 20 feet long, $\frac{3}{4}$ of an inch in diameter, and blunt at both ends,) came down from top of derrick 74 feet high, and struck Sutton one and one-half

inches back of and two and one-half inches below right ear, passing under the sterno c. mastoid muscle, and obliquely across the neck to the front, striking the manubrium on its under surface, and crossing over struck the cartilages of first two ribs, nearly if not quite separating them from sternum, came out of chest one-half inch below and one inch to the right of nipple of the left breast, struck the left thigh six inches below the anterior superior spine of ilium over the rectus femoris muscle, which it penetrated, and came out at the lower and outside of thigh five inches from external tuberosity of femur, penetrating ground about eight inches. Five feet eleven inches of rod passed through neck and chest. Entrance to exit of chest wounds measures sixteen inches, and thigh wounds eleven inches apart. I made a stretcher out of two-inch boards (stretcher weighing more than the man did), and with the help of four men carried him down the mountains nearly a mile to nearest house, where his clothing was removed and his wounds antiseptically dressed, and liberal doses of brandy and morphia were administered, hot bottles placed around him and used active measures to get him over shock. He rallied, and maintained he was going to get well, and would not talk of dying. The first two days after injury he suffered intense agony at every attempt at swallowing. For three days I thought he would die from inflammation of the left lung. Every cough, though under the influence of morphia, seemed to pain him intensely. On the sixth day after injury his temperature was normal, and pulse 78 beats per minute. Temperature and pulse have remained normal ever since, and yesterday, the 25th, he was sitting up, with all the indications of gaining strength rapidly. Now when I hear of the case recorded in Dalton's Physiology, of the man with a crow-bar through his brain, I will relate how a man with *luck* and *pluck* escaped with his life from equally as wonderful an injury.

RICHARD B. STEWART, M. D.

Warren, Pa.

Hemorrhage from the Umbilical Cord.

EDS. MED. AND SURG. REPORTER:—

In your issue of August 8th, I notice a case reported by J. Gilbert Young, M. D., of fatal hemorrhage from the umbilical cord.

The hemorrhage perhaps was not from the end of the ligated cord, but similar to the following case which came under my care:

In 1881, September 22, I was called to attend in her fourth confinement, Mrs. M., who in a few minutes after my arrival (having been in labor about one hour) was delivered of a large, healthy female child, which was washed and dressed before I left the house. Shortly after reaching home, distance about half a mile, I received a message to return, as the babe's clothing was becoming wet with blood. On reaching the house, I found the babe's clothing in region of cord well saturated with blood, and upon removing them found the hemorrhage had ceased, cord well ligated. I made traction on the cord and examined it without finding any evidence as to where the hemorrhage came from. Thinking that the cord might not be thoroughly ligated, I applied another ligature. The nurse proceeded to dress the babe with dry clothing, and I left, but was not in my office half an hour until I received another call, and upon reaching my little patient I found the hemorrhage had been greater than the first, and the child almost lifeless. Again removing everything, I found the hemorrhage had ceased, and the cord and surrounding parts were clean and dry, the clothing having absorbed the blood; being satisfied that the cord was thoroughly ligated, I again examined along the cord and point of attachment to abdominal wall, which was very much retracted, with heavy folds of skin around it. I failed to find a point from which the hemorrhage came, and was about to pass the babe to the nurse, when there commenced to ooze up along the cord upon the left side some blood. Without disturbing the parts, I passed my artery forceps down along the cord, took a free grasp of the parts on that side, drew them up enough to get a silk ligature on, after which we had no more hemorrhage, and with good care the babe recovered.

J. C. CLAUDY, M. D.

Newville, Pa.

NEWS AND MISCELLANY.

The American Dermatological Association.

(*Concluded from page* 306.)

FRIDAY, THIRD DAY, MORNING SESSION.

REMARKS ON ELECTROLYSIS AND OTHER PRACTICAL TOPICS,

by Dr. C. Heitzman, New York.

The reader spoke very highly of electrolytic epilation. For this purpose he uses the Leclanche battery. Six cells of this battery have the advantage of steadiness, lack of pain and lack of reaction when applied to the face of the patient. He employs a needle devised by Leiter, of Vienna, which permits the depth to which the needle penetrates to be measured.

He has had good results from electrolytic destruction of dilated blood-vessels in the face, less satisfactory results in the treatment of port-wine marks, where a permanent cure is only exceptionally attainable. Sodium æthyl is highly recommended by some for the destruction of angioma of the face, but it is in no way superior to nitric acid.

The speaker maintained, after observing two hundred cases of falling of the hair, caused by seborrhœa, that the method he recommended in 1876 gave fair results. This is the application of a ten or twenty per cent. ointment of crude oleum rusci in vaseline and paraffine.

For the removal of freckles, the doctor used an ointment recommended to him by Wertheim, of Vienna. The preparation is as follows:

℞. Hydrarg. ammon. muriat., grm. 75.3.
Magist. bismuthi, 3.5.
Ungt. glycerina, 30.0. M.

This is is to be applied in a thin layer every other night, and in four or six weeks the result is highly satisfactory. As to the permanency of the cure the doctor was unable to state.

In regard to the reappearance of hair after removal by electrolysis, the speaker considered it to be due to the growth of the fine hairs, which was increased by the transference to them of the nutrition which should have gone to the hairs removed.

Dr. Wigglesworth for the past fifteen years had used for freckles the following ointment, which was almost identical with that mentioned by that Dr. Heitzman:

℞.	Hydrarg. ammon.,	parts 10.
	Bismuthi subnitratis.	" 10.
	Vaseline,	" 100. M.

ON SYPHILITIC RE-INFECTION.

By Dr. R. W. Taylor, Mew York.

The speaker first referred to the literature of the subject and gave a brief review of the authentic cases on record, giving the names of the reporters. The number of cases previously reported is between thirty and forty. To these the speaker added the histories of three more. A fourth case has been observed by him, but as the complete history was not prepared, it was not given.

Case 1. A bar-keeper aged 25 years. Was first seen in 1868 suffering with gonorrhoea. Three years previously had had indolent enlargement of the lymphatic glands in the groins. Examination showed the presence of lymphatic enlargement in certain regions. Inquiry into the history showed the existence of a chancre three years years before, which had been slow in healing. About two months later he became sick and suffered with a roseolous eruption, sore throat, falling off of the hair, and rheumatic pains, worse at night. Under the treatment he improved, but afterwards exhibited a papular eruption. He was then seen by Dr. Van Buren, who pronounced the case one of syphilis, and ordered mercurial treatment. He recovered after two years, but of his own accord continued the treatment two years longer. He then remained well until the attack of gonorrhoea.

In February, 1870, he again appeared, presenting a typical indurated chancre on the cutaneous aspect of the pubes. It presented every evidence of a primary infection. Later a papular syphilide appeared over the body. There were several mucous patches on the pillars of the fauces, and the throat was red and swollen. The joints soon became the seat of nocturnal pains. The patient also presented a form of syphilitic epididymitis. Under mercurial treatment, there was some improvement, but a year later there were some tertiary manifestations. By 1874, he seemed very well. During the next three years, there were no evidences of syphilis, but he continued the mixed treatment.

He was again seen in the fall of 1882, when it was learned that his good health had continued, and that he was the father of a healthy child. The child was examined and no evidence of hereditary syphilis detected.

Case 2. Had in June, 1873, a typical indurated chancre, followed by distinct secondary symptoms, which disappeared under treatment. He then passed from observation. In February, 1874, he presented several ulcero-tubercular lesions on the outer aspect of the forearm. He then remained under treatment six months. In January, 1875, he had spots of thickening of the periosteum of both tibiæ. He was again treated with benefit.

In June, 1876, there was a typical indurated nodule on the prepuce, from which indurated lymphatics extended to the inguinal lymphatic glands. The incubation of this sore had been about twenty days. This was followed by malaise, sore throat, swelling of the post-cervical and epitrochlear glands. Over the body and arms there was a fine mottling of light-pink color. The patient then went to Europe, and was not seen until March, 1885, when it was learned that the symptoms had been well marked, and that he had been under treatment for them with several continental physicians.

Case 3, age 41, had had a typical indurated chancre in 1874. There had been inguinal adenitis, followed by roseola, falling of the hair, and later by severe iritis of the right side. He was treated with mercury.

In February, 1882, he returned with a typical hard chancre. In April, he became sick, had rheumatic pains and a mixed eruption of erythematous and papular syphilide. In May, inflammation of the iris of the right eye again appeared. In 1883, he had a late secondary rash.

These cases were reported with the object of throwing some light upon the natural history of second infections of syphilis. In all these cases, relapsing indurations were carefully excluded.

OBSERVATIONS ON THE OLEATES,

by Dr. H. W. Stelwagon, Philadelphia.

In regard the chemistry and preparation of the various oleates, both as to their manufacture by the direct combination of the acid with the base and by double decomposition, almost, if not entirely, as much can be found in the English translation of Gmelin's Handbook of Chemistry, published 1866, as in the writings of the past several years.

Of all the oleates, those of mercury, zinc, bismuth, and lead, have a place in the treatment of diseases of the skin, and in view of their costliness, the seeming unavoidable frequency of badly made preparations, the disagreeable oleic acid odor, and the irritation so frequently observed following their use, it is probable that of these four the mercuric oleate promises to retain a permanent value. This last is especially valuable in ring-worm of the scalp, but for inunctions in the treatment of syphilis it is of doubtful utility, as it is questionable whether it is absorbed. Oleate of copper, which has been so highly recommended for ring-worm of the scalp, is not comparable in that affection to oleate of mercury, or to tar and sulphur preparations.

Dr. Wigglesworth had practically renounced all oleates except the oleates of zinc, lead and mercury, as a parasiticide.

Dr. Duhring had employed the oleate of copper in varying strength in thirty or forty obstinate cases of ringworm, but it seemed to exert no influence whatever. As to its efficiency in acuter forms of ringworm, he could not speak.

Dr. Hardaway had almost entirely discarded the oleates. In some recent cases, the oleate of copper has seemed to be successful, but in chronic cases it entirely failed.

A CASE OF SYPHILITIC APHASIA AND PARAPLEGIA, FOLLOWED BY DEATH, WITH AN ACCOUNT OF THE AUTOPSY.

by Dr. L. N. Denslow, St. Paul, Minn.

The object of the author was simply to put on record a case in which an autopsy was obtained in early syphilitic cephalalgia. The patient was seen in consultation April 29, 1885. Two months previously the patient had begun to suffer with severe headache, worse at night. There was also a papular eruption. He acknowledged the existence of a sore six months previously. Iodide of potassium with chloral had been given two weeks later; the patient was free from pain, but it returned one month afterwards, when the patient stopped taking medicine. Iodide of potassium was again given, with the effect of relieving the pain. Aphasia and paraplegia then developed, and the patient died four days later, and within nine months of the initial lesion.

At the autopsy, the dura mater, along the superior longitudinal sinus, was thickened and adherent. There were numerous small gummata in the pia mater, situated along the right border of the longitudinal sinus and extending back to the fissure of Sylvius. The pia mater exhibited the evidences of simple acute inflammation.

Adjourned.

The Laws of Maternity.

(*Corset-Bound Mothers.*)

In connection with our editorial on this subject in the last issue, we quote that we may endorse, the following sensible remarks in the *Daily Press* of this city, September 9th:

At a certain popular watering-place this summer, the number of infants has been particularly noticeable. Babies large and small, pretty and homely, richly-dressed, healthy babies, puny babies—babies were everywhere. It was a beautiful sight to behold, and every heart softened in their presence.

"But," said a wise old lady, in remarking upon the uncommonly large number of young infants in the place, "there is scarcely one in ten of these babies which is not brought up on the bottle. I don't know what ails the young mothers nowadays, that they can't 'nurse' their children. It makes hard work all around, and the babies are ten times more likely to die in the bringing-up. I've heard good doctors say that a child brought up on the bottle never makes so strong a person when he's grown up any way, and that sounds reasonable. 'Tisn't nature to bring up dear little babies this way. We can all see that."

The kind old lady's words made a profound impression upon at least one of the half-dozen women who heard her. A somewhat extended privilege of observation had served to show that the watering-place which she referred to was not singular in the peculiarity which had been remarked. America is full of bottle-fed babies among its so-called "higher classes." It hardly seems as though the German spirit of contempt for a well-bred woman who suckles her offspring, and which has made that faithful mother, the Crown Princess, so unpopular—it hardly seems that that spirit can prevail largely in our republic. Most of the young mothers who have come under our observation "wish" that they could "nurse" their little ones, but their physical condition is such as not to render such a course advisable. And why should this be so? Walking along the thronged beaches of the pleasure resort, a solution of the problem presented itself. Bevies of young women were visible on every side, whose slender figures were many of them painfully constricted in obedience to the prevailing fashion, all of them far too closely confined.

Do you know, women of America, that thousands and thousands of beautiful and beloved infants die every year because their mothers have systematically for years worn their clothes too tight?

"Oh yes!" you reply. "We all believe that, but *I* have never done so. The reason why I could not 'nurse' my baby was because I could not take enough into my stomach when he was born to make nourishment for him. No one thought for an instant that my figure had been too tightly compressed."

But how did your stomach become so weak that, at a time when all the instincts of your nature should have combined to spur it up to greater and more successful efforts than ever before, it utterly refused to act, and your baby was, therefore, robbed of its rights?

But, after gazing upon the unnatural forms of the women—young and middle-aged—upon the promenades, one wonders no longer not only why women cannot provide the milk heaven makes for the proper rearing of the young of the human race, but that those unfortunate little beings even can be born alive at all. Think of wearing two stiff, hard corset-steels, constantly pressing down with a weight of many pounds to the square inch upon the delicate tissues of the stomach and its tributaries, through a series of years! Yet the capacity of the stomachs of our young girls is one-third, perhaps one-half, reduced by the pressure brought to bear by these corset-steels, while the working force of the digestive organs is impaired by them beyond compute. The fierce and irresistible demand of young, nervous natures manages to insist upon tolerably efficient action of the vital organs during periods of ordinary strength; but when the constitution has undergone the strain of maternity, what is there left? The poor, long-abused stomach utterly refuses to come to the help of the innocent baby for whom the mother would willingly lay down her life, but for whom she cannot bear the senseless scorn of the unthinking world.

Even if there were no cruel steels pressing down upon the tender stomach and bowels, think of the constriction brought to bear upon the great ducts which carry the lacteal fluid to its destination. How can they perform their function under even a moderate pressure? They can act properly only when the waist is utterly free from constraint—as free as in a nightgown!

"Oh," you say, "you speak too strongly. Corsets are not so bad. If they were, how could so many excellent women and physicians favor them? Besides, many women who have always worn them suckle their children, who are strong and healthy."

These women in the classes of which we speak are the exceptions. One cannot argue from ex-

ceptions. And as for those "excellent" people whose advice and countenance are perpetuating this deep-seated evil—this clinging superstition, so fatal to woman's health and progress—may heaven have mercy on them and open their blinded eyes!

Cholera Inoculations.

We have nothing new of a definite nature to offer in reference to the value or uselessness of Dr. Ferran's inoculations. As contributing to the history of the question, we quote from the Spanish correspondent of the last issue of the *Brit. Med. Jour.*, who sends the text of a card which Dr. Ferran hands to each of his clients. On the face of the card is the number in the register, and the name of the individual who has been operated on (Método Ferrán). On the back of the card is the following notice, contained in nine paragraphs:

1. As inoculation against cholera is confirmed by laboratory experiments, we cannot present it in any other way to the public.

2. This operation has been founded on scientific principles, which led the eminent Pasteur to discover inoculation for carbuncle, etc.; these being proved experiments, are now admitted as positive facts.

3. Inoculation against cholera, like all other precautions, cannot absolutely prevent attacks of this disease; in a case in which the attack takes place, it will probably be light. Neither can inoculation absolutely prevent death.

4. It is probable that the immunity due to anti-cholera inoculation is not of unlimited duration. The same happens with other lymph; for example, that of small-pox. In any case, the anti-cholera lymph will preserve its efficacy for a length of time that experiments have not yet practically determined. It is further necessary that inoculated persons should present themselves for re-inoculation before the expiration of ten days.

5. Since the anti-cholera lymph requires a certain time in order to secure safety to the person inoculated, it should be understood that a fresh cholera attack occurring within the first five days after inoculation is beyond the protective influence of the lymph, the efficacy of which cannot be assured until this time has passed.

6. The existence of a cholera epidemic is no argument whatever against inoculation; on the contrary, it is more than ever important, just as in the same way with the vaccine of cow-pox during the epidemics of small-pox.

7. The anti-cholera lymph can never prove the cause of an attack of cholera.

8. None of the so-called preservatives against cholera, up to the present discovery, offer to scientific men the same guarantee as preventive inoculation.

9. Persons in a position to prove their poverty will be inoculated gratis.

Too Many Drug Stores.

At the recent convention of the American Pharmaceutical Association, Mr. Mahlon N. Kline, of Philadelphia, chairman of the drug market committee, read a long report on the state of the drug market. He said that there were too many drug stores in the country. The business was now unprofitable, mainly for the reason that patent medicines were handled by nearly every storekeeper and grocer in the small towns. The physicians were charged with helping this patent medicine business along. They would prescribe these patent medicines for their patients from a knowledge only of what the advertising circulars contained of them. The output of graduates from the medical colleges was far in advance of what was needed. He wanted a line drawn somewhere.

Mr. Henry Meineger, of Brooklyn, New York, a retail druggist, sent some very warm shot into the ranks of the wholesale men. His particular plaint was that they got up preparations of their own and scattered them broadcast through the country, thereby injuring the retailers. Mr. Painter, of New York, said that proprietary medicines are now handled by the grocer, the saloonkeeper, and the dry goods dealer. The pharmacists get the cream of drugs from the wholesale house, while the musty, imperfect drugs went into the laboratories of those who manufacture proprietary medicines.

A delegate read an extract from a San Francisco letter, which asserted that druggists are compelled to pay sixty per cent. of the gross receipts as commission to the physicians who patronize them.

The following officers were elected for the ensuing year:

President—Joseph Roberts, of Baltimore.

Vice-Presidents—J. H. Hallister, of Madison, Wis.; A. B. Prescott, of Ann Arbor, Mich.; James S. Evans, of West Chester, Pa.

Secretary—J. M. Maisch, of Philadelphia.

Treasurer—C. A. Tufts, of Dover, N. H.

Reporter of the Progress of Pharmacy—C. L. Diehl, of Louisville.

Small-pox.

Recent advices state that small-pox has reached Sutton, Quebec, a town eight miles from Richford, Vt., and fears are entertained that it will reach there. Sleeping-cars between Boston and Montreal are now detained at Richford on the trip from Boston, and are not allowed to enter Canada.

A young woman afflicted with small-pox was found on the streets of Ottawa recently, having just arrived from Hartwell's Locks. She was at once taken to the Contagious Disease Hospital.

The official report of the Health Office of Montreal for one day recently shows twenty-three authenticated cases and twenty-three deaths. About two hundred French-Canadian operatives employed by the Adams Tobacco Company, who struck rather than be vaccinated, have been induced to return to work.

The Acting Postmaster-General of the United States has requested the Canadian Postmaster-General to order all mails from Montreal to the United States to be thoroughly fumigated before dispatch.

A Dudish Offspring.

When we put one and one together, when we mate the "Newport youth" with the "corset-bound" woman, we would suggest as a question in evolution what will be the result. The "New-

port youth" is thus described in one of our lay contemporaries:

"He begins his day with a cup of coffee or a brandy cocktail at 8 a. m.; then he turns over and takes another nap till 11 or 12, when he indulges in a breakfast of eight or ten courses. But though he eats like the anaconda, he cannot rest like that sagacious animal. He next plays lawn tennis, or walks to his club and indulges in poker or whist at $5 a point. After this he accomplishes the incredible feat of walking home, of which he is extremely proud, and which, perhaps, he can do better at this hour than he could later in the day—or night. About 5 o'clock he drives out, or is driven out, perhaps drops in and bores himself at a few afternoon teas. Then he dines somebody, or is dined himself. Next he goes to the Casino or whatever ball is on the tapis. No matter how late the hour, however, he really is obliged to drop in at the club and stay an hour or two, talking over the day."

Athletics at the University of Pennsylvania.

Training for different sports and physical exercise of all kinds will be directed during the coming college year by Mr. Pennell, an original member of the New York Athletic Club, who will act under the general superintendence of Dr. J. William White, physical director at the University. Mr. Pennell is an athlete of note, and has the best record for dumb-bell lifting.

Since increased attention has been given to physical education, the need has been felt of a fully equipped gymnasium, resources having been meagre in that direction. It is proposed to build a handsome gymnasium on the new Athletic grounds, the edifice to cost, equipped, from $50,000 to $100,000. To take the place of this building meanwhile, the College assembly room, which has long been the scene of "corner fights," etc., and a general loafing place for students, has been cleared. About $2,000 will be expended for equipments, which will include the best of modern appliances for physical development. Several devices patented by Dr. Sargent, of Harvard College, and in use at the Heminway Gymnasium, will be procured. It is expected that everything will be in working order by the first of October.

The International Congress.

At a meeting of the Chester County Medical Society, held at West Chester, September 8, it was unanimously "resolved that it is the judgment of this society that, while the American Medical Association has a perfect right to enforce its code of ethics upon all associations subordinate to it, it has no such right as regards the International Medical Congress, a body with which it has no fixed connection and which does not undertake to regulate such matters of professional ethics; that the attempt to organize the Congress solely from its own membership and that of its subordinate associations was most unwise and inhospitable, and calculated to lessen the influence and usefulness of the American Medical Association; that we hereby instruct delegates to the next annual meeting of the American Medical Association to use all honorable endeavors to see that the false step taken at New Orleans shall be retraced, and that those who led the Association into the present folly shall not be intrusted with the arrangements for the International Congress."

Unhealthy Meat.

At the meeting of the Butchers' and Citizens' Protective Association in this city recently, it was resolved that a committee be appointed to wait on Major Veale and Dr. Ford, of the Board of Health, and ask them to address the Association on the subject of diseased and unhealthy meats.

The Association meets weekly, and expects to form a permanent organization at its next meeting. They have already the names of 130 butchers, and expect about 1800. The object of the Association is to suppress diseased and unwholesome meat. A petition is to go before Councils praying for the election of meat inspectors. Many diseased cattle are shipped here in a dressed state, the condition of which it is impossible to tell without skilled inspection. A butcher said that of those coming here dead, many would not have borne transportation alive.

Love of Pathology in Egypt.

Egyptian medical men, at times, evince a remarkable eagerness for the study of pathology. A poor man recently died in a village in Lower Egypt, from a compound fracture of the skull. The resident sanitary medical officer inspected the body, and stated that it would be necessary to perform a necropsy to ascertain the cause of death. The friends of the departed had a strong objection to this course, but not until they promised to pay the medical man $10 did he agree to relinquish his intentions. The uncharitable people of the village were of the opinion that the medical man had no sincere wish or intention to perform a necropsy, but announced the obligation of doing so in order to extort money.

Tallow-rendering a Nuisance.

Medical Inspector Taylor recently reported to the Board of Health that he had inspected the premises on Pennsylvania Avenue, below Sixteenth street, in this city, occupied by the Butchers' Tallow-rendering Association, and found that about 30,000 pounds of tallow are received weekly, some of which is sold to oleomargarine manufacturers, but a large portion is boiled in the establishment. The fat fumes are discharged into the atmosphere, and create a nuisance prejudicial to health. The inspector suggested that the association be required to render its tallow in a steam-tight, jacketed tank, in order to obviate the nuisance.

The Sunday Liquor Law in Pittsburgh.

Clergymen and others at Pittsburgh have so vigorously insisted upon the enforcement of the laws against selling strong drink on Sunday that the indicted saloon-keepers have offered to compromise by paying half the costs of suits begun and signing an agreement to suspend Sunday business. The prosecutors, however, are so encouraged by utterances of Judge Ewing, that they refuse to compromise.

Smoking in Bed.

The dangerous practice of smoking in bed has been repeatedly condemned, yet until the man who *blows* out the gas has been become extinct, we may expect to hear of the man who smokes in bed. *This time it is a woman.* An actress in New York was recently smoking a cigarette in bed. Naturally she fell asleep. The other inmates of the house were aroused by cries for water, they found her in flames, and the mortuary reports of Bellevue Hospital, the next morning, contained her name.

Scientists Organizing for Research.

Many of the more advanced of the American political economists have formed an organization for mutual support and encouragement in the conduct of economic research. Professor Henry C. Adams, of the University of Michigan, is chairman, and Professor Richard S. Ely, of the Johns Hopkins University, is secretary.

Infected Hotels.

The Iowa Supreme Court has decided that a hotel keeper who receives guests knowing that there is a contagious disease in his house, is liable for damage to any guest who may contract the disease.

Errata.

In the second paragraph of the article on "Ligating the Umbilical Cord," published in REPORTER of September 5, after the remarks on the number of threads composing a proper ligature, the words *Number* 20 should read NUMBER 40.

Patriotic Triplets.

Of three children born to one mother in Harris county, Ga., a few days ago, a boy bears the name of Cleveland, a second boy that of Hendricks, and a girl that of Queen Victoria.

OBITUARY NOTICES.

FRANCIS D. CUNNINGHAM, M. D.

Dr. Francis Deane Cunningham, one of the most prominent physicians of Richmond, Va., died September 9, aged 49 years. He was a son of Dr. John A. and Eliza (Dillon) Cunningham, and a grandson of Edward Cunningham, of Churchill, county Down, Ireland, who emigrated to this country in 1784. He graduated in medicine from the Medical College of Virginia in 1857, and subsequently attended a course of lectures in New York, receiving again the degree of M. D. in 1859 from the Medical Department of the University of New York. Going thence to Europe, he made a special study of ophthalmic surgery in London and Paris. He had been Professor of Anatomy in the Medical College of Virginia, and President of the State Medical Society. In 1876 he was a delegate to the International Medical Congress in this city. He served in the Confederate army during the war, belonged to many scientific bodies, contributed ably to medical literature, and held many positions of trust. In 1864 he married Agnes Campbell, daughter of Bazil Gordon, esq., of Caroline county, Va.

Items.

—The London medical press is divided, like our own, as to the questions arising from the International Medical Congress in Washington. The *Lancet* sides with the present acting committee.

—*Godey's Lady's Book* for October is a brilliant number, opening with a handsome steel engraving of "The Lady of Lyons." This picture illustrates the story of Bulwer's famous drama of that title, which has been carefully transcribed for the magazine in a narrative form.

—Henry W. Fisher, a respectable resident of Huntingdon, of Presbyterian extraction, believes in spiritualism, and announces that his daughter Bertha, aged 12, though unacquainted with the German language, recently spoke fluently in that tongue upon the occasion of her being possessed by the spirit of a German musician.

—Jay Gould is physically not very imposing. He reminds one of what the girl just returned from a Boston school said when she saw a steam fire engine in operation. "Who would ever have dweamed that such a vewy diminutive looking concern would hold so much watah?"

—"Yes, indeed, Brown is a very sick man."

"When was he taken ill?"

"Yesterday morning I was called to attend him."

"Ah, that accounts for it."

And now these two physicians pass each other as perfect strangers.

—A proposal has been made and patented to use a solution of lactic acid and glycerol in water, for the purpose of soldering the tins in which tinned provisions are put up, this solution being harmless, and acting as an efficient substitute for the poisonous chloride of zinc which is commonly used.

—The aching of a carious tooth may sometimes be instantaneously arrested by filling the cavity, after cleaning and drying it, with a mass made of 1 part each of dry alcoholic extract of opium, camphor and balsam of peru; 2 parts gum mastic, and 20 parts of chloroform. So says Dr. Ludovici in the *Farmac Italiana*.

—The Rumford Chemical Works, Providence, R. I., manufacturers of Prof. Horsford's Acid Phosphate, have recently purchased a commodious building and warehouse near their present location, where they propose to move their business a few months hence. This purchase has been necessitated by the demands of their large and increasing business.

—J. G. Otto (Pflüger's *Archiv*) finds arterial blood richer in sugar than venous, the total reducing agent being the same in both, so that there is a reducing agent in blood in addition to sugar. There is a marked increase in the reducing agent contained in the blood of persons under the influence of chloroform, chloral, and morphia. The blood of the child at birth contains about the same quantity of sugar as that of its mother.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TÆNIA.*

BY WM. E. DOUGHTY, M. D.,

Of Hartsville, Pa.

The presence of intestinal worms was known to and described by the very earliest medical and scientific writers. In all probability these parasites were coëval with the advent of man, and possibly were a necessary cotemporary creation. With what we know of them, and have known of them, they keep neck and neck in the race and with the race. Not more than about three varieties of intestinal parasites were known to and described by the ancients. Nor were there but few kinds known before the present century. Our present knowledge of these loathsome parasites places the number of different varieties at about fifty, which take up their habitation in man. Twenty-one of this number pitch their tents in the intestinal canal. Of this apparently large number of tenants, nine of them compose the tape-worm family, seven the round-worm tribe, three are the infusoria, a class which is microscopic, and the suctorial are two in number. It is not improbable that the parasites of the human family may increase as creation and science advance, and the different peoples of the world come within the sphere of research. Not nearly all of this array of worms are peculiar to man; eight only are such—three of the tænia and five of the round-worm tribe. The others are inhabitants of various animals, and from known and unknown causes, but occasionally getting translated to man, and tarrying, as it were, awhile at Jericho. All ages and sexes are alike disposed to these parasites, and the infant, the adolescent, the middle-aged, and the aged, are subject alike to be the host or hostess of a colony of intestinal parasites. The person who is the host of a single *pediculus humanus*, the fact being known or even suspected, will inevitably be under the ban of social ostracism. But worms are no barrier to good society, and this is a palpable exception to the axiom, "evil associations corrupt good manners." But these are nice distinctions, which, like hairs, divide the N. from the N. W. side. Omne vivum ex ova, as all things come from an egg or germ, the necessary condition for the parasitic development is the introduction of eggs or embryos into the intestines. The mostrational and common way in which this is effected is by means of the food eaten. Raw or uncooked meat is the most prolific means of introducing the tænia.

The theory of spontaneous evolution, or that certain conditions and substances have a tendency to breed worms, needs not in these days of advancement even a passing notice. The popular belief and parental caution, that sugar-eating children are worm-breeding children, is as fallacious as it is popular. No eggs or embryos, no worms, although the breaths with sweetmeats tainted are. The older writers wrote of a morbus verminosus and a worm disease without the presence of worms. Credulity is rampant. People whose note I would take for any amount, and know that they would pay it at maturity, say

*Read before the Adjunct Montgomery County, Pa., Medical Society.

that under certain geographical and climatic conditions a bushel of sawdust will, in twelve hours, be a bushel of fleas. This is not more incredible than that all saccharine substances will evolve intestinal parasites. Omne vivum ex ova. There are many conditions which may be either favorable or hostile to the propagation of the parasites, as disease, personal conditions, occupation, cleanliness, climate, or the season of the year. Diseases which augment the peristaltic motion, are hostile to the incubation or alternation of the eggs, or embryos, which do not get the quiet necessary for their development. As soils are peculiarly fitted to produce in their greatest luxuriance certain grasses, grains, or vegetables, so certain personal conditions may be more favorable than others to produce worms. Occupation is likely to have as much to do with fostering the development of intestinal parasites as any other cause. Butchers and cooks, or those who are engaged in the handling of meats, or animal food, are especially disposed to be the host of the tænia—those who are uncultivated in their tastes, who are not over-dainty in what they eat and drink, and how. The axiom, "Not that which goeth into the mouth, but that which cometh out, defileth the man," is not literally or scientifically true. The swallowing of eggs or embryos is absolutely essential to the propagation of intestinal parasites. The belief that new-born children have worms needs to be corroborated by proof. Prof. Robley Dunglison makes the assertion that worms have been met with in the intestines of the fœtus in utero. This, if a fact, would be a strong argument against the theory that germs are only received from without.

But if we admit the theory of spontaneous generation to be correct, we will have to admit the generation of endless varieties. Worms have been met with in the eye, in muscular and cellular tissues. The strongylus gigas, which ranges in length five inches to three feet, is most generally found in the kidney. Warm climates and warm seasons of the year are more prolific of germ development than are the reverse conditions.

Heller says we are chiefly indebted for a right understanding of the conformation of the tænia to the investigations of Steenstrup on the alternation of generation. The tape worm must be looked upon as a colony of animals having an alternation of generation. The so-called head is the larva-like nurse; the segments of the worm—the proglottodes—are the animals with sexual organs. From the head, without any mingling of the sexes, are produced the segments by a process of budding. The segments remain joined together for a considerable time; but after they have come to maturity they separate from the rest of the colony. The head is provided with either two or four suckers, and very frequently with a circlet of numerous small hooks. By means of this apparatus, it fastens itself on to the mucous membrane of the intestines of its host. As the segments of the chain, the sexual animals, increase their distance from the head by the development and insertion of fresh segments, they become sexually more developed, increasing at the same time in size. They are hermaphroditic, and generate eggs, in which a six-hooked embryo becomes developed. If eggs containing these embryos find entry into the stomach of a suitable animal, their envelopes become softened or undone, and the embryos are set free. By some way or other they leave the digestive canal and make their way to different parts of the body. If they now meet with conditions favorable to their further growth, "nurses" are developed in them. Should these again happen to be introduced into the intestinal tract of another animal, they fasten themselves on, and another tape worm colony becomes developed by budding.

Tænia is a Hebrew word signifying a fillet; hence the name of the worm, from its resemblance to a tape or fillet. A tape worm will be fully developed from the embryo in about two months. The sexual organs are then fully grown, and segments are given off. The worm does not, as erroneously supposed, float its full length along the primæ viæ, but lies, coil upon coil, in the digested liquids. It has but very little power of progression or change of position. The worm is not possessed of a digestive tract, but the muscular constructions of the segments suck in their nutritive elements by their expansion and contraction much in the same manner as a hydraulic pump. Each segment is provided with a genital pore, which is seen as a protuberance on the lateral margin of the segment. The genital pore is placed irregularly from side to side, or not alternating regularly.

The three kinds of tænia most common in man, are the tænia solium, tænia saginata, and the bothriocephalus lata. The tænia elliptica is delicate, and varying in length from 4 to 16 inches, and frequents the dog and the cat. Tænia flavopunctata is also quite small, being from 8 to 12 inches long. The head of this species has never been found. The segments in both these kinds are much broader than they are long, or from 2½ to 5 times as broad as they are long. This worm is exceedingly rare, having been found but once

by Weiland. T. nana is exceedingly minute, being about $\frac{6}{100}$ of an inch long, the segments being 150 in number, and .018 of an inch broad. Tænia Madagascarinus has not been obtained entire, the segments being about five times as long or broad as the T. nana. The bothriocephalus lata is the largest of all the tape worms. Its head is about .08 of an inch long, and half as broad. The means by which the eggs or embryos are introduced is somewhat of a mystery, but as the embryos are provided with cilia, and are enabled to live and move about in the water for an indefinite time, it is not improbable that aquatic animals are the favorite nidus of these parasites. Its geographical distribution seems to be confined to limited areas, those areas being along the seas of Northern Europe, where the people subsist largely upon the fish taken in those waters. It is often found in the canine species, as well as in man. The bothriocephalus cordatus is so little known that we will merely enumerate it.

There is no possibility for the development of tænia, except as the embryos are introduced into the stomach by the eating of flesh or articles of diet which have been in contact with infected meat, or the imbibing of fluids in which embryos might be present. I know of no instance where animals other than the carnivora are subject to tænia, except such as are not over-nice or dainty—garbage-rooters, and bone-chewers. The hog or the cow are neither delicate nor æsthetic about the means of gratifying their thirst or appetite. My tænia patients have all been addicted to eating either raw ham or beef, or both. Persons who are in the habit of eating uncooked ham, are those afflicted with the T. solium, and those who eat rare beef, or that which has not been sufficiently heated to kill the vitality of the embryos, are as sure to be infested with the T. sag. Countries where the custom prevails of devouring the flesh reeking warm, and streaming with the blood, are the classic land of the tænia, and there all are tenanted alike with the tænia. The more that embryos abound in animals the more likely are they to be generated in man. Women are rather oftener subject to tænia than men, for the reason that they are more apt to eat raw meat during their culinary labors. The tænia are generally solitary, but are not antagonistic, for as many as forty have been found in the same person. And more than one species has been found to inhabit the same intestine at the same time. The segments of the T. sag are passed spontaneously, and the T. solium very rarely or never. As before mentioned, each segment or proglottodes is hermaphroditic. The segments of the T. solium are more clear, white, and delicate, while the segments of the T. sag. are broader, thicker, fatter, and less transparent than the T. solium. Some of the segments of the T. sag. are quite dark with pigment. The head of the T. solium is about the size of a pin head, and is provided with suckers and two circlets of small and large hooks, hence called the armed tænia. The T. sag. is about twice the length of the T. solium. Its head is much larger than that of the T. solium, being about $\frac{1}{10}$ of an inch broad. It also has four sucking discs, but no circlet of hooks, but in place of them a small frontal sucker. Owing to the absence of hooks, the T. sag. is called the unarmed tænia. The embryos in the cysticerous condition have been found in the brain, voluntary and involuntary muscles of the ruminants; embryos of the T. are not found in the human body, the chances for finding them not being offered. There is no doubt that the embryos of the tænia do exist in the persons who are infested with the animal. The T. solium is most common among pork-eating people, and the T. sag. in the ruminants, as the cow, calf, giraffe, goat, and sheep. The best measures of prevention or prophylaxis have already been enumerated.

The treatment, successfully, of tænia having been involved in the darkness of obscurity, has called to the front many quacks, or non-professional worm doctors. A patient of mine whom I successfully treated ultimately, was determined to consult a worm doctor, or specialist, in the city (*Kunkle*), as soon as I diagnosed a tape worm. Their fair treatment has brought them the enjoyment of eminent reputations. With good anthelmintics—plenty of deception on the part of the doctor, and credulity on the part of the patient—much satisfaction and many cures are effected. In the cure of tape worm, "cito, tuto, jucundo" (*quick, sure, agreeable*) is not absolutely true. It may be quick and sure, but not agreeable, for the remedies are, as a class, nauseating and unpleasant. The physician should be sure that he has expelled the whole worm, as only by this means, or else by a lapse of a few months without a return of expelled segments, can he know if a cure is effected. A cure cannot be by halves; it is complete, or no cure at all. The patient should take but little food for a few hours before beginning the more active treatment. Among the articles most obnoxious to the animal are onions, garlic, and salt herrings. Therefore, let the person partake of unsoaked herring salad and onions a few hours before the use of medicines. A light

meal of bread and coffee just about the time the medicine is taken will make the stomach much more tolerant of the nauseous dose. A cure should only be undertaken when a diagnosis can be made by the presence of the passage of segments. Persons who are suffering from acute febrile diseases, extremes of age, pregnancy, or menstruation, are not good subjects for treatment. Some diseases of the bowels are aggravated by the presence of the animal; and hence, such are cured of the parasite and its provoking disease. The only thing to warrant an attempt at a cure or a re-cure is the passage of segments detached or united. Among the most effectual of the many remedies for the extirpation of tænia are brayera anthelmentica or koosso in five-drachm doses, or koossin in thirty-grain doses, the oleo-resin of male fern or filix mas. This is the remedy upon which I have relied, and the one which has brought triumph to my banners. I have given it in half-drachm doses on retiring for the night, which generally brings the result the following day after the administration of a brisk purge. The bark of the pomegranate root has stood the test in the past. Pelletierine, its alkaloid principle is taking no second place as an exterminator of the hated animal. Rottlera tinctoria, kameela, benzine, saoria, or fruit of mocsa picta, oil of turpentine, and picronitrate of potash, have each effected cures, and each have their advocates, as they have been worthy of reliance. One little peculiarity or, perhaps, idiosyncrasy for which I found no fitting place in the body of this essay, is the dislike that a tape worm patient manifests for music. Dr. Eberle, who was cautious in his assertions and philosophical in his deductions, said: "It is stated by authors that persons afflicted with tænia become uneasy and ill whenever they hear music, particularly the music of an organ at church. This looks more like a conscience ill at ease than the morbus verminosus."

A patient of mine who was very fond of merriment and music, informed me that music had no attractions for him, and that if any one was playing or singing he would go away to where he could not hear it. I introduced this as a specimen of a rare character.

SYPHILITIC RE-INFECTION.*

BY J. G. BROOKS, M. D.,
Of Paducah, Ky.

GENTLEMEN: I desire to present, on this occasion, for your consideration, the subject of syphilitic re-infection, which, in my opinion, has not received that attention from the profession it justly merits. Especially is this true of the authors of standard works on venereal diseases. Few of them do so much as to mention the subject. We occasionally, however, meet with a very interesting and valuable article on this subject in some of the periodicals of the day, but these reports are so isolated as to be of little value to the general practitioner. One article appeared in the *Retrospect*, June 20, 1878, and, by the way, one of the best I have ever had the pleasure of reading. This report was from Gascoyne, Esq., of the Lock Hospital. His remarks are very forcible, and suggest valuable ideas well worthy of careful consideration. Ricord, with his vast clinical experience, never saw a case of re-infection; yet, he does not deny the possibility of it; indeed, he believed in the repetition of chancre. Ashhurst believes the protective influence of syphilis extends through all stages of the disease, so that a second attack of chancre, though possible, is exceedingly rare.

Bumstead and Dunker both fail to give us any light on this subject in their most excellent works, which is the case with all the authors whose books I have at my command.

Certainly it must have been overlooked by these authors, for I feel confident that within their vast experience and observation they have met cases of this kind, but failing to report them in journals, or to refer to them in the books, the medical world is comparatively in ignorance as to valuable facts connected with the subject.

During my brief connection with the profession, and within my limited experience, I have met two cases of re-infection, both of which went through all the evolutions of the disease the second time.

I have no notes of these cases, but being in almost daily communication with the parties, I have sufficient facts to enable me to report correctly.

Case 1. H., a bank clerk, consulted me in the winter of 1871–2, suffering with unmistakable syphilitic lychen, mucous patches on lips and tongue, with throat much inflamed and ulcerated. Inquiry enabled us to glean the following facts: He had had a chancre with enlarged lymphatic gland, followed by fever, restless nights, and an eruption. He had received a course of mercurial vapor baths, and both chancre and eruption disappeared, but lymphitis remained. I at once prescribed ¼ gr. hydrarg. proto-iod. to be taken

*Read before the Southwestern Kentucky Medical Society.

thrice daily, to be continued a fortnight, when I would change to calomel vapor baths. I touched the mucous patches in the mouth and on the tongue frequently with stick of silver nitrate. While the case proved one of great obstinacy, in less than twelve months all trace of the disease had disappeared. As I was about to leave the country to be absent for some length of time, and not believing the time had come when I could safely discharge him as cured, I commended him to Dr. J. W. Thompson, of our city. I returned in two years and found my patient as I left him, free from any syphilitic manifestations, he not having had any treatment in the meantime.

February 2, 1876—four years since last attack, or rather the disappearance of last attack—this man came to me with a typical chancre just behind the corona. Confrontation was had, and the woman with whom he had been cohabiting had a well defined chancre. In a few weeks this condition was followed by a general malaise and pains in limbs, which continued until a copious eruption, unmistakably syphilitic, appeared all over the body. The inguinal lymphatics of both sides were enlarged, and the post-cervical markedly so. This infection went through all stages of the disease as perfectly as did the first case, but proved much more obstinate; and this slow recovery caused my patient often to become low spirited and indulge in drinking to excess, together with other reckless habits, all of which was detrimental to a speedy cure.

In the fall of the same year, while on a drunken debauch, he so lacerated the penis at the seat of chancre that erysipelatous inflammation set in and rapidly spread over the groins, buttocks, and legs. After this was arrested, he was left in a much emaciated condition, and I advised him to go to Hot Springs, Arkansas, but not to take any medication, but confine himself to the baths and water alone. This advice he carried out, and I believe he is the only patient I ever knew permanently benefited by a visit to these springs.

Case 2. A county official, aged about 30 years, consulted me October 28, 1884, with a sore on his penis, and remarked, "I have a chancre, and want you to kill it before it gets in my blood. I had one once, and let it run until it poisoned my whole system." I examined the sore, and found my patient had made a correct diagnosis of his case. He had enlarged glands in both groins, but the post-cervical were not perceptible. After explaining how useless it would be to cauterize the sore, I prescribed proto-iodid. mercury ($\frac{1}{4}$ grain), taken three times daily.

On inquiry, I learned that he was treated for the previous case by Dr. Thompson, of this place, and I have since gleaned the following facts from him connected with the case:

April, 1873, had chancre, with marked lymphatic enlargement, followed by pains in limbs, with restless nights, and soon after by an eruption all over the body, mucous patches and alopecia—all of which yielded kindly to mercury, which was continued for one year.

The symptoms manifested in second attack were ulcerated sore throat, fissured tongue, with mucous patches, and a very extensive alopecia. So great was the falling of hair, that he lost all from the scalp, as well as both lashes and brows. The regular mercurial course had seemingly little or no effect in arresting this attack, and I resorted to the mixed treatment, with the happiest results, all symptoms disappearing in about eight months, and he has since remained well.

In the *Archives of Dermatology*, July, 1877, Dr. Von Vajda has reported a case in a young man only 24 years of age, who had had syphilis three times. This man was presented to the Vienna Medical Society, with remarks from Dr. Von Vajda on syphilitic re-infection.

Geo. Green Gascoyne, of the Lock Hospital, had three cases, as follows:

Case 1. November, 1863, a gentleman, twenty-eight years of age, in good health, consulted me for a large typical indurated chancre on corona, with indurated inguinal glands. He was prejudiced against mercury, and would not take it for five or six weeks, when, the chancre having increased to the size of a florin, and showing no disposition to heal, he commenced mercury. In a week the improvement was so marked that all reluctance ceased, and he continued the medicine three or four months, until the induration had quite disappeared. With the exception of a slight sore throat of doubtful character, there were left no constitutional symptoms.

November 16, 1867, he showed me an abrasion with a very suspicious base on the inside of prepuce, which developed into a chancre, inguinal enlargements, etc. The sore healed under mercury, but the induration did not disappear until February.

In May, a large indurated mass formed on frenum, and a similar deposit had taken place on dorsum of penis quite to its root. These indurations yielded kindly to mercury.

October following, a gumma formed on inside of leg, which ulcerated and proved an obstinate sore. Tertiary symptoms appeared in regular

turn, but health otherwise good; but these symptoms recurred the third time. He has since been free from the disease, and has two healthy children.

Case 2. February, 1864. Farmer, robust health, covered with eruptions—roseola and lichen—followed a sore now healed, slight induration remaining. Under mercury, symptoms disappeared and he remained free from disease until November, 1870, when he came with eruptions, roseola and psoriasis, mucous patches of throat, following a sore of one month's standing. The eruption commenced three weeks ago. Under mercury, these symptoms passed away, but he had several relapses of psoriasis, mucous papules of throat and anus, which received treatment at intervals until 1873. He has since continued well.

Case 3. January, 1864. A stout man, twenty-two years old, contracted chancre three months ago, which has healed, has now several mucous patches of throat and fauces, very extensive and persistent, with a fading eruption of roseola; he recovered under mercurial treatment, and remained free from all traces of the disease until May, 1873, when he showed me three indurated chancres on the under side of prepuce, the result of connection about a week since. Each sore was situated on a well-defined induration, and could be picked up between the fingers as a small button-like mass. The inguinal glands were affected. Mercury was given, and on the 24th of June following, the sores were nearly healed, but induration still quite perceptible. I have not heard of him since, though he promised to inform me if anything else occurred.

Case 4. June, 1865. A healthy man, 34 years. General roseola, with universal enlargement of glands, the result of infection probably in August, 1864. There had been great pain and aching of the limbs previous to appearance of the eruption. He had no treatment. In April he had very severe psoriasis of trunk and limbs, followed by iritis and great impairment of health. He continued in a cachectic state, having at intervals double orchitis, ulcers of legs, and nodes, until 1870, since when there have been no visible manifestations of disease; his health, however, has remained much enfeebled, and he has suffered from lung disease, considered to be of syphilitic origin.

February, 1873, a large indurated chancre formed on left thumb; it commenced as a pustule, and was contracted January 24th, from a patient who had a suppurating indurated sore on foreskin, which was followed by roseola. The induration on the thumb was well marked, and the lymphatics over the metacarpal bones became swollen, hard, and tender on pressure, but neither epitrochlear nor axillary glands were affected. During March there was much nocturnal aching of legs, but no other symptoms. He had no treatment.

From the *Philadelphia Medical News* of April 5, 1884, the following is from Prof. Newmann: He says, in discussing the important question as to whether syphilis can be acquired more than once, that it has not been witnessed by Barensprung, Sigmund, and Fournier, but has been met with by Diday, Zeissel, Bumstead, Hutchinson, Lee, and other equally careful and experienced observers. Newmann concludes, after carefully considering this subject, that syphilis rarely occurs but once in the same individual. Yet undoubted cases have been observed. The criteria of reinfection are a clear history of first infection, an initial lesion, enlargement of inguinal glands, and subsequent secondary manifestations. It is well known that a chancroid contracted during the time one is laboring under syphilis, is liable to become indurated at the base, so that a hard lesion seated on the genitals, without concomitant adenitis, and the consecutive constitutional symptoms, is not an indication of a second attack.

In conclusion, I will say that there is an opinion prevalent among the people that syphilis is an incurable disease; and that this false impression sprang from members of the medical profession, who, ignorant of both the nature and treatment of the disease, sought to shield under this guise their ignorance, and themselves from censure, should the patient fail to recover under their care, I have not the least doubt.

There is no fact more thoroughly established than that a person suffering with constitutional syphilis cannot be reinfected, and that the immunity thus afforded continues throughout all the stages of the disease. Then, if we have a patient presenting himself with chancre, we are forced to conclude that he has never had syphilis; or that he having had it, has been perfectly cured of the previous infection. Should investigation prove that he has had the disease prior to this, I will venture the affirmation that he has had the benefit of a thorough course of mercury, and at the time he became reinfected he was entirely free from the poisonous influence of the previous attack.

—Dr. R. W. Taylor, *Western Reporter*, claims good results from painting ring-worms twice a day with tincture myrrh, in which four grains of bichloride of mercury are added to each ounce.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM PEPPER, M. D., LL. D.,

Provost of, and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

Reported by William H. Morrison, M. D.

Diabetes Mellitus; Polyuria.

Gentleman: At the last lecture we considered the subject of diabetes, and I brought before you a patient in an advanced stage of the disease. There are one or two symptoms which were not exemplified in that case, but which will sometimes be met with. These are nervous symptoms of diabetes, the symptoms apparently connected with irritation of the nerves. Among these, one of the most marked is a sense of tingling and numbness complained of in the extremities, particularly in the feet and legs. This is perhaps partly due to defective circulation, but it also seems to be dependent partly upon a condition of the peripheral nerves. It is very like the sensation complained of by patients with spinal congestion or peri-neuritis. I am not sure that any alteration of the peripheral nerves exists, but the symptom is not unlike that complained of in such conditions. As the disease advances this feeling sometimes is a source of great complaint.

Another symptom is extreme irritation of certain parts of the surface, particularly of the orifices, as the vulva in women. Pruritus vulvæ may be among the earliest symptoms of which female diabetics complain. In the same way irritation of the end of the penis and irritation along the course of the urethra will be complained of by male subjects. Itching of the general surface of the skin is not rare. Diabetic eruptions, which may be either of an erythematous or of an eczematous character, are sometimes seen. Add these symptoms which are not so characteristic, to the more characteristic ones, to which I referred at the last lecture, and the history of diabetes is sufficiently complete.

You will remember that I described some of the types which will be met with, and had discussed the question of diet, and when the hour closed was speaking of the drugs which are useful in this affection. Before taking up the subject at this point, let me call attention to the specimens before us.

These were removed from a patient who consulted me some months ago. This lady, the wife of a physician, had a very obscure affection of the liver some three or four years ago. I did not see her at that time. There was violent pain in the region of the liver, occasional vomiting, some fever, and profuse hemorrages from the bowels. The liver was much enlarged and felt indurated. She was seen at the time by several experienced physicians, who regarded it as a case of carcinoma. It would appear, however, from the excessive pain, the local tenderness, the swelling of the liver, the vomiting, and the moderate fever, to have been simply a case of severe peri-hepatitis. As to the cause of the hemorrhage in the bowels I am not certain. Her recovery was slow. After the severe symptoms subsided and improvement began, her husband, who first brought her to me seven months ago, stated that she did not pick up as he had expected, and while the appetite was good, she did not gain much in flesh. During the previous year it had been noticed that she was passing too much urine. This did not attract much attention at first, and it was only some time later that sugar was found and the case shown to be one of fully established diabetes. From that time the symptoms were of a most characteristic type. There was progressive loss of flesh, the skin was dry and its secretions scanty, the appetite was strong but capricious, the digestion was rather weak, and there was distress in the epigastrium if the appetite were fully indulged. Thirst was only moderate. There was considerable nervousness and alteration of temperament. The quantity of urine was moderately increased, varying from 90 to 120 ounces. The amount of sugar, however, was very large. The specific gravity averaged about 1040. I was unable to find albumen in any of the cases which I examined.

Having heard this history of severe affection of the liver, with the subsequent development of diabetes, my attention was, of course, especially drawn to the condition of the liver. There was no evidence of marked hepatic disturbance. There had been no spells of pain as from biliary colic. The area of hepatic dullness was somewhat increased, but there was no unusual hardness.

A few days ago I received these specimens and the accompanying note, from which I take the following: "During the few past months she has been about the same, the sugar never diminishing. She lost some in weight, but was able to be about until March 1, when she complained of pain in the neck and side of the head. This was relieved by quinine. On the 3d, she suffered greatly with sickness of the stomach and bilious vomiting. On the 4th and 5th, she was the same. On the 6th, the sickness of stomach was better. The secretion of urine was the same in quantity as it had been for months; the specific gravity was down to 1025. There was a large amount of sugar. On the 7th, she became stupid and very restless, complaining of excessive pain over the region of the liver and stomach and running up to the right arm and shoulder. This pain and soreness had lasted for several days, but had not been so severe. That night the secretion of urine abruptly stopped. From that time the stupid condition gradually deepened, and for the last twelve hours, she was in a condition of profound coma, with decreased respirations until the end."

The case illustrates a point to which I desire to call attention, and that is, the modes in which diabetes may terminate. I have spoken to you of the prognosis, and in doing so, I stated that in general the prognosis was unfavorable as regards final recovery, but that it was favorable as regards prolongation of life. The most favorable cases are those in which the disease comes on in elderly gouty subjects, where there is only a moderate amount of sugar, and where the subjects do not lose weight, but continue well nourished and often fat, despite the presence of sugar in the urine. In ordinary cases, where the disease ap-

pears in middle life, the prognosis would be influenced by the quantity of urine and the quantity of sugar. It would be influenced very greatly by the effect which diet had upon the condition. When a moderate change in the diet produces a marked change in the urine and sugar, the prognosis would be favorable; but when in spite of careful regulation of the diet, the urine remains copious and the sugar abundant, the prognosis would be correspondingly bad. I also told you that the prognosis would be rendered unfavorable by the existence of organic affections, as of the liver, pancreas, or kidneys.

The disease terminates in various ways; sometimes by sheer progressive inanition, sometimes by the development of intercurrent intestinal disease, as diarrhœa. In a considerable number of cases it terminates in the development of phthisis. There is a great tendency to the development of phthisis in this affection, and when developed, it runs its course rapidly, and is not influenced favorably by any remedies. There is no form of phthisis more fatal than that occurring in the course of diabetes. Some cases terminate by gangrene, and it is well known that in diabetes slight injuries are apt to be followed by gangrene. An operation of small magnitude, as the amputation of a toe, may be followed by gangrene of the entire extremity, proving rapidly fatal. In some cases the mode of death is that which is illustrated by the case from which these two specimens were removed, that is, by uræmic or diabetic coma. A patient who has been in fair condition, but usually not doing favorably, suddenly presents a tendency to dullness. The urine is generally diminished in quantity. The dullness deepens into stupor and coma, terminating fatally in the course of twenty-four to forty-eight hours. The cause of this diabetic coma has been closely studied, but no completely satisfactory explanation has been arrived at. It is not improbable that in some of these cases there is, owing to the perverted chemistry of the body, a development of some complicated organic poison which acts as a deadly narcotic. In other cases, the coma may be due to the supervention of uræmia from renal disease. There may also be thrombosis of the cerebral vessels, which may explain the condition.

In this instance there was no post-mortem of the brain. "The liver was found much enlarged, extending from the third rib to an inch and a half below the margin of the ribs. Its weight was three pounds and eleven ounces. The gall-bladder was empty. The vena cava was distended with coagulated blood. The hepatic artery was enlarged sufficiently to permit the introduction of the index finger, and its branches were as large as goose quills; on section, its tissue was found deeply congested. The microscopical examination showed no pathological condition, except cloudy swelling and granular change in the liver cells." The specimen sent was not large enough to enable us to judge of the correctness of the remarkable statement in regard to the distension of the hepatic vessels.

The heart weighed eight ounces. There was an ante-mortem clot attached to the mitral valve, and extending into the pulmonary artery. The spleen was normal.

The kidneys show the presence of parenchymatous desquamative nephritis. They are much enlarged, the left measuring six inches in length. This bears upon the nature of the coma. In many cases diabetic coma is associated with nephritis, either acute or subacute. As I have stated, the urine was free from albumen the last time I examined it, which was several months ago. These kidneys present all the signs of subacute catarrhal nephritis, passing into the chronic stage.

Here then was a case of diabetes where there had been marked alteration in the liver, intense congestion, and severe peri-hepatitis. The diabetes ran its ordinary course, became complicated with nephritis, and terminated with diabetic coma.

Returning now to the treatment of diabetes, we shall consider the remedies to be employed. Every few months a new remedy springs up which is vaunted as a cure, but it soon falls into disuse. It will never be possible to find a remedy that is applicable to all cases, or capable of benefiting all cases, for the reason that diabetes is not one disease, but is merely a symptom of a great variety of diseases—not only of various diseases affecting one organ, but of different organs. Hence it is that there will never be one diet, or one remedy, which will be suitable for all cases of this affection. There are a few remedies which are applicable to a majority of cases. Among the remedies most generally useful are opium and codeia. These are well borne; indeed, there is a peculiar tolerance in diabetes, so that large doses of opium may be given without producing noxious affects. In some cases the greatest benefit in the way of decreasing the quantity of urine, diminishing the frequency of micturition, allaying the nervous irritation, controlling the exaggerated appetite, and lessening the quantity of sugar, will follow the use of these remedies; and when combined with a suitable diet the patient will be greatly improved. Indeed, sometimes there will be permanent improvement under this treatment. Where this is not accomplished, they act as valuable palliatives, and serve to hold the disease in check. In bad cases which are going down hill rapidly, they will afford great comfort and prolong life. They should not be used recklessly nor universally, nor until the most faithful attempts have been made by diet and hygiene. I have dilated upon the importance of diet, but I did not dwell upon the importance of rest, change of residence, change of occupation, and attention to every point of hygiene. When we remember how frequently this affection comes on after over-exertion, anxiety, and depressing causes, you will understand that strict attention to these points is of the first importance, and should be attended to before resorting to the use of any strong drugs.

Again, nearly all these cases require tonic treatment, attention to the digestion, and the use of such remedies as invigorate gastro-hepatic action. Pepsin, pancreatic extract, the mineral acids and the vegetable bitters, particularly nux-vomica and quinia, are often useful when given in some suitable form.

In the next place, most diabetic patients are benefited by the use of mild saline waters. There is perhaps no treatment of diabetes which has

commanded as much favor as the Carlsbad treatment, which consists in careful regulation of the hygiene, a proper diet, fine climate, total absence of business cares, with the free use of a dilute solution of sulphate of soda. Carlsbad water is a mild saline, with scarcely any laxative properties; its chief ingredient is sulphate of soda, and with this there is some chloride and bicarbonate of sodium and the like. This treatment gives admirable results in many cases of diabetes. We can imitate this treatment by exercising sufficient care in regard to the hygienic and dietetic conditions of these patients and recommending the use of some such water. This allays the thirst. There is a great craving for drink in this condition, and you will find that this is a point in the dietetic management which requires a great deal of care. Again, many of these patients require nutrient remedies, such as iron and cod liver oil, and these may be prescribed according to circumstances.

These are all, so to speak, fundamental or general principles. We come next to those special remedies recommended for special conditions. The bromides have been used in large amounts with the idea of obtaining their specific influence over the circulation and nervous system. In some cases they seem to do good, while in others they certainly do harm, and in all cases they must be used with great care.

Ergot has been used for its action upon the nerve centers and upon the walls of the blood vessels, so as to favor contraction of the vessels and thus lessen the excessive secretion of urine. Ergot in some cases of diabetes will greatly reduce the amount of urine, and will lessen, particularly in connection with proper diet, the amount of sugar. In other cases it does no good. It is directed only to this one condition, and has nothing specific in its effect. Salicylic acid and salicylate of sodium have proved useful in some cases. I have seen good results follow their use occasionally. Why, I cannot say. Possibly these were cases where there was a rheumatic or gouty diathesis underlying the diabetes, which was favorably influenced by the salicylates, and thus a good effect was produced upon the other symptoms of the disease. So I might go on and mention some hundreds of remedies which during the past fifteen years have been recommended in the treatment of this disease. The main reliance is to be placed upon hygiene, restriction of diet, and the general measures which I have recommended. In all cases, the treatment is anxious and unsatisfactory, yet with suitable care it is astonishing how long such patients can be sustained. In a considerable number of cases, under suitable regulation of diet, the quantity of sugar has decreased and sometimes entirely disappeared, so that the complete cure of diabetes by prolonged, judicious management, is not to be despaired of. You must not regard this condition as simply a subject for vigorous experimentation with drugs. It is much better to use no drugs than to do this. I should first direct a suitable hygiene and course of diet, and then cautiously employ remedies of a tonic, alterative, nutrient and sedative character, according to the special indications of the case. Medication should be suspended occasionally in order to see how the case is progressing. Do not drag the system down with excessive medication. We are dealing with a feeble digestion and feeble vitality, and should use remedies with great care. Just because we have the symptoms, excessive urination and sugar in the urine, upon which we can produce wonderful changes by powerful remedies directed to the nervous system, we must not be drawn into performing the experiment as though these symptoms constituted the whole disease, forgetting that they are only prominent symptoms of a highly complex, deep-seated and serious disorder.

Polyuria.

In connection with this subject it would be proper for me to briefly allude to the other condition in which excessive urination is a marked symptom, although the urine contains no sugar. This is known as polyuria, or diuresis. It is also called diabetes insipidus, but there is no excuse for this term. Insipidus simply means not sweet, while the use of the term diabetes at once introduces confusion. It should be termed polyuria, or diuresis. In this affection there is excessive urination, with the secretion of urine of low specific gravity, sometimes 1005 or 1008, and sometimes as low as 1002 or 1001. I have seen it as low as 1000.5. It is almost colorless, and at times almost like spring water. It contains no abnormal ingredient, no sugar, and no albumen. The normal constituents are present, sometimes in full quantities in the course of the day, sometimes somewhat decreased. It is needless to say that a quantitative analysis would give less urea and uric acid to each fluid ounce if the patient were passing 240 ounces than if he were passing only 30 ounces, but the whole amount might be equal.

The quantity of urine passed by such patients varies from five to fifteen pints, or even more. Diuresis occurs under various conditions. It may occur as a temporary condition in dropsical affections. A patient with an ovarian cyst will sometimes suddenly have a diuresis, with the discharge of all the contents of the cyst. I have seen this several times. In the same way, in hydrothorax and ascites, diuresis may occur, and the effusion disappear. It also sometimes occurs as a means of crisis in fevers and inflammatory diseases. A fever may terminate and copious urination take place. I have seen the finest instances of this in small-pox at the close of the eruption, when the quantity of urine has suddenly gone up to 200 or 300 ounces of spring-water-like fluid, and the patient returns from his bloated appearance to a natural condition, and may even appear shriveled.

Polyuria is a symptom of kidney disease, particularly of interstitial nephritis. As I have frequently told you, there may be scarcely a trace of albumen in the urine in this form of renal disease, but sooner or later careful examination will show the presence of albumen, and you will also find the cardiac affections, the rigid arteries, the increased arterial tension, and the other conditions which go with that general disorder of which interstitial nephritis is the chief local lesion.

Diuresis also occurs as a separate affection and not associated with the conditions mentioned. It is then largely under the influence of the nervous system. The influence of the nervous system in

producing copious urination is seen in hysterical cases and in depressed neurasthenic patients. There seems to be in some cases a deranged condition of the nerve centers and ganglia which control the circulation of the kidneys, and which thus allow an excessive drain of liquid from these organs. We find this disorder occurring in persons with sensitive nervous systems, usually anæmic, often with impaired digestion, and with a tendency to other nervous symptoms of a depressing type.

The diagnosis of this condition is of course very simple. The patient passes water often and in excessive quantity, of light color, low specific gravity, and containing no abnormal ingredients.

There are few, if any, general symptoms. The affection may last a long time and have very little effect upon the general health. The possibility of interstitial nephritis must always be borne in mind and carefully excluded.

If we can exclude nephritis, diabetes and serious intra-cranial trouble, the prognosis of this condition is favorable.

The treatment consists in the first place in careful attention to the general health, the removal of depressing causes, and the regulation of the diet. The digestion is to be improved and the anæmia removed by the use of suitable remedies. In these cases ergot produces good results and can be recommended. It is perhaps the best remedy for this affection. It should be given in increasing doses according to the tolerance of the system. So, too, we find that the bromides of the alkaline bases, the bromides of arsenic, of iron and of zinc, are all valuable in this condition. You will select one or the other according to the general condition present. The use of hydro-therapeutics, suitable bathing, and friction, is very desirable. The use of electricity is also serviceable, a mild galvanic current being employed.

The disease is not a very common one, and is more frequent in the young. It may have a varied significance. It is a symptom of different morbid conditions, so that its management will vary according to its particular pathological relations.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, September 3, 1885. The President, B. F. Baer, M. D., in the chair.

Dr. B. F. Baer read the following report of a case of

Ovarian Cystoma, Complicated with Peritonitis and Phlegmasia Alba Dolens. Double Ovariotomy.

Mrs. M., aged 31, has been a widow nine years; she had one child ten years ago, and had enjoyed good health until about three years before I saw her. At that time she observed that her abdomen was increasing in size. This gradually progressed for eighteen months, when she was large enough to attract the attention of her neighbors. After this, the growth remained almost stationary, and did not affect her general health until the latter part of March of the present year, when she was suddenly seized with pain in the left iliac region. The pain was acute and radiating in character, extending principally down the anterior portion of the left thigh. She attributed the attack to an unusual exertion. Although she made an effort to continue her avocation—that of seamstress—she was compelled to give up and send for her physician, my friend, Dr. John K. Haney, of Camden. When Dr. Haney first saw her, her abdomen was very tender over its entire surface, purple from congestion, greatly distended, and tympanitic in its upper, but dull in its lower portion. She was suffering great pain, and had constant nausea and vomiting; her skin was hot, pulse 120, and temperature 103°. From the history, symptoms, and physical signs elicited, the doctor diagnosticated ovarian cystoma, with supervening peritonitis. He administered quinia per rectum and morphia hypodermically, together with counter-irritation over the abdomen. Within a week, the patient appeared to be better, when through the kindness of Dr. Haney I first saw her. The tympanites had disappeared and the pain was not so severe, but the abdomen was still very tender on pressure, especially in the left iliac and right umbilical regions; her features were drawn and flushed, and presented an anxious expression; her tongue was dry and heavily coated, pulse quick, and temperature 102°. She lay quietly in the dorsal position, with her thighs flexed. The abdomen was as large as at full term of gestation, and was projecting. It was dull on percussion everywhere except along the line of the colon, and in the epigastrium, and there was evident fluctuation. The uterus was retroverted, not freely mobile, and very tender on pressure on the left side. Above and upon it could be felt the lower border of the circumscribed growth which occupied the abdominal cavity. I fully agreed with Dr. Haney's diagnosis of ovarian cyst, complicated by peritonitis. As she seemed to be somewhat better, I advised a continuance of the treatment as previously pursued, with the hope of obviating the necessity of ovariotomy during the unfavorable condition in which she then was. The peritonitis continued to improve slowly, but a new trouble presented itself in a very painful swelling of the left lower extremity. This continued until the limb was greatly increased in size. Its temperature was much higher than that of its fellow, which seemed to be in a normal condition. She now required large doses of morphia to relieve her pain, and she was losing flesh and strength. She still had nausea, and took almost no nourishment. Her temperature and pulse had again risen to the highest point noted. Both she and her friends were willing and anxious that we should do something more radical than simply to wait for a more favorable condition for operating if we deemed it proper. I believed, from the symptoms and physical signs, that the inflammatory action was external to the cyst, and not within it, and for that reason decided to wait for a subsidence of the acute symptoms, which I rather confidently expected. At the same time I held myself in readiness to operate at once, should the patient not improve or become worse. The next day she showed signs of slight improvement. Treatment, both local and general, continued.

The acute symptoms gradually subsided to those of a subacute condition. The temperature had decreased to 101°, pulse 100 but weak. She was still unable to retain food, and was extremely weak. I advised further delay. But she did not improve much after this, her temperature and pulse remaining about the same as that noted above. Her stomach had regained its power to a slight degree to retain and digest liquid food. She had now been confined to her bed more than two months; her left leg was powerless. There had not been the slightest improvement during the two previous weeks. We therefore decided to remove the tumor.

Operation.—June 19, 1885. Assisted by Drs. J. K. Haney, W. A. Davis, and H. M. Christian, and in the presence of a section of the class from the polyclinic, I made an incision three inches in length down to the peritoneum, and then checked the hemorrhage, which was free, with clamp forceps. I next very carefully incised the peritoneum, and found, as I had expected, that it was closely united to the cyst wall. These adhesions of cyst to peritoneum were universal, and it required careful and patient manipulation to separate them. The parts were exceedingly vascular, and hemorrhage was profuse. After separating it as far as possible, I tapped the cyst and allowed the contents, which were semi-liquid and chocolate-colored, to drain away I next closed the puncture made by the trocar, and then completed the separation of the cyst from its adhesions and removed it. As there was a very general and free oozing of blood from the broken vessel, I introduced a number of large flat sponges and spread them over the bleeding surface. An assistant now made firm pressure upon the external surface of the abdominal walls, whilst I ligated the pedicle and removed the tumor. The cyst developed in the left ovary, and the pedicle was slender, not unusually vascular, and of good length. The right ovary was diseased, contained a number of small cysts, and was double the normal size. I removed it also.

Examination now showed that the hemorrhage had almost ceased, but there were still a number of points from which blood flowed. The peritoneum was intensely injected, and I disliked very much to pick up bleeding points, for fear of making the hemorrhage worse. I therefore reapplied a large flat sponge, and had firm pressure again made from without, whilst I proceeded to place the sutures for the closure of the incision. I then removed the sponge and found very little blood upon it. I replaced it by a long, narrow strip of sponge, which I allowed to project from the lower angle of the wound, and then again cleansed Douglas's cul-de-sac and other dependent portions of the peritoneal cavity, after which I quickly tied the sutures from above downwards, removing the long sponge through the lower angle of the wound before I had encroached so closely upon it as to compress it in its removal. It was only slightly stained. I quickly applied the external dressing, making an unusual amount of pressure by cotton and bandage. The operation was finished, but the patient bore it badly. Her extremities were cold and purple, her face livid, and pulse very weak. Stimulants hypodermically and the application of external heat, which were begun during the operation, were continued after she was returned to bed. She remained in an almost collapsed state for many hours, but gradually reacted, and the next morning was in a fair condition. Her temperature was lower than it had been for weeks; pulse 112, but weak; stomach quiet; no pain; no tympany. She had taken an occasional small piece of ice, but nothing else, except the morphia, since the operation.

21st. Temperature, 102°; pulse, 120. Slight pain and tenderness in left iliac region; she had been very weak and faint during the night, for which brandy had been administered in repeated small doses. The swelling and pain in the limb had diminished. She had not vomited since the operation, and felt hungry. Ordered a teaspoonful of milk every second hour.

22d. Comfortable, and doing well. Temperature, 99⅘°; pulse, 90, and strong; slight metrostaxis; passed flatus per rectum. Milk increased to a tablespoonful, and retained.

24th. Temperature, 99°; pulse, 85; general condition greatly improved; no pain; no tympany; examined wound and found it united throughout; removed sutures.

25th. Doing well and is bright and cheerful. She took nearly a quart of milk during the last twenty-four hours and digested it.

30th. She has been gradually improving. Temperature normal; pulse 95; bowels moved to-day. She is taking solid food, and expresses herself as feeling quite well. Limb improving. She can now move it.

July 12. Sat up to-day for the first time, the twenty-second after the operation.

August 30. A note received from Dr. Haney to-day informs me that Mrs. M. is going about attending to some of her duties, but that she has not yet regained her strength fully, and that her limb is still weak.

The recovery of this woman under the forlorn circumstances just narrated is certainly a great triumph for our art; but the case serves a better purpose in forcibly illustrating the danger of deferring operative interference in ovarian cystoma simply because the patient is comfortable and suffering no inconvenience from the presence of the tumor. The subject of an ovarian tumor is in constant danger of injury from slight causes, which may produce such changes in the tumor as to render what might have been a simple and safe operation, one of extreme hazard. This had been a simple, slow-going cyst, and had not markedly affected the health during its three years of existence; yet it suddenly became inflamed, and the patient narrowly escaped death as a result. The case furnishes a strong argument in favor of operation as soon as the disease is diagnosticated. Of course, there are qualifications, and each case must be decided on its own merits; but the rule that an ovarian tumor should be removed as soon as it is known to exist, is the only safe one to follow.

As a striking contrast to the cure just related, and to show the value of the principle enunciated, I will report the following case of

Polycystic Ovarian Tumor, Double Ovariatomy.

A. K. was sent to me August 5, 1885. She was nineteen years of age, single. Puberty was

established at sixteen, and she had menstruated regularly until six months previously. She then without cause, so far as she knew, began to flow more freely at her periods, and they continued longer. About the same time she noticed a small lump in the right iliac region. This increased in size so that soon the entire hypogastrium was distended, and when I first saw her she was as large as at the eighth month of gestation. Her face showed marked signs of emaciation and pallor, and the drawn, anxious expression of ovarian cystic disease. She was then having a profuse metrorrhagia every two weeks. She had not suffered any pain, and up to within a few weeks very little inconvenience, except for the frequent metrorrhagia.

During the last month, however, her health had been failing. She had lost flesh, had a weak, languid feeling, and suffered much from the weight of the growth. Physical examination in the dorsal position revealed a projecting, slightly irregular abdomen, larger on the right side, dull on percussion over the entire anterior surface, but resonant along the line of the colon. Palpation showed imperfect fluctuation and several firm irregular masses within the abdominal cavity. The vagina was virginal, the cervix uteri was pointing forward, the body of the uterus retroverted; the whole organ enlarged and soft. It was only slightly movable independently of the tumor. The sound gave a measurement of three inches.

I diagnosticated polycystic disease of the right ovary, and advised immediate operation. Six days afterwards, August 11, she entered my private hospital, and on the 13th I operated, with the assistance of Drs. H. M. Christian and J. N. Richards. I made an incision two and a half inches in length, and came upon the surface of the tumor, which presented the white glistening nacreous appearance, especially common to thick walled polycysts. Tapped with Hodge's trocar. The contents were so thick that they flowed very slowly, and it was necessary to puncture several smaller cysts, which was done without removing the instrument. Even then the mass did not collapse much, because of a large number of young or child cysts. After closing the puncture, I enlarged the incision to three inches, but I had considerable difficulty in removing the tumor. It was necessary to make firm traction with rotatory movements, whilst Dr. Christian exerted a counter force and pressure through the abdominal walls. Fully ten minutes were occupied in delivering the tumor after it was tapped, but I was rewarded with an incision that looked so small that it seemed almost incredible that this large mass had passed through it. There had not been a single adhesion, but the pedicle was short, thick, and vascular. I tied it with Tait's Staffordshire knot, cut the tumor away and dropped the stump. The tissues of the left ovary were found to be entirely disorganized and degenerated into a cyst as large as a walnut. This I also removed. The uterus presented a very vascular appearance, and was somewhat enlarged. After assuring myself that the peritoneal cavity was entirely free from any foreign matter, I closed the incision, dressed the wound, and returned the patient to bed. Temperature normal, pulse 96. No pain, but as she felt a little sore and restless, $\frac{1}{4}$ grain of morphine was given hypodermically; small pieces of ice for thirst.

14th, 8 a. m. Twenty-six hours after the operation, milk in teaspoonful doses was allowed, water when she desired it.

15th. Metrostaxis began this morning.

18th. Union complete; removed sutures. Her recovery was uninterrupted. She sat up for a few minutes on the eleventh day, and went home eight miles in a carriage on the eighteenth day after the operation. To-day she sent a request to be permitted to go out, because she is feeling so well.

Certainly nothing could have been gained by procrastination in this case.

Dr. Goodell congratulated Dr. Baer on the good results obtained in such a serious case as that first reported. Great care in the asepsis of these cases should be observed. In one of his cases of septicæmia before the operation, after complete union had been secured, the stitches had been removed, and after the patient was up, an abscess was observed forming in the line of union, and was very persistent. Finally, after careful search, a ligature, which had been tied around the pedicle of one of the ovarian cysts, was found and removed. Subsequently, the other appeared, and after its removal the abscess healed.

He did not like to remove the stitches so early as Dr. Baer removed them; and he reminded Dr. Baer of a case in which he had assisted Dr. Goodell. The operation was performed on a December 5. Convalescence was rapid, and the patient was so impatient to be home on Christmas that she could not be restrained, and on the nineteenth day after the operation she took the cars for home. The train was derailed, and the jolting caused the cicatrix to open. The physician who was called in closed it immediately, and the patient recovered. In another case a cough caused the wound to burst open and reveal the bowels after the stitches had been removed. This patient also recovered. For these reasons he never removed the stitches before the eighth day, and not until the bowels had been opened.

Dr. Goodell inquired of Dr. Baer his method of closing the opening in the cyst after it had been tapped preparatory to its removal from the abdominal cavity. Does he employ pressure forceps? What method of dressing the abdominal wound?

Dr. Baer closes the cyst puncture with Wells's clamp forceps when the cyst wall is strong enough. In some cases he stitches up the opening, or ties a string below it when the cyst walls are loose and soft. He closes the external wound, as he had been taught by Dr. Goodell, with silk sutures, and dresses it with salicylated or absorbent cotton, adhesive strips to hold the cotton in place and take the strain off from the stitches, and over all a bandage. He removes the sutures on the fourth or fifth day in order to avoid the danger of pus forming in the suture tracks, as has sometimes occurred when he has allowed them to remain as long as eight days.

(*To be continued.*)

Dr. Holmes makes a suggestion in *The New Portfolio* to the effect that while a doctor's patients must put their tongues out, a doctor's wife must keep her tongue in.

EDITORIAL DEPARTMENT.

PERISCOPE.

Riggs's Disease.

G. A. Mills thus writes in the *N. Y. Med. Jour.*, July 25th:

At a meeting of the Connecticut Valley Dental Association, about eighteen years ago, at Northampton, Mass., John M. Riggs, M. D., of Hartford, Conn., was invited to make a proclamation (associated with a clinic) of his views concerning a diseased condition of the gums and the sockets of the teeth which often causes the loosening and falling out of the same. Up to this time nothing had appeared in the literature of dentistry except that which classed this disorder among the incurables, and it was spoken of as the result of senility; hence the common remark among people, "My father's and mother's teeth all dropped out, and it is only a matter of time with me." The removal of tartar as an external deposit upon the teeth was classed simply as an operation of scaling. This operation only recognized the foreign matter that could be seen. Dr. Riggs, in announcing his original views—while he gave it as his opinion that the deposits of tartar were the cause of the disorder under consideration—stated that his observation and experience matured the knowledge that there was a decided progressive inflammation existing under the gums and wasting both the hard and soft tissues, so that their attachments with the roots were gradually being destroyed. His knowledge of surgical principles suggested a practical application to these diseased localities, and he proceeded to the removal of all foreign substances from the roots of teeth, and the trimming of the necrosed edge of the alveolus to the life-line, leaving nature to restore to a normal condition. Dr. Riggs's view naturally excited a variety of comment—some expressing disbelief, and others accepting his novel ideas and statements. Not a few denied the existence of a necrosed edge of the alveolus. Dr. Riggs had devised a set of instruments well adapted for the treatment of this disorder, and these were unique and new, yet there was an effort on the part of a very few to dispute his claim to this invention; this did not prove a success. This body (the Connecticut Valley Dental Association) subsequently passed a resolution giving credit to Dr. Riggs for originality relative to the new pathology of the disorder now termed Riggs's disease, and so named at about that time in honor of Dr. Riggs. I have previously remarked that nothing of the doctor's views had ever been published so far as known. But—having become personally much interested in this disease, and in the discussion of it, and also finding my position regarding it misunderstood by several dentists—I was led to prepare a series of articles (six), which were published in the *Dental Cosmos* during the years 1876 and 1877, under the title of "What I Know about Riggs's Disease," in one of which articles I challenged the record of views corresponding to Dr. Riggs's. Since then not a word has come from any source to show that he is antedated in the matter. I may add that a confirmation of his views and their acceptance by many members of the dental profession have gradually taken place. I am glad to say that to-day it is the most prominent subject for consideration before dentists generally. Only a limited number, however, have come to a correct understanding of what is required, and how to meet the requirements. These few are demonstrating a successful treatment of the disorder. At this point of my article it seems advisable to introduce a feature which I shall elaborate later on; it is in reference to the technical term by which this disorder is now known, viz., *pericementitis*, substituted for the term well known by medical men—dental periostitis—meaning inflammation of the dental periosteum. This term (pericementitis) originated in the laboratory of Charles Heitzman, M. D., of New York city, during the late investigations made there by dentists under his instruction. The general subject of pericementitis it is not my design to discuss here, but it is necessary to make the distinction clear between Riggs's disease and general pericementitis. Riggs's disease is a peculiar phase of pericementitis; it may exist to the final loss of all the teeth, without a sign of any other phase of this disorder.

As the nature of this disease is so plainly embodied in my brief history of the matter which includes its pathology, it would seem that my readers need not be ignorant of its main features; therefore I pass to consider the diagnosis.

To diagnosticate an incipient case, or first manifestation, as it is often seen in the mouths of children (even at a very early age): The simplest form of the disease may often be seen at the peripheral part of the festoon of the gum-tissue, indicated by a congested appearance; by lifting this gum with a delicate instrument, there will be seen a little seed-like granule of calcific substance. Another case might show a deep red and raw-looking, elongated appearance of the gum-tissue about the necks of the teeth, and with or without any deposit; there may be also a looseness of the gum about the teeth, which causes quite a pocket. This latter condition is often a sequela of exanthematous disorders. The gums are often extremely sensitive to the touch. In the various cases we find general congestion, easy hemorrhage, pale and bloodless gums, a decidedly anæmic and frequently pimpled surface of the gums—the latter appearance in adults. Not uncommonly a first warning to the patient (adult) will be pain or tenderness about the tooth or teeth, and an examination will not reveal any decay, death of pulp (commonly called nerve), or evidence of inflammation of pulp. This is what I shall term a subtle manifestation, for it has been believed there could be no inflammation of the dental membrane without a disturbance of the pulp. This is now proved to be untrue, for abscesses do occur while the pulp remains normal. In a large proportion of cases there will be, on light pressure, a flow of pus from under the gums, and oftentimes it is a

copious discharge. This may be general, or it may be confined to a single tooth. Looseness of one or more of the teeth may be observed; also malposition, and this commonly after an occluding tooth is lost. I have given in detail enough of the manifestations to lead one even superficially familiar with unhealthy conditions to the diagnosis. It will be observed that I have omitted other conditions of disease that are manifested in the mouth, associated with the teeth and allied structures, viz.: syphilis, salivation, and scurvy. While in some instances these may be separated from the disorder in question, yet they are sometimes complications. I will mention another marked diagnostic feature associated always with an active stage of the disorder, and that is the odor which is distinctly noticeable to one familiar with Riggs's disease. There are other local manifestations that are, without doubt, largely influenced by the disease, but are commonly classed as expressions of constitutional debility, and still they may be wholly the result of the disorder under definition. This is proved by the arresting of the disease when the disabilities referred to are removed. Recession of gum-tissue is often seen, and no apparent inflammatory condition. While this is a peculiar phase, I maintain it is the same disorder. My term for it is atrophy of the gum-tissue—erosion of the tooth-structure, causing grooves across and around the necks of the teeth, not infrequently taking a serpentine direction. This also is a manifestation of the same disorder, as it is arrested by the treatment which will now be described.

Treatment.—As the nature of the disorder has proved to be novel, so will the treatment appear, as Dr. Riggs was the inventor of a set of instruments with which to perform the operations required in treating the disease. Each one is six inches in length, including the handle, which is of ebony and steel, octagonal and tapered; the blades are seven-eighths of an inch long, bent at an obtuse angle. The instruments are in two pairs, and there are two single ones. One pair has a knife edge and a safe edge; the other pair has the same, but these are reversed in their bevels—made so for the purpose of working at a different angle of the mouth, and from the operator instead of toward him. The single ones are double knife-edged, and differing in thickness of blade. Perhaps no better idea can be given of the general form of the blades than to say they resemble the half of a snipe's bill, the long, ovoid point being particularly adapted to ferreting out the intricate and deep-seated disordered parts of the hard and soft tissues about the roots of the teeth. In their dimensions they may seem ponderous to a novice, but in the hands of an expert no instrument can be more efficiently and delicately used. It must now be seen, by the description and location of Riggs's disease, that most of the operation is under the gum-tissue and out of sight, so that necessarily to know when the operation is complete at a given point can only be accomplished by an acquired and acute sense of touch. It may be said that the Riggs treatment has instituted a distinct and systematic mode of arresting the disease. Rightly understood and rightly practiced, I regard this treatment as the most efficient in dental surgery. The severity of the cases differs according to constitutional conditions, and, if the dentist is the doctor, he will know whether the patient can be wisely aided by constitutional treatment. The prognosis must be based upon the conditions as they appear in each case.

From an extensive experience within the last ten years in the treatment of a large number of cases, and the success attained, I am justified in saying that Riggs's disease can no longer be classed among the incurable ones.

It is perfectly plain that this disease is not confined to any one period in life. Under the age of forty I have had numerous cases in the most active stages of progress—so noticeable that there was almost spontaneous hemorrhage of the gums, and such an excessive flow of pus that the service of napkins for absorbing was required in sleeping hours. These facts can be testified to by well-known physicians. As one impressed with the prevalence of Riggs's disease, and its destructive effect on the general health, I should be remiss in duty if I were silent, or neglected to call the earnest attention of medical men and the public to the grave facts, for they have had too little consideration. I would say emphatically that the most serious complications may arise, and the worst septic conditions may be threatened and encountered, from pure neglect. That one disorder not arrested calls others of a more serious nature into existence, is a well-known fact among medical men.

Chronic Endo-metritis, Cervical and Corporeal, with Prolapsus Uteri.

Dr. W. E. Buxton thus writes in the *Cinn. Lancet and Clinic*, July 25:

A history of this case is given for the purpose of showing what a train of symptoms and diseases can follow another disease and be cured by simply removing the original cause.

As taken from my notes: Was called to see Mrs. R., aged 27 years, blonde, medium build, of volitive and encephalic temperament. I found her suffering from the above malady. She had been previously treated by two neighboring doctors with but little success, and to the dissatisfaction of herself and husband. After making a thorough examination of the case (nothing short of a thorough one will ever develop the true nature of such cases), I informed her of her condition, and told her I thought by careful treatment and time she could be relieved. Thus the case was given into my hands for treatment.

Her condition was not very encouraging. She was decidedly anæmic, confined to her bed most of the time, pulse very feeble, tongue slightly red and pointed, severe pain in the head extending from frontal to occipital region; sometimes a burning, hot pain in the top of the head. She would feel dizzy whenever attempting to walk, would become despondent and melancholy upon hearing any strange news; feet and hands would become cold every evening and bathed in a cold, clammy perspiration; general myalgia, habitual constipation and gastric disturbance. She had a dry, hacking cough, which might lead us to suppose her lungs were involved, but they were not; the parenchymatous substance was

normal. Another very persistent complication was the functional heart trouble. She was determined to believe her heart badly diseased, as she expressed herself, but I found no valvular, neither organic lesion whatever; although paroxysms of dyspnœa had occasioned alarm to her friends time and again. Of course we will find quite frequently such symptoms in the hysteric patient, but this case was free of hysteria.

Several years ago she commenced suffering with a burning, hot pain, in the hypogastric region, pain extending down left leg, also in left side and shoulder. She complained of a pulling-down pain in the lumbar region continually; menstruation was very irregular, sometimes amounting to menorrhagia; a profuse leucorrhœal, alternating with a sanguineous discharge would, appear between the monthly molimen. Upon digital examination the os could be plainly felt near the external orifice of the vagina, fundus leaning posteriorly and to the region of the left ovary; the neck was considerably enlarged, very sensitive to the touch, and indurated. Examination per speculum showed the neck engorged, inflamed, and a follicular disintegration of the os.

Upon introducing the sound or sponge-mop, there would be a tenacious muco-sanguineous discharge, also disease products would adhere to the mop when first withdrawing it; any pressure against the fundus would cause excessive pain.

This was the condition of the case when I commenced treating her; the lady to-day is well in every respect, excepting a slight gastric catarrh, which is not amenable to any treatment I have given her. Conception did not, and I think could not, take place for four years, but she is the happy mother of two children since.

As the treatment for this case was successful, it may be of interest to some one else. First, I gave her the following tonic:

℞.	Mur. tinct. ferri,	f. ʒij.
	Quinia sulph.,	ʒj.
	Tr. nux. vom.,	f. ʒss.
	Brom. pot.,	ʒj.
	Syrup auranti,	ʒij.
	Aquæ,	ʒvj. M.

Sig.—Teaspoonful, three times per day after meals.

Continued this for two months, discontinued for one week, then gave two months longer, when I discontinued it altogether. I then gave her:

℞.	Sulph. mag.,	ʒij.
	Mur. tinct. ferri,	ʒj.
	Aquæ,	Oj. M.

Sig.—Wineglassful every morning in half a glass of sweetened water, before meal.

While taking internal remedies, I had her use the vaginal injection of hot water for 20 minutes every night, followed by the following:

℞.	Acid carb.,	gtts. x.
	Zinci sulph.,	ʒj.
	Acetate plumb.,	ʒss.
	Morph. sulph.,	grs. v.
	Aquæ,	Oj. M.

Inject two ounces every night. The hot water injection would cleanse the vaginal cavity of all discharges, as well as have a contracting and soothing effect, and the astringent last, to give strength and vitality to the weakened wall of the vagina. As a local application to relieve the follicular ulceration of both cervix and body of the uterus, I applied the nitrate of silver, 20 grains to the ounce of water, every eight days. My method of using the silver is with a sponge mop. Introduce a small one first through the neck, saturated with glycerine, so that you can apply the caustic to the fundus without producing the astringent effect in the cervix before reaching the fundus. I continued this for two months, then I relied solely on the hot water and astringent injection.

After using the tonic she gained in strength, had a healthy color, gained in flesh, the rigors and general malaise was relieved, her menses became regular and normal. The constipation was overcome by the sulph. mag. mixture. The uterus returned gradually to its normal position. Sanguineous discharges ceased. Sound could be introduced to fundus without pain, and I believe, had I not used the local remedies unceasingly, the trouble in the uterine cavity would have been in the same, yes, a more painful condition to-day than it was then. The slight palpitation that remains gives her no more trouble than it did in the virgin state, and as its severity was vastly dependent on other grave symptoms that are comparatively cured, so have the frightening paroxyms of dyspnœa been controlled.

These cases may seem old to read about—however, they are just as obstinate to treat now as years ago, with the same appliances and remedies (and even more so); but we are advancing in our mode of treatment, and with strict attention, close observation, and a gentle hand, we can stand death off quite often, and put many a poor, suffering woman on safe ground once more.

A Case in which a Patient Removed Forty-three Calculi by a Novel Method from His Own Bladder.

Dr. James Murphy thus writes in the *British Medical Journal*, August 8, 1885:

About five years ago, the patient, whose age was about fifty, and who had always enjoyed good health, was very much surprised to find one day, as he was passing his urine, that it suddenly stopped before the bladder was relieved, and on consulting his medical attendant, the latter passed a silver catheter, and immediately struck a stone. The patient was apprised of this, and lithotrity was suggested; but, being of a mechanical turn of mind—he was by profession an architect—he declined to submit to any operation, preferring first to see what he could do in that way himself. While thinking the matter over, and maturing his plans, he spent several days in trying to get the stone back into the urethra, with a view of ejecting it by a sudden flush of urine, and for this purpose he tried several positions, on his face, knees, etc.; but though he could feel the stone fall on to the neck of the bladder, and, as he thought, touch the entrance to the urethra, he failed to make it enter the latter. After some deliberation, he constructed an instrument, consisting of a Florence flask, into which a cork was tightly fitted. This cork was perforated by a bone tube, into which a No. 10

black French catheter was made to fit with a screw; and, to make it perfectly air-tight, an India-rubber band could be rapidly passed over the joint. Owing to the extreme thinness of the glass in the Florence flask, boiling water could be poured into it, and he had some of the straw covering fitted on to the end of it, which, being a bad conductor of heat, enabled him to hold the flask after the boiling water had been poured out, while he screwed it on to the catheter previously introduced into his bladder, and produced a vacuum by the application of cold cloths to the flask. He then had an aspirator constructed, very similar to that used by Sir Philip Crampton many years ago, but of which it is needless to say he had never heard. He made several attempts with this instrument to get the stone into the urethra, for he never contemplated removing it directly by the aspirator, but never succeeded, as, not having a stop-cock as in Crampton's aspirator, the formation of the vacuum was too gradual to form a sufficiently rapid current for his purpose. He therefore soon devised another form of aspirator, which was simpler in construction, and more efficacious in use. He purchased a large ear-syringe, to which fitted on a No. 10 catheter, from which he had removed the end as far as the eyelet; and while his bladder was full, he got on to his knees, rolled the stone about till he considered he had it at the entrance to the urethra, then gently passed his catheter with syringe attached till he struck the stone; then, without displacing the stone, he gently withdrew his catheter about an inch, and rapidly pulled out the piston, and, after some failures, succeeded in getting the stone into the urethra, when, by means of straining at first, and afterwards, when it came within reach of his fingers, by external manipulation, he had the satisfaction of at last getting the stone into his hand; but he found his troubles were not then ended, for he found there were some others, which he removed in the course of a few days. He then continued quite well for some time, these operations of what may well be called "litholapaxy" in no way inconveniencing him; but after the lapse of several weeks, he found the old pain in his right loin (indicating the passage of a calculus through the ureter) returning; and, after it had ceased, he again removed a couple of stones, in the same manner as previously; and so matters continued for a space of two years, calculi forming now and then, generally two or three being passed by the right kidney (never from the left), in rapid succession, and then being removed from his bladder; he continued well for several weeks, when the same process was gone through again. At last, getting tired of this breeding of stones, as he termed it, he was induced to go on a diet in which alcohol and saccharine fatty matters were avoided; and in a little time, no stones were found, and it is now nearly two years since he has been troubled with one. In all, he removed forty-three uric acid calculi, varying in size from a No. 6 shot grain to a large pea. He generally removed them as soon as they entered the bladder, and became so expert latterly that he could generally bring the stone into the urethra in two or three attempts; but if he were otherwise engaged, he did not trouble much about the calculi, and sometimes kept them in his bladder for a couple of weeks without removing them. But this is a practice which he cannot recommend; for he assured me that, as soon as a calculus entered the bladder, the sooner it was removed the better. He knows each of the calculi by distinctive marks, and has an anecdote about most of them. One bears the mark where it was struck by the silver catheter; another was stopped in the urethra by coming sideways, and had with much difficulty to be flushed straight; another he calls "the porcupine," as he drank some medicine to try to dissolve it, with, he alleges, the unpleasant result that the soft parts disappeared, and left several rough edges, which made him feel as if he had the fretful animal in his bladder. As is usual, a distinct history of gout was obtained.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An excellent address delivered by Dr. J. C. Sundberg, of Seattle, Washington Territory, on "Modern Civilization and Its Attendant Evils," has been printed in pamphlet form. He especially calls attention to the threatened danger from over-production of the race.

——In a reprint before us, Dr. Edwin R. Maxson, of Syracuse, N. Y., explains the abortive treatment of typhoid fever. He relies largely on the sulpho-carbolate of sodium.

——A new bandage for fixation of the humerus and shoulder-girdle has been devised by Dr. Charles W. Dulles, of this city, and is described in a paper reprinted from the *Medical News*.

——Dr. L. Emmett Holt, of New York city, in a short reprinted article, explains his doubts as to whether quinine aborts pneumonia. As weighed against actual observation, his views cannot be held conclusive.

BOOK NOTICES.

Moisture and Dryness: Or the Analysis of Atmospheric Humidities in the United States. By Charles Denison, A. M., M. D. Price $1.00. Jansen, McClurg & Co., Chicago.

Few climatological features so immediately affect the salubriousness of a locality as its humidity; hence, Dr. Denison has completed a valuable study in presenting this characteristic with such an apparatus of statistics, colored maps, and explanations, as cannot fail to be most instructive to the reader. It constitutes but one branch of his extended and thorough researches into the climate

of the United States, to which he has for years devoted earnest attention. We can commend this monograph as eminently meritorious.

Six Lectures on School Hygiene, Delivered Under the auspices of the Massachusetts Emergency and Hygiene Association to teachers in the public schools. 8vo., cloth; pp. 201. Boston, Ginn & Co., 1885.

These lectures are all by well-known and able physicians—Drs. Frank Wells, F. W. Draper, C. H. Williams, G. B. Shattuck, and C. F. Folsom. They treat of school hygiene, heating and ventilation, the use and care of the eyes, epidemics and disinfection, drainage, and the relations of our public schools to disorders of the nervous system. While they are intended for general reading, having been prepared for popular audiences, there is much in them which most physicians can profit by perusing.

The Management of Labor and of the Lying-in Period. A Guide for the Young Practitioner. By Henry G. Landis, M. D., etc. 8vo., cloth; pp. 334. Philadelphia, Lea Bros. & Co., 1885.

There is a certain novelty about the plan of this work which will recommend it to the reader. Written not for the student, but for the practitioner, the author takes it for granted that the reader has a sufficient knowledge of anatomy and physiology to understand the ordinary functions and tissues of the body, and therefore he devotes the whole of his pages to an explanation of the process of labor, its natural course, and the accidents to which it is liable. Although in this well-beaten path it is not possible to display much originality, the method of presentation adopted by the writer, the clearness of his style, and the good judgment he displays in his recommendations for the management of difficult cases, will ensure to his work a favorable reception at the hands of the profession. It is unusually well printed, in a clear type, on heavy paper, and there are sufficient illustrations to set off the text to advantage.

On the Pathology and Treatment of Diseases of the Liver. By S. O. Habershon, M. D., etc. Second edition. 8vo., cloth; pp. 108. Price $1.50. P. Blakiston, Son & Co., Philadelphia, 1885.

This little work is made up of three "Lettsomian" lectures, delivered in London about ten years ago, and now appearing for the second time with such revision and correction as the advance in this branch of medicine renders desirable. The eminent position of the author and the skill in his presentation of this difficult subject gave his lectures a popularity at the time, and fully justifies their reappearance at present. He does not undertake to offer an elaborate study of the subject, but taking as the themes of his three discourses, "The Liver and Its Nerves," "The Liver and Its Vessels," and "The Bile and the Bile System," he groups around these a number of valuable suggestions.

Fourth Annual Report of the State Board of Health of the State of New Hampshire; for the year ending April, 1885. Pp. 316. Concord, New Hampshire.

The subjects to which the Board has given particular attention during the past year, and which we find discussed at length, are typhoid fever, diphtheria, school-house hygiene, water pollution, the milk supply of large towns and cities, and drainage. At the conclusion of the volume the Board republish an essay by Prof. Chittenden, of Wisconsin, on the "Sale of Secret Nostrums, the Damage it Does to Health, and How it can be Checked." The investigations are most elaborate on the first two subjects named, and the papers referring to them should attract the attention of readers generally. The New Hampshire Board is composed of able and energetic members, and this volume is highly creditable to them and to the State which they represent.

Laryngoscopy and Rhinoscopy in the Treatment of Diseases of the Throat and Nose. By Prosser James, M. D. Fourth edition, enlarged, with Hand-colored Plates. 8vo., pp. 223. William Wood & Co., New York city.

The present edition of this work is a marked improvement over former ones. Much of the text is new, and the additions are so important as almost to give it the character of a new book. It is designed as a practical manual of instruction in all the manipulations incident to examinations of the throat and nose. There are numerous illustrations in the text, and also a series of full-page plates, representing the membranes of the parts in health and disease, carefully colored by hand in excellent imitation of nature. On matters of diagnosis and treatment the author is full, and his extensive experience is a guarantee that his recommendations in these directions may be studied with profit.

—If Ferrán is not to acquire fame through his so-called preventive inoculation of cholera, he appears to have had a good thing pecuniarily. The charge for each vaccination is said to have been about $2.50, and for several weeks in succession he and his assistants inoculated an average of six hundred individuals a day.

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THE SANITARY HISTORY OF MERTHYR-TYDFIL.

The most conclusive proofs of the benefits to be derived from sanitary science are to be found in the substantiated results of its practice. Sanitarians who are familiar with these results wonder why the public are so indifferent to a science that promises them so much, promises that are so surely and easily demonstrable.

The sanitary history of the parish of Merthyr-Tydfil, as portrayed by Dr. Thomas Jones Dyke, before the recent meeting of the British Medical Association, is so replete with notable instances of what may be accomplished by sanitary science, that we note freely from it, in order to place weapons in the hands of sanitarians with which to combat the apathy and senseless arguments of the masses. This parish (in Wales) covers an area of nearly 18,000 acres. The climate is cold and wet, the rainfall averaging 57 inches annually. In 1843, when the population was 37,000, there was no water supply and only some few privies at the few decent houses, and none to the cottages. It is stated in 1849 that the town of Merthyr-Tydfil was entirely destitute of drainage, and no provision was made for excrement removal, and the water supply was contaminated from various sources, notably by twenty-one burial grounds scattered through the town. From 1846 to 1855, before any sanitary works were in actual operation, except the removal of accumulated mounds of ashes, etc., the death-rate from all causes, at all ages, was 332 per 10,000 inhabitants; the death-rate of children under one year, from all causes, 80¼; of persons of all ages from fever, excluding typhus, 21⅓; from diarrhœa, at all ages, 11¼; from phthisis, between ages of 15 and 55, 38⅜ per 10,000 of population.

In 1850 a Board of Health was formed. The usual outcomes of such organizations were effected. A pure water supply, good drainage, all that pertains to a well-appointed sanitary town, was secured.

The cost, it is true, was great, but the benefits derived were correspondingly great. The cost aggregated $2,500,000; but the annual income from water rents and other sources is about

$44,600, nearly two per cent. on the original cost, or three per cent. on the estimated value of the works, $1,500000.

Leaving the financial aspect of the case, and looking at the effects of thirty years of sanitary work, and the expenditure of $2,500,000, upon the health and lives of the people, we find the following striking and instructive figures:

The death-rate from all causes has been lessened from 332 to 232 per 10,000; the deaths of infants under one year from 80 to 50 per 10,000; those from fevers from 21 to 3⅞; that from phthisis from 38 to 18½; from diarrhœa from 11 to 3 per 10,000; while the average age at death has been increased from 17½ years to 27 years.

Much of the proclivity to bronchial catarrh and its sequences must undoubtedly be ascribed to the locality in which the population resides, a parish situated high amongst the mountains, having a wet and cold climate, and a soil sparingly permeable to water; much, also, must be due to the characteristics of the labors of the working men. Some, engaged at the iron and steel works, are exposed to all weathers at all hours of the night as well as day; laboring either at the blazing furnace, the boiling steel, or the glowing rail; others are occupied as colliers, toiling half a mile underground in a heated atmosphere, impregnated with coal-gases and coal-dust, and when labor is done, raised to the earth's surface at the pit's mouth, on the bleak mountain side, borne homewards in railway-carriages, or painfully trudging across lofty heaths to their cottage homes. The liability to chills, induced by such compulsory modes of life, must be apparent; and this liability, together with the vicissitudes of climate, will account for the extreme prevalence of acute lung diseases.

The one fact that the productiveness of the male citizens is, on the average, increased by ten years, is enough to cause us to cultivate the science of hygiene for the undoubted good it will bring us.

These brief statements furnish an immense amount of food for thought. Here we have in black and white the evidence, financially, physically, and morally, of the supremacy of sanitary science. Hygiene and medicine are sister sciences, but the former is by far the more beneficent and important of the two. Hygiene is not a myth to be studied and pursued by enthusiasts; it is not a hobby; it is a *real, live* science, pregnant with incomprehensible blessings to mankind, and, to be practical, a science that, when rightly comprehended (as it should be now), will *pay*.

VACCINATION.

A week or so ago, in looking over the morning paper, our eye caught sight of a paragraph stating that a riot had occurred in a city in Lower Canada, in consequence of an attempt on the part of the authorities to enforce general vaccination. Some two hundred men had assembled together, and declared that under no circumstances would they submit to this protective operation.

The prevalence of such a sentiment as this explains at once the unusual fact of a summer epidemic of small-pox in Montreal and adjacent Canadian territory. We unhesitatingly say that wherever small-pox prevails in this age of the world it casts a sombre light on the civilization of that place and nation. It proves that the people are ignorant, negligent, or blindly bigoted; it shows that the authorities are feeble, or blind to their duties; it reveals a condition of intellectual darkness which is far behind what should be the average of the last quarter of the nineteenth century.

Were the precautions taken which all physicians and intelligent laymen are equally familiar with, epidemics of small-pox would never occur again. These precautions are all summed up in the word, *vaccination*, — vaccination with pure virus, preferably that derived directly from the cow, repeated often enough to render it certain that the vaccinated person is wholly unsusceptible to the specific action of the virus. This is all, and this is enough. Long personal observation, including a period during the war, when we had charge of a small-pox hospital, and in camps

where small-pox appeared in a malignant form, has impressed most incisively upon us the belief that vaccination, properly carried out, will conquer and prevent any epidemic of the disease, even under circumstances most favorable to its dissemination. Perhaps it will not eradicate it; but it will certainly reduce it to the level of one of the least to be dreaded of diseases which occasionally involve a fatal issue, and will positively prevent epidemics like this one in Montreal.

We urge, therefore, all physicians, all Boards of Health, all sanitary bodies, all intelligent laymen, to advocate frequent, and if necessary, obligatory vaccination.

There is now not the slightest difficulty in procuring an abundant supply of pure vaccine matter. The methods of obtaining it from the animals have been carefully studied, and are nowhere carried out with more scrupulous and successful care than by those physicians in our own country who have devoted their attention to supplying this product. We should recommend that the virus be obtained directly from them or their agents, rather than through trade channels, as more than one instance has been credibly reported to us where the latter supplied humanized instead of pure animal virus.

DEATH FROM EXERCISE.

The cow eats the grass and lies down to chew her cud; the man *bolts* his dinner and rushes to his business. The cow usually lives her allotted time, unless carried off by some acute, contagious, or infectious disease; the man becomes a martyr, first to dyspepsia and secondarily to some disease of malnutrition, and dies very prematurely.

The folly of exercising immediately after eating we see constantly demonstrated among our adolescent and adult population; but it is quite rare to hear of so young a child as one of seven, dying suddenly from such a cause.

In the *Lancet* is reported the case of a healthy boy (belonging to a robust, healthy family), who had never suffered from rheumatism, scarlet fever, or indeed from any disease save chicken-pox, who died suddenly under the saddest of circumstances, because his death was so thoroughly preventible. After coming from school, one day, he ate a *hearty dinner* and *immediately* commenced to play cricket. Finding the time drawing near for the afternoon session, he *ran* to school (a quarter of a mile), and as he entered the yard, fell unconscious to the ground. In a very few minutes he was dead, notwithstanding the faithful and persistent practice of artificial respiration. At the post-mortem all the organs were found healthy, but the *stomach was found full, the colon distended with flatus*, and *the sigmoid flexure loaded with fæces*. It may be mentioned that slight evidence of a recent latent pericarditis was noted. The left ventricle was decidedly dilated (think of it, in a child aged seven), owing, no doubt, to the fact that he had been in the habit of engaging in various athletic sports with his older brothers.

Here clearly was a death due to exercise, the loaded stomach and bowels being the needed exciting causes. We have ere this sounded the warning against violent exercise: iron muscles generally indicate an hypertrophied heart; the athlete is not destined to become the long-lived, respectable, and useful citizen; the slugger is all right in his place, and is a popular *beast*, but he is doomed to an early dissolution. It may be accepted as a general truism that any nature or amount of exercise that will cause the heart to jump and thump against the chest-wall is exercise carried to an excessive and alarming extent.

NOTES AND COMMENTS.

Leucoplakia Buccalis et Lingualis, or Ichthyosis Linguæ.

E. Fletcher Ingalls, M. D., in the *N. Y. Med. Jour.*, July 25, 1885, reports a case of this rare and intractable disease, which has been recognized but a short time, and very little can be found upon the subject in general medical literature.

Leucoplakia buccalis is a chronic affection of the buccal mucous membrane, characterized by thickening of the epithelium and formation of white, opaline, elevated patches, which usually become fissured and painful, and after continuing

for a long time, are likely to terminate in epithelioma.

Most of the cases reported are from Germany, France, and England, but some have been recorded in this country; the disease seldom affects any excepting males over forty years of age; very few examples have been seen in women. Many cases are not recognized, and pass for constitutional syphilis.

The patches are generally found on the dorsum of the tongue or the inner side of the cheek and lips, but seldom, if ever, on the lower surface of the tongue or behind the anterior pillars of the fauces, and they are limited to the buccal cavity; they occur in one or more small oval patches, or these may become confluent. The first appearance of the white patch is preceded by hyperæmia, and in the early stages a hyperæmic areola is found about its borders; the patch becomes more or less thickened, sometimes to the extent of six to eight mm.; the epithelium, which has become hard and dry, may be easily removed or may exfoliate, leaving the appearance of an ulcer. The surface of the patch is marked by numerous fine lines or furrows, which intersect each other, dividing it into small polygonal spaces. Some of these may extend as deep fissures down through the thickened epithelium, and involve the mucosa in painful ulceration.

Under the microscope the epithelium is found greatly thickened, the papillæ enlarged and flattened, the blood vessels dilated, with an accumulation of leucocytes about their walls. The superficial layer of the mucous corium is infiltrated with embryonic cells, and the deep layer is involved in vascular alterations. Hielke says there is an hypertrophy of the epithelial and papillary layer of the mucous membrane, similar to the condition of skin termed ichthyosis. Among the causes of this affection may be mentioned excessive tobacco smoking. Mauriac and Vidal mention highly spiced foods and alcoholic stimulants. Schwimmer calls the affection idiopathic, but both he and Mauriac think there must be some peculiar predisposition toward it in order that it may be developed. Bazin believes that it is often the result of constitutional syphilis; it is also attributed to the arthritic or dartrous diathesis.

It is difficult to determine the duration of the disease; it has usually existed for months or years when the patient first presents himself; sometimes the affection will remain stationary for months, or under the effect of some irritant it may rapidly progress, and may again become dormant if the irritant is removed. Some cases are early very sensitive; others may have existed for years without causing any pain.

There are no constitutional symptoms until epithelioma is developed.

In making the diagnosis leucoplakia is liable to be mistaken for what Guinaud has termed "professional patches" found in glass-blowers, for "smokers' patches," mercurial patches, psoriasis linguæ, syphilitic patches, and epithelioma unconnected with leucoplakia. The "professional patches" occur only in old glass-blowers, and are symmetrical. Smokers' patches are more irregular, and commonly at the commissures of the lips.

The duration of the disease is uncertain. One authority mentions two cases in which cancer supervened in six months. Sir James Paget's cases terminated in cancer in eighteen months. Others have mentioned cases of thirty or forty years' duration.

Among the indications that leucoplakia is passing into epitheliomia, are: non-inflammatory enlargement of the lymphatic glands, with exfoliation of the thicker portion of the patch, the formation of an ulcer, the supervention of sharp pain, salivation, and at length induration of the subjacent tissues.

In the treatment of this disease, all sources of irritation, particularly tobacco and alcoholic stimulants, should be at once removed; the digestive organs should receive proper attention. Aside from these measures, most authorities believe treatment of little or no avail; but from a study of the literature of the subject and from his own experience, Ingalls has arrived at the following conclusions:

1. Leucoplakia buccalis is an idiopathic disease, distinct from psoriasis, "smoker's patches," and syphilis. It is largely confined to men past middle life, but it occasionally occurs in women.

2. The disease is so commonly found in inveterate smokers, that the abuse of tobacco may fairly be considered as an exciting cause, though cases occur when tobacco has never been used.

3. The affection is chronic, and finally, in a majority of cases, terminates in epithelioma.

4. Internal treatment and the local application of sedative stimulants or caustic drugs are, in nearly all cases, either useless or injurious, and the latter are sometimes disastrous by hastening the development of epithelioma.

5. The actual cautery or the galvano-cautery will probably enable us to cure many cases if they are treated sufficiently early, provided it is ap-

plied to only a small spot at each sitting, and carefully so as not to destroy the healthy tissues beneath the changed epithelium.

Suicide by Bichloride Solution.

Prof. Joseph Marchlea (*Prager Medizienischer Wochenschrift*) reports the following cases where suicide was committed by a solution of bichloride of mercury:

Case 1. A woman drank a large amount of concentrated solution of the bichloride, and died after six hours.

Post-mortem.—Gastric mucous membrane hemorrhagic and necrotic; the vessels were filled with coagulated blood. The mucous membrane of the small intestine was suffused with blood, kidneys a brownish-red, and congested. At the base of the pyramids there were little extravasations. Liver hyperæmic.

Case 2. A young maiden who lived six days after taking a solution of the bichloride. Symptoms consisted of vomiting, bloody stools, and albumen in the urine, and four days in succession suppression of the urine. The post-mortem showed no fatty degeneration of the heart muscles, small fatty infiltration of the liver, and fatty degeneration of the epithelium of the urethra. The stomach, with the exception of ecchymoses of the size of a pin head, was normal. The mucous membrane of the colon was swollen from the rectum to the cæcum, dark brown-red, covered with numerous yellow-green eschars. These scabs were round, size of a bean, and the thickness of about one inch, and were distributed symmetrically, always three together, in rows in the long axis of the intestine. A few had been cast off and left ulcers behind them. On the mucous membrane of the small intestine, one could notice in the neighborhood of the cæcal valve scabs laid crosswise and in single layers. Farther on, the mucous membrane appeared swollen and full of holes, but without eschar.

Case 3. A 25-year-old clerk took of the same solution that the girl had taken. He lived four days. The symptoms consisted in the beginning of frothy, bloody stools. These, however, disappeared, and the patient felt herself better. On the fourth day the patient sat up in bed, remained some minutes sitting, and fell back dead.

Post-mortem.—Stomach on exposed part looked brownish; internally a brownish-yellow. Fluid contents reacted neutral. Mucous membrane dark-brown, swollen, suffused with blood, deep eschar, and the epithelium removed. The mucous membrane of the small intestine was slightly swollen, and without eschar. That of the colon in numerous places, especially in the transverse colon, extensively eschared, and in the manner of the eschars which were laid out so symmetrically in the long axis. These extended to the serous covering, but were in places, namely the sigmoid flexure, changed into ulcers. Spleen swollen, liver infiltrated with fat to a fair degree, kidneys extensively infiltrated with fat.

Marchlea concluded that this kind of eschar was found very often in poisoning from bichloride solution. This has been observed by Barthélemy, Taylor, Anderseck, Hamberger, and by Vidal. Marchlea believes that this condition occurs because this abnormal blood acts as an irritant on the mucous membrane.

Heredity of Phthisis.

Izaak Johannes Hage ("Akad. Proef. Schrift., Leyden, Holland, Schmidt's Jahrbucher, B. 200, No. 1, p. 110), under the title, "Sets over de Hérédité der Phthisis," considers the following questions:

1. What is the connection between the hereditary phthisis and that otherwise acquired?

2. Has the father or the mother the greatest influence in developing hereditary phthisis?

3. Does phthisis descend more from father to son, and mother to daughter, or conversely?

4. At what period of life does hereditary phthisis make its first manifestations?

5. Is the factor of heredity greater or less in the country as compared with the city?

6. Is there a difference in regard to heredity in the sexes in the city or country?

After consulting the literature of all languages, and the reports of public and private institutions and leading authors in a manner too complete to consider here, the writer came to the following conclusions:

1. About three-fourths of the patients treated made satisfactory statements concerning their family history.

2. Somewhat less than half of the patients descend from phthisical parents.

3. The influence of the mother in the origin of hereditary phthisis is about four-fifths that of the father.

4. Hereditary phthisis descends mostly from father to daughter, but quite as often from father to son as from mother to son, and least of all from mother to daughter.

5. The first manifestations of the disease appear both in cases which are hereditary and in those

which are not hereditary twice as often before as after the thirtieth year.

6. With reference to time of life the endurance of the disease is greatest, there is no difference as to before or after the thirtieth year.

7. Heredity is as great in the country as in the city.

8. With men the heredity is greater in the city than in the country; with women the converse is true.

Toxic Enteritis due to Corrosive Sublimate.

The great germicidal power of corrosive sublimate has, of late, brought it prominently into notice in connection with antiseptic surgery. But we must remember that this drug is a most powerful poison, and we must handle it very gingerly. The *Weekly Med. Review* tells us that E. Fraenkel reports 14 cases of toxic enteritis that arose from corrosive sublimate treatment at the Hamburger Allgemeine Krankenhaus. The conclusions of his article, which is contained in Virchow's *Archiv*, are:

1. That corrosive sublimate is the most powerful of the antiseptics that can be practically employed; accidental wound-diseases rarely occur.

2. The employment of the sublimate, however, is dangerous, in this: that excessive external use is followed by diphtheritic inflammation of the large intestine, in a few cases even of the small intestine. This is manifested by tenesmus, colic, bloody diarrhœa. Definite alterations of the kidneys have not been observed.

3. The toxic enteritis referred to develops especially in patients that are run down, or excessively obese, having a poor heart action; especially if large surfaces are brought in contact with the sublimate-dressings, or surfaces of ready absorption, such as the peritoneum, the uterine cavity. Individual idiosyncrasies also may favor intoxication.

4. For these reasons corrosive sublimate is to be cautiously employed, and in the weakest solutions still possessing antiseptic virtues. The copious irrigation of wounds, and in especial of the puerperal uterus, with sublimate solutions, is a dangerous practice.

Causes of Sitiophobia Among the Insane.

In the *American Journal of Insanity*, Dr. O. Everts says:

"Observant of everything, the hospital physician should be particularly sensitive to, and careful respecting, little things—things that are likely to be overlooked, or disregarded as 'little,' by the insensitive, indifferent, ill-bred. And there are such—I grieve to say so—in this broad land of freedom and democracy; persons, for example—I have seen such prescribing for the sick—who would smile incredulously, or derisively, at the protest of a patient alleging inability to drink from a cup, or dip from a bucket, used in common by the patients of the hospital ward, or complaining of loss of appetite, and inability to eat, because of offensive odors, or the disgusting appearance or habits of table associates. I have known persons, also employed in hospitals in official positions, who could not comprehend the delicacy of feeling that would cause a person of refinement, even when insane, to shrink from bathing in company—two or more persons occupying the same tub and water, and using the same towel—notwithstanding the impatience of attendants required to bathe a certain number of persons within a given number of hours. But such persons, it is needless to say, are unfit for hospital service; and such 'little things' are too important to be pooh-poohed, or neglected, in the treatment of the insane. They are quite as important, indeed, to be known of, and attended to, as is the occasional necessity for, and skill in, the use of the stomach-tube for involuntary alimentation; or the voting qualification of appointees of political hospital boards."

Membranous Enteritis.

Such cases as the following, which Dr. Da Costa reports in the *College and Clinical Record*, happen sufficiently frequently to warrant a reproduction, which will prove no doubt of real service:

Married woman; æt. 29; no children. In poor health for four years. Had an attack of pleurisy during these years, and since has complained of a pain in her side. Has lost twenty pounds in three years. Until a few months ago she menstruated too freely, but now she is quite regular. Her appetite is good, but she 'swells' after eating. Does not digest; is constipated; pain at lower part of the stomach, and radiating to her back. It is not a constant pain. Generally an intermission of a week or more occurs between the attacks of pain. At this time her stools were very hard, with tenesmus. Is nervous and melancholy at times; emotional. Uses injections for her constipation.

When she has pain of two or three weeks' duration, she passes a formation which is accompanied at times by blood. This membrane comes in bands. She is more nervous and constipated when she passes these shreds. Tenderness over

descending and transverse colon. General soreness over lower part of abdomen. Tongue flabby—here and there fissured. In some attacks she has had vomiting, but this is not the rule. Her heart is normal; also lungs.

Diagnosis.—Membranous enteritis.

Treatment.—Difficult of cure. Give, every night, a piece of confection of senna, for pain.

℞. Tinct. bellad., gtt. iij.
Tinct. cinchon. comp., f.℥j. M.
Sig.—Ter die."

Night Cough in Children.

Physicians are often consulted by anxious mothers on account of a peculiar cough attacking children. This cough only makes its appearance during night. The most careful examination fails to reveal any bronchial trouble or any lung complaint. The usual remedies are without result, and an elongated uvula can neither be made responsible for the annoying symptom.

Dr. McCoy has recently investigated this complaint and comes to the conclusion that it is caused by an affection of the mucous membrane of the nose. These catarrhal conditions always get worse towards night; the secretions accumulate in the nose, and finally find their way down and backwards, when they give rise to the irritation, which in its turn causes the cough. Careful syringing of the cavities of the nose with an alkaline solution is specially recommended.

Failure of Cocaine to Produce Anæsthesia.

That we may know all sides of every question, we note that Dr. Henry J. Garrigues (*N. Y. Med. Jour.*, Aug. 29), failed to secure anæsthesia after the most thorough, repeated, and prolonged applications of a four per cent. solution of hydrochlorate of cocaine. The price of the drug used was two dollars. He notes the fact that Ernst Fränkel, of Breslau (*Centralblatt für Gynäkologie*, December 6, 1884, vol. viii, p. 778), has likewise found the common solutions ineffective on the vagina, and recommends a twenty per cent. alcoholic solution; but, when we take into consideration the high price of the drug, so expensive a solution can only be used in exceptional cases. The patients, unless money be no object at all, will prefer to stand the pain or to be etherized.

A Treatment for Chronic Entero-Colitis.

The *College and Clinical Record* tells us that Dr. Wilson, in a case of chronic entero-colitis, suggested the following plan of treatment—the patient being four years old:

Rub over abdomen, which is greatly distended, ℥ss. ol. morrhuæ, *bis die.* Before applying, the oil should be slightly heated.

Diet.—Expressed juice of meat and milk containing pancreatin.

A teaspoonful of whisky, in milk, twice daily, was advised, and of bismuth subnitrate, grains iij., four times daily.

Twice daily, a suppository, as follows, was ordered:

℞. Pulv. opii., gr. ⅛.
Quininæ bisulph., gr. ij. M.

CORRESPONDENCE.

Put Your Light in Front of the Horse.

EDITORS MED. AND SURG. REPORTER:

Few of the accessories to a country doctor's practice are so unsatisfactory as his means of lighting his way when driving at night. The various forms of dash lights are pretty much the same in that they put the light just where it is not wanted, illuminating the horses's tail and hips and the buggy thills with a brilliance quite unnecessary, which intensifies the blackness of the shadow cast by them just where one wishes most to see clearly.

A few nights ago I tried an experiment to overcome this difficulty, which proved such an abundant success that I hasten to give my brethren the benefit of the discovery.

My light is a common tubular lantern with a reflector and a spring for attachment to the dash. In place of putting it on the dash, I slipped the spring over the middle of the breast color, directly in front of the horse. Every part of the road in front of me was plainly seen, so I could drive with as much confidence as in broad daylight. The conditions necessary for success are a level-headed horse, with fair breadth of chest and a shoulder strap attached to the check-hook, to prevent the lantern sagging down between the horse's legs when for any reason the traces slack. It would be well to have a short strap sewed to the inside of the breast collar to slip the spring through, so as to prevent any lateral motion.

WILLIAM B. ELY, M. D.

Penfield, N. Y., Sept. 4th, 1885.

Labor Complicated by a Firm Membrane.

EDS. MED. AND SURG. REPORTER:—

The evening of the 24th of March I was called to see Mrs. H., in the second stage of labor, in consultation with Dr. Jackson, of this city. On making an examination the finger came in contact with a dense, firm membrane, about one inch from the external opening, but I was not able to find an opening through the membrane until we made an ocular examination, and was unable then until a pain came on, which forced out a small stream of liquor amnii, not larger than a small-sized probe. The membrane was immediately incised, and the child was soon born. The patient said, after she found herself pregnant,

she consulted a homœopathic physician in this city in regard to the case. After making an examination, he informed her that as gestation advanced the membrane would be absorbed.

N. Ronnels Barnes, M. D.

154 *Oak St., Binghamton, N. Y.*

News and Miscellany.

What a State Board of Health Should Be.

For the edification of our Harrisburg legislators we quote the following from the annual message of the Governor of New Hampshire:

"I regard the State of Board Health as one of the most important and necessary of our State organizations. It should be heartily supported, and made as efficient as possible. Science has demonstrated that many of the diseases which are attributed by superstition and ignorance to supernatural influences are the results of natural causes, and may be avoided. The legislature, therefore, did a wise thing when it established a board to investigate the sanitary condition of our State, and to educate the people to a knowledge and observance of the laws of health. We needed to be told that physical evils are not always unavoidable dispensations of Providence, but are the results of causes which we often produce, and which we may generally prevent. We needed to be taught that the worst enemies of human health are generated in the filth that festers about many of our dwellings, throwing off poisonous miasms, and loading the air we breathe and impregnating the water we drink with the germs of disease and death; and we needed to be instructed how to preserve our health and prolong our lives by an earnest and unceasing warfare upon sickness-breeding impurities of all kinds. The primary object in establishing the board of health was undoubtedly to impart such information and instruction. In this the board has been actively engaged, and appears to have made good progress. But danger may come from abroad, and additional duties may devolve upon it. It is well known that Asiatic cholera has prevailed in many parts of Europe during the last year, and it is feared it may reach this country the present season. In case of its approach, the board should be charged with the duty of enforcing the most stringent sanitary regulations. If any additional legislation is necessary to enable it to do this promptly and effectually, it should be had at this session. The regular expenses of the board are fixed by statute, and I think will be sufficient for the ordinary wants of the year; but should it become necessary to resort to extreme measures, a further sum might be needed, and I suggest that a reasonable amount be placed in the hands of the Governor and Council, to be used if found necessary."

American Rhinological Association.

The following are the subjects of some of the papers (with the authors' names and addresses) to be read at the third meeting of the American Rhinological Association, to be held at Lexington, Ky., October 6, 1885:

"Address to the Association on Rhinology," by the President, P. W. Logan, M. D., of Knoxville, Tenn.

"Chronic Otitis Media, Its Treatment in Connection with Nasal Disease," by Hiram Christopher, M. D., of St. Joseph, Mo.

"Self-Deception," by the same author.

"Hypertrophic Rhinitis; Its Sequlæ and Treatment," by J. A. Stucky, M. D., of Lexington, Kentucky.

"Treatment of Catarrh, Acute and Chronic," by A. DeVilbiss, M. D., of Toledo, Ohio.

"Treatment of the Naso-pharyngeal Cavity: a New Snare," by J. G. Carpenter, M. D., of Stanford, Ky.

"Aural Catarrh and Treatment by Different Methods, with the Theory of Each System," by Chas. A. S. Sims, M. D., of St. Joseph, Mo.

"Chronic Conjunctivitis Dependent upon Intra-Nasal Disease," by N. R. Gordon, M. D., of Springfield, Ill.

"Demonstrations (on the Cadaver) of the Nasal and Pharyngo-nasal Cavities, the Pharynx and Larynx. The Sections of the Cadaver will show all the Cavities, Canals, and Sinuses Connected with the Nasal and Pharyngo-nasal Cavities," by Thos. F. Rumbold, M. D., of St. Louis, Mo.

"Demonstrations of the Manner of Making Applications by Means of Spray Producers; the Age of the Patients being Respectively 1, 3, 8, 15, and 20 Years and Older," by the same author.

"Removal of Foreign Bodies and Tumors from the Upper Air Passages, with Demonstrations on a Phantom Head," by the same author.

"Treatment of Pruritic Rhinitis (Hay Fever) by Spray Producers Alone; Cases," by the same author.

"On the Treatment of Secondary and Tertiary Syphilis of the Larynx, Pharynx, and Mouth," by Jos. B. Payne, M. D., of Hot Springs, Ark.

"A Few Suggestions on Hypertrophy of the Turbinated Processes," by E. F. Henderson, M. D., of Los Angeles, Cal.

Seven other papers are promised, but the subjects have not yet been given to the Secretary.

The full programme will be ready to mail to any address on and after the 23d of September, on application to any of the above members, or Chas. A. S. Sims, M. D., Secretary, St. Joseph, Mo.

How Physicians are Treated in Spain.

Apropos of the superstitious ignorance of the Spanish people that has caused them to antagonize the efforts of sanitarians in their behalf, and that has cost them already the lives of some 80,000 persons, we note the following from the *Moniteur Universelle:*

"At Puebla Larga, a suburb of Barcelona, a man died of cholera recently. The relatives of the deceased gave no notice of his death, but concealed the fact from their nearest neighbors. When the attendant physician made his morning call he found all of the family in an outer chamber, apparently as happy and jovial as usual. He was invited by one of them to step in and see the patient. He did so, and, on approaching the bedside and finding him dead, was about to retire, when he found himself surrounded by the relations, whose smiles were now turned into scowls and threatening visages. The head of the family

was the first to speak. Pointing to the dead man, he exclaimed: 'It is thus that you do the work we pay you for. You promised to save him—see the result.'

"The others chimed in, calling the doctor an assassin and a murderer, and one said: 'This is the third one you have slain in eight days, miserable assassin that you are!'

"While this was going on, the whole crowd had gathered close around the doctor, the men shaking their fists in his face and spitting upon him. Suddenly, with a cry, the wife of the dead man leaped upon the physician, while the others seized the remnants of the medicines which he had ordered for the patient, and commenced to force them down his throat. The doctor struggled, but was powerless against numbers, and was not released until every drop of the potions, the draughts, the clysters, every pill and powder had gone down his throat.

"For twenty minutes the unfortunate physician was thus held and tortured, and when he was finally released by his savage captors and allowed to depart, he was more dead than alive.

"In less than one hour from the moment of leaving the house, he was a corpse. The father of the victim, an old man and in poor health, took to his bed on the death of his son, and in two days he, too, was no more.

"The affair has created an intense feeling among the physicians, and the Medical Institute having been called together, is now considering what course shall be taken in order to protect physicians from the blind ignorance, fanaticism and fury of the populace in such cases."

Plants for Window Culture.

The *Popular Science News*, Feb., 1885, says: Many persons think a plant of no value unless it flowers. If amateurs could be content with an abundance of handsome foliage, with here and there a plant in flower, they would derive much more satisfaction from their attempts at window-gardening. With a view to aid those who would undertake window-gardening, we enumerate a few plants that will be quite sure to succeed. In the first place, as to plants cultivated for their foliage only. The most valuable of these is ivy. A plant of either English or Irish ivy, to be trained up over the window, is most pleasing; or ivy may be planted in a hanging-basket, to trail over the sides, and be twined up the handles. The *American Agriculturist* says that, for plants of this kind in pots, the india-rubber plant (*Ficus elastica*) is one of the best. Its leaves are large and vigorous, while the reddish sheaths to the young leaves are almost as handsome as flowers. The umbrella sedge, *Cyperus alternifolius*, looks something like a miniature palm, is easily cultivated, and very showy. The universal window-plant of Paris is *Aspidistra lurida variegata*, which has no common name. Our florists supply it, and it is an excellent plant for the window. The plant known as Wandering Jew, Aaron's beard, and many other names, is *Saxifraga sarmentosa*. It throws off runners, which hang over the pot or basket in a graceful manner; and, though it sometimes blooms, the flowers are not showy, and its chief beauty is its variegated leaves. Among the plants to flower in the window we place first the Chinese primroses. If plants are to be procured from a florist, select those that do not yet show their flower-buds. They will flower for a long time. Some of the begonias, such as *B. fuschioides* and *B. multiflora*, are free-flowering and of easy culture. The so-called crab's-claw cactus (*Epiphyllum*) is an excellent window-plant, as are *Sedum Seiboldii*, the cigar-plant (*Cuphea*), and cyclamens.

Flatulent Colic in Horses.

The *American Agriculturist* for July says that when Prof. Gamgee was in this country, he said to the writer that more horses died of colic than of any other malady, and he suggested a remedy which has been published in the *American Agriculturist*, and been found efficacious, we doubt not, by thousands of horse owners. The remedy, simply stated, is copious injections of cold or tepid water—that is, cold but not too cold. Water that has the temperature of the air in the summer time is right—say seventy to ninety degrees. The best way to apply it is to use a large funnel, holding about two quarts, to which a rubber tube, three feet long, is attached, and this is terminated by a tin nozzle about fourteen inches long, tapering to a quarter-inch opening. This end should be protected by a lump of solder, so as to prevent injury to the parts. The funnel is filled with water at the level of the horse's rump, and then lifted up as high as possible. Four to six quarts will usually be sufficient to start the wind; then stand clear. Relief follows at once.

There are many causes of colic, as a sudden change of food, hard work or active exercise after feeding, very rapid eating (as after long fasting and hard work), the chill experienced when exposed to too rapid cooling off after sweating—these are some of the common causes, and are conditions to be avoided at any rate. Care will almost always prevent colic, and the above simple remedy will generally cure it; we have never known it to fail.

Professor Huxley on Smoking.

At a certain debate on smoking among the members of the British Association, Professor Huxley told the story of his struggles in a way which utterly put the anti tobacconists to confusion. "For forty years of my life," he said, "tobacco had been a deadly poison to me. [Loud cheers from the anti-tobacconists.] In my youth, as a medical student, I tried to smoke. In vain! At every fresh attempt my insidious foe stretched me prostrate on the floor. [Repeated cheers.] I entered the navy. Again I tried to smoke, and again met with a defeat. I hated tobacco. I could almost have lent my support to any institution that had for its object the putting of tobacco smokers to death. [Vociferous cheering.] A few years ago I was in Brittany with some friends; we went to an inn; they began to smoke and looked very happy, and outside it was very wet and dismal. I thought I would try a cigar. [Murmurs.] I did so. [Great expectations.] I smoked that cigar—it was delicious! [Groans.] From that moment I was a changed man, and I now feel that smoking in moderation is a comfort-

able and laudable practice, and is productive of good. [Dismay and confusion of the anti-tobacconists. Roars of laughter from the smokers.] There is no more harm in a pipe than there is in a cup of tea. You may poison yourself by drinking too much green tea, and kill yourself by eating too many beefsteaks. For my own part, I consider that tobacco, in moderation, is a sweetener and equalizer of the temper." [Total rout of the anti-tobacconists, and complete triumph of the smokers.]

Moral Insanity as an Excuse for Crime.

From the *Journal of Nervous and Mental Diseases* we learn that the Supreme Court of Pennsylvania (*American Law Register*, March, 1885,) not only affirms the existence of moral insanity, but admits that it may, under certain circumstances, constitute a defense for crime. It says: "Moral insanity is not sufficient to constitute a defense, unless it be shown that the propensities in question exist to such an extent as to subjugate the intellect, control the will, and render it impossible to do otherwise than to yield thereto. No mere moral obliquity of perception will protect a person from punishment for his deliberate act. The jury should be satisfied with reference to the act in question that his own reason, conscience, and judgment, were so entirely perverted as to render the commission thereof a duty of overwhelming importance. While a slight departure from a well-balanced mind may be pronounced insanity in medical science, yet such a rule cannot be recognized in the administration of law when a person is on trial for the commission of a high crime. The just and necessary protection of society requires the recognition of a rule which demands a greater degree of insanity to exempt from punishment." This decision rests the issue of responsibility not upon *knowledge*, but upon power.

A Curious Collection of Skeletons.

From *Lyon Medicale* we learn that the celebrated doctor-naturalist Daubenton, who, in 1745, was nominated at the recommendation of Buffin, one of the curators of the Museúm d'Histoire Naturelle, busied himself in forming collections of all kinds. Among these was a very curious, but also a very repulsive one. It was only known to have existed, but had disappeared and never could be found. Some days ago, however, one of the Musuem assistants, in rummaging about in a loft, discovered, to his great astonishment, a number of skeletons of most extraordinary forms. He made known his find to the directors, MM. Fremy and Quartrefages, and after an examination these *savants* came to the conclusion that this was really the famous collection of Daubenton, which had been sought for for nearly 80 years. The collection was made up of the skeletons of the inhabitants of the Cour des Miracles (since rendered so famous by Victor Hugo in his *Notre Dame de Paris*). For more than 40 years Daubenton, who lived until he was 84, made every effort to secure the remains of all the deformed and mutilated beings of all sorts who inhabited this locality; and a most singular collection has been the result.

A Fertile Woman.

The *Lyon Medical* (July 12) cites the case of a peasant woman, who, at all events, has done her part in the endeavor to repair the deficiency of population of which the Frech statists are so bitterly complaining. She has brought forth twenty-seven children, of whom twenty-five are alive and in good health, only six being girls. In one year five made their appearance, three on the 2d of January and two on 27th of December. She is now sixty-eight years of age and her husband is seventy-three, and both continue their agricultural employment, assisted by six sons. All these children have received a good education, and three of the sons are in the army at Tonquin, two of them have attained high distinction. Two of the three married daughters seem disposed to follow in their mother's footsteps, one of them, thirty-four years of age, having had nine children and the other five, two of whom are twins.

Errata.

THE DOSE OF PARALDEHYD.

EDS. MED. AND SURG. REPORTER:—

I see in your "Book Notices" a slight mistake as to "Paraldehyd as a Germicide." It should read, paraldehyd ʒj. instead of ℥j. Rest of formula correct. It is so in our report of State Medical Society, but it is not correct. Will you please call attention to the mistake.

C. C. HERSMAN, M. D.

Items.

—Dr. Frank B. Gallery, one of the prominent physicians of Rochester, died on August 29th, from the effects of an operation recently performed on him. He was incapacitated from professional duty some time ago, and removed to the town of Greece, where he died. He was thirty-eight years of age.

—Prof. J. von Mering, of Strassburg, states (*Central für die Med. Wiss.*) that, by giving phloridzin to dogs who have been fed on meat for a long time, an intensified secretion of sugar takes place in the urine without any change in the general health. He believes that light will be thrown on several facts connected with diabetes mellitus by his observations.

—A penetrating pistol-shot wound of the abdomen, successfully treated by laparotomy and suture of the intestines, is reported by Dr. John B. Hamilton, Supervising Surgeon General of the Marine Hospital Service, in the *Journal of the American Medical Association*. Eleven wounds requiring suture were found in the small intestine and two in the ascending colon.

—M. Paul Vigier recommends (*Gazette Hebdomadaire*, July 24, 1885,) what he terms a *sirop de dentition* to assuage the pain suffered by infants while cutting their teeth, especially the canines; hydrochlorate of cocaine, 10 centigrammes; simple syrup, 10 grammes; tincture of saffron, 10 drops. The painful gums should be gently rubbed with some of this several times a day.

—Dr. S. P. Hubbard, of Taunton, Mass., writes to the *Medical Record:* "As I have never seen in any medical journal the virtues of the swamp

button-bush (*cephalanthus occidentalis*), for poisons of all kinds, especially *rhus tox.*, I wish to say to the medical profession that no remedy half equals it. Try it. Make a strong tea and freely bathe the parts with it while hot."

—Nussbaum treats the small, soft warts which frequently cover the penis, by first washing them twice daily in salt water and afterward sprinkling with calomel. The reaction of the residual sodium chloride and mercurous chloride produces mercuric chloride, or corrosive sublimate. This treatment, he claims, cures the warts rapidly, without causing the least pain or detention from business.

—Dr. Cheize, in the *Glasgow Medical Journal* writes that, wishing to remove an ingrowing toe, nail, and being without a spray-producer, he covered the toe with a pledget the size of a crown-piece, poured ether on it, and evaporated this by means of a pair of bellows; in five minutes anæsthesia was complete, and lasted while the nail was removed and the matrix seared with the actual cautery.

—A Belgian medical paper states that Dr. Schiffers has communicated to the Liege Medical Society a case of papilloma of the larynx in an old man over 80 years of age, which had lately been occasioning the patient considerable inconvenience. The author was able to remove it completely in one sitting by means of Mackenzie's forceps. The tumor was as large as a bean, and was situated on the right inferior vocal cord.

—The following treatment of scabies is recommended by Dr. Comessati (*Pharmak. Zeit. and Jour. de Méd. de Paris*, 1885, No. 14) as being easy and certain in its action. A solution is prepared containing four ounces of hyposulphite of soda in one pint of water, and the whole body is washed with it in the evening. The next morning the skin is sponged with dilute hydrochloric acid (one ounce to the pint); sulphur, sulphurous acid, and chloride of sodium are formed, and the disease is, in most cases, cured by a single application.

—*Peck's Milwaukee Sun* makes a suggestion which might be of value to some enterprising patent medicine man. He proposes to medicate the mucilage which is used on the back of postage stamps, and by this means furnish the public, free of extra charge, a panacea for all their ills. He suggests that the back of the one-cent stamps might be utilized as a kidney and liver cure, the two-cent stamps as a universal tonic, the five-cent ones for coughs and colds, etc.

—It has been proposed to establish a temperance hospital in Melbourne, in which patients may be treated "without the use of alcohol except as a drug." The *Australasian Medical Gazette* in editorial comments on the proposed hospital, expresses the opinion that all patients are in a better position to be cured when under the care of practitioners having no strongly marked prejudices either for or against alcohol, than in a hospital the very principle of whose existence is a prejudice of its officers against a valuable, though often abused means of cure.

—Dr. W. Noschel has made some observations on the action of hot drinks and hot food on the stomach, and finds that hot tea given after dinner in quantities not exceeding three beer-glasses full had no effect on the digestion; but when given in still larger quantities, it usually retarded the process. He could not detect any special effect from the use of hot or cold solid food. When the stomach-sound was used, he found that it could be introduced with great facility after applying a five per cent. solution of cocaine to the pharynx with a brush.

—*Gaillard's Medical Journal* reports that at Branchville, S. C., on June 5 a large number of persons, three of whom died, were poisoned by eating wild honey. Shortly after taking it they all complained of blindness and dizziness, and the honey was found, on examination, to be strongly impregnated with gelsemium. But for prompt and energetic medical assistance, it is said there would have been twenty deaths, instead of three. A few days before there occurred two deaths in the neighborhood which could not be satisfactorily accounted for, but which are now believed to have been undoubtedly due to the same cause.

—Dr. Detmers, of Champaign, Ill., at a meeting of the National Society of Microscopists at Cleveland, drew pictures of the formidable appearing bacteria found in samples of dried beef that had killed several families in Momence, Ill., and expressed the opinion that the beef was of cattle that had been killed while in a state of frenzy. Venison of deer tortured by dogs has been known to kill persons. Dr. Detmers has examined hundreds of cattle slaughtered in Chicago, and says that while lumpy-jawed, and even pleuro-pneumonia-affected beef is harmless when eaten, cattle killed while in a frenzied state may prove poisonous meat.

—The Grecian government has become alarmed at the increase in malarial fevers among the inhabitants of that country, which investigation has shown to be in a measure due to the poor quality and high price of quinine. It has therefore removed the duty from this drug, a measure which has already led to a reduction in its price, and has further determined to withdraw its sale from private hands and confine it entirely to government stores. It will buy only from the best and most reliable makers, and sell at a very slight advance above the manufacturers' price, sufficient to defray the cost of transportation.

—Dr. W. T. Smith, of Hanover, N. H., writes to the *Medical Record* that he recently used cocaine in extracting a great toe-nail, with results that seem worthy of record in view of the ordinarily painful nature of this operation. He made four injections about the nail, and then ran his needle under the centre of it. In a few minutes he thrust the blade of his scissors along the track of the needle and split the nail to its base and removed it with the forceps. The patient watched the operation, and said that it was absolutely painless. He used a four per cent. solution, and judged that fifteen or twenty minims were absorbed.

MARRIAGE.

BEVES—NEWBY.—September 16, 1885, at the Catholic Apostolic church, by the Rev. D. M. Fackler, Arthur Spencer Beves, of London, England, to Alice Bradford, daughter of George Newby, M. D., of New York city.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE PHYSIOLOGICAL ACTION OF HYDROCHLORATE OF COCAINE.*

BY LOUIS BAUER, M. D., F. R. C. S. ENGLAND,
Of St. Louis.

After reviewing the subject of cocaine in a general manner, the doctor reported the following case, which he thinks worthy of note, from the fact that the patient had, in a little less than seven months, consumed about 700 grains of cocaine, and at times in very large doses, the physiological action of which the doctor had opportunity to carefully examine.

The patient descends from a confirmed drunkard; he himself found whisky of alluring taste, as early as his thirteenth year; at twenty-five it was indispensable to his comfort and happiness; with a few intermissions of varied duration, he has been the slave of alcoholic abuse up to the beginning of January last.

On the 9th of that month he had freely imbibed the "indispensable beverage." The last draught of ardent liquor consisted in a pint of gin. He had then just enough to submit to a hypodermic injection of cocaine, under the promise that it would relieve him of a rousing headache, and probably quench his appetite for "fire-water" forever. Unfortunately the physician disclosed the name of the remedy, which enabled the patient to procure it for himself and apply the same on his own responsibility. Thenceforward he used the cocaine by the hypodermic injections, increasing the doses from the one-fifth part of a grain to ten grains at a time, and very soon he found himself in a condition that demanded its continuous use.

Small doses of 5 to 10 drops of a 5 per cent. solution produced very mild effects, sufficiently marked, however, to be fully realized by the patient. With the increasing doses frequently repeated, the action of the cocaine became much intensified, and the reaction was most depressing and disturbing to the patient; as in alcoholism, large doses were required to bridge over the horrible sensations which followed the antecedent application.

In enumerating the physiological effects of large doses of cocaine, I should here state:

1. That none of the injections cause any local inconvenience, either irritation, inflammation of the skin, or abscess. From numerous insertions of the cannula on the side and in front of his abdomen, not the slightest mark remained; even recent insertions could hardly be traced.

2. A small zone of the integument, of which the punctured wound was the centre, showed a noticeable reduction of sensibility.

3. The action of the cocaine invariably ensues within 15 to 25 seconds; in less than half an hour it is at its height; and within two hours it has almost entirely disappeared, when reaction gradually follows.

4. The cocaine obviously exercises its first effect upon the heart; the pulse, ordinarily from 70 to 80 per minute, rises quickly to more than 120, but scarcely ever exceeds 130; it remains regular, and shows no intermissions; it is of medium size, slightly hard, and continues in that condition and

*Abstract of paper read before the Mississippi Valley Medical Society.

that quality for the first two hours following the application, when it gradually diminishes in frequency, and returns to the ordinary standard. The patient insisted that intermissions had been frequently experienced by him, and that on locomotion the frequency would greatly augment. I was, however, unable to affirm these observations.

5. Among the earliest disagreeable symptoms was a burning sensation of the trunk, and a cold and clammy perspiration of the extremities; the thermometer did not, however, reveal any tangible increase of animal heat, whereas the condition of the extremities was pronounced. The temperature of both the mouth and the axillary cavity showed rather a decrease, not exceeding one degree.

6. When the cocaine is in action, the skin appears dry and pallid, but the patient avers that a profuse and clammy perspiration would ensue as soon as he assumed a recumbent position; in the latter, the respiration becomes laborious, deep, sighing and yawning.

7. Whilst the moisture of the oral cavity remains undisturbed, the patient complains of a sensation of dryness and difficult deglutition; at one time the movements of the pharyngeal muscles were as painful as in inflammation of the tonsils, but a new injection of cocaine removed the symptoms promptly.

8. Whilst under the influence, the patient is devoid of thirst, and would rather object to drinking any liquid, on account of the disagreeable sensation it invariably produces.

9. Cocaine destroys the appetite completely during its action, and gives rise to aversion for food, but the appetite returns when the effects have passed off.

10. It induces constipation, or intensifies the preëxisting sluggish condition of the bowels; the latter may continue for a week and longer, and may require repeated large doses of drastic medicines, whereas in his ordinary condition, a Seidlitz powder would answer to move the bowels. At one time four cathartic pills induced diarrhœa with painful tenesmus. A new dose of cocaine promptly subdued both.

11. The secretion of urine ceases almost entirely for the time being, but returns when the patient comes out of its influence.

12. The sexual functions are likewise suspended to complete impotency during the action of cocaine; their vigor returns, however, with rather increased appetite and endurance.

13. The senses manifest exaggerated susceptibilities; the patient experiences a ringing in the ears as from quinine; when large doses have been employed, sounds become intensified, as in hydrophobia, without being painful, as in inflammations of the middle ear. Light affects the optic nerves to a degree of intolerance; illusions happen, distorting objects, even hallucinations occur, without fear or apprehension; the skin assumes a degree of sensibility, so as to perceive an ordinary draught of air with the force of a blowing storm. These phenomena relating to the senses are, however, exceptional, and only happen under the action of very large doses.

A common effect upon the eye-balls is their prominence and brilliancy, connected with the dilatation of both pupils; more so, however, in the left. This effect develops very gradually, appearing towards the end of the action, but extends into the intermissions of succeeding doses.

14. Large doses of cocaine give rise to loquacity, notwithstanding that the patient avers difficulty of speech, for reasons already mentioned; his conversation is, however, clear, connected and congruous with the subject concerned. Most remarkable is the good memory, the remembrance of dates, names, and events. I have observed no aberration of the mind at all; it seems to me that the intellectual operations are in no way interfered with.

15. A few times, whilst the patient was under the excessive influence of cocaine, he complained about severe pains in his limbs, "electric shocks," as he expressed it, along the brachial plexus, sciatic and crural nerves, although they seemed not to interfere with active and rapid locomotion. They were, however, increased by touch. For the last fortnight these symptoms have not recurred.

16. Most remarkable is the decided aversion for alcoholic liquors observed ever since the patient commenced to use cocaine in large and excessive doses.

These are the phenomena elicited by my repeated observations on the patient within a month's time.

The patient is æt. 38, is above middle size, very active, and moves with vigor and endurance; nevertheless he looks pale and haggard, and has lost nearly twenty pounds of his weight, which reduction, however, he will not attribute alone to the action of cocaine, but partially to the alcohol. The question naturally arises, to what extent his constitution has been damaged by the excess of cocaine. During the last three years and six months I have frequently met the patient, and comparing his former condition with the present, I cannot say that he has notably changed in

either appearance or action. The cocaine habit is certainly most deplorable for a man of his intellect and social station of life, but it appears to me that the use of cocaine has injured him less than excessive alcoholism would have done by this time, had it been continued. The doctor observed none of those organic disturbances in the system which are so prominent from the abuse of ardent liquors. By comparison, therefore, the former is preferable to the latter.

TONSILLITIS.

BY JAMES E. FREE, M. D.,
Of Emporium, Pa.

Cynanche tonsillaris, or tonsillitis, is an inflammation of the tonsils; it is a common complaint among all classes, and its frequency and comparative freedom from danger to life are the reasons why it is so much neglected by a majority of practitioners. Knowledge is our badge of honor. *In hoc signo vincit.* The truth of the Roman emperor's illustrious motto finds humble confirmation in the history of such an insignificant complaint as tonsillitis, for by knowing how to manage the disease it is often possible to prevent a great deal of suffering. But as the habit of depending upon books is increasing with their supply, there are some men who will go down to their graves in peaceful ignorance of the wisdom to be gathered outside the covers of their favorite authors. Sooner or later the habit of consulting the library for every symptom will bring its reward. In the nature of things, books must often fail to approximate the truth, owing to the fact that only typical cases can be described.

Quinsy is the common name for tonsillitis, and quinsy it will be to the end of the chapter. It is caused in a variety of ways. Usually exposure to cold and dampness is blamed for the morbid manifestation, but legion is the mame of the conditions, climatic, telluric, terrestrial, etc., which from time to time league themselves together against the human being who exposes himself, with a predisposition to quinsy. Especially *chronic tonsillitis* is due to scrofulosis and kindred diatheses, and by the way an enlarged tonsil is liable to cause so much trouble that the use of Fahnestock's guillotine is always advisable. A distressing cough, difficulty of speech, pain in the throat, difficulty of deglutition, and a host of other symptoms, disappear like the mist of the morning at sunrise, when this simple procedure is resorted to. The same thing can be said of amputating the *uvula*. Cases of supposed consumption are said to have been cured by resorting to this expedient.

Quinsy has been mistaken for diphtheria. We find that statement in one of our standard text-books, and we know that it is true. It always causes a thrill of pleasure to stumble upon a passage in a great author, which shows to the young physician that his blunders as well as his triumphs, have been anticipated, by those who wear the laurels of hard-earned fame.

One of our first cases, after starting on the thorny road to professional distinction, was of this uncertain character. We do not suppose that our bearded contemporaries would have made such an outrageous mistake, but the little whitish spots of the increased secretions looked very much to our imagination like the patches of pseudo-membrane in this king of terrors: that it was a genuine case of mistaken identity, two trips in the saddle (something to which we were unaccustomed) at the witching hour of night when graveyards yawn, with the thermometer 20° F. below zero, will attest. But the unsuspecting parents of the child paid the bill without murmuring, and so the sting was partially removed from the mortification which set in as the disease progressed. "Of all sad words of tongue or pen, the saddest are these—it might have been"—paid for.

The first symptom of quinsy is dryness of the the throat, the patient being irresistibly impelled to swallow saliva to keep the throat moist. Headache is also a symptom in the prodromal stage, likewise a feeling of malaise, and dull aching pains in the limbs and other parts of the body. A positive chill often ushers in an attack of quinsy. Last winter a patient offered to bet us that he had the mumps; we staked an old account of ten dollars, and won on quinsy, but the obstinate old rascal refused to surrender his convictions until a violent fit of coughing brought up about a half-pint of pus. Qualms of conscience which are said to be common in cases where one man takes an unfair advantage of a fellow being were mitigated in this instance by the fact that the patient refuses to pay his honest debts.

The lymphatics are swollen and tender, and one or both sides of the neck may become enormously enlarged, at the same time that the tonsils and all the structures internally participate in the inflammatory process.

So close do the opposite surfaces on the inside approach sometimes that suffocation is imminent, and we have actually known a well regulated surgeon who contemplated that heroic operation, tracheotomy.

To add insult to injury, as it were, a thick, glairy, tenacious mucus is poured out, which sticks closer than a brother, and keeps the patient worrying and spitting. There is also often a discharge from the naso-mucous membrane, and under such circumstances a human being with a swelled neck in one hand and a handkerchief in the other is in a manner justifiable for assuming the looks and character of a fiend. We speak forth the words of truth and soberness, as St. Paul said in his memorable defence before King Agrippa. Some physicians in these later days do not always do so, be it said with shame, and to them especially and all others within reach, we say that we sincerely hope they may never be compelled to cultivate those habits of patient endurance and uncomplaining suffering, which they are accustomed to inculcate in quinsy patients.

Fever is a necessary concomitant of quinsy. The temperature often exceeds 102°, and sometimes goes up to 104° or 105°. When it reaches this extraordinary height, delirium may supervene, but it is not of long duration or serious import. The tongue does not become inflamed, at least so far as our experience goes, but all the other soft structures in the throat and mouth become involved at times. The tongue is thickly coated with a creamy yellowish fur, which is an indication that the bowels need attention. Generally the skin is moist and hyperæmic, and the urine contains the normal amounts of urea, chlorides and albumen.

The treatment should be commenced with a dose of calomel and ipecac, followed by a saline draught, unless free catharsis supervene soon. Then a prescription something like the following acts admirably:

℞. Potass. iodid.,
Potass. nitrat., āā ℥iij.
Ant. tart., gr. ij.
Aqua,
Syrup prun. virq., āā q. s. ad f℥iij.
M. Sig.—℥j every hour.

Its administration should be continued to the extent of producing the well-known therapeutic effect of the iodides; namely, violent frontal headache and coryza. At this point it should be suspended until its unpleasant effects subside, and afterward a reduced dose be given; enough to make a perceptible impression is what is required. Bromide of potash, tr. ferri murias, and ant. et pot. tart. in combination, make an excellent remedy.

The prescription given below is often reliable, on account of the aconite it contains probably, which latter drug according to some authorities is a specific:

℞. Potass. chloras,
Potass. nitras, āā ℥ij.
Vini. antimonii,
Tinct. opii camph., āā f.℥j.
Tinct. aconite rad., f.℥j.
Syrup q. s., f.℥iv.
M. Sig.—One drachm every two hours.

Poultices, fomentations, rubefacients, may be of service, but it is necessary to produce a profound impression upon the system before the onward march of the disease can be arrested. Tincture of guaiac is much recommended by some practitioners. The part the medicines spoken of play in controlling the inflammatory process is not entirely clear, but that they and all drugs with allied properties are capable of doing such work, thousands of men are willing to testify.

The fever and pain are two symptoms which often require special treatment. Almost any of the ordinary febrifuges may suit the case, with the addition of morphia, or some preparation from the list of anodynes for the pain.

In spite of the best treatment, quinsy sometimes proceeds to the formation of pus, and then relief must be sought by furnishing an outlet. There are two ways of accomplishing this result: with the knife, or by allowing nature to run its course. Which of these is the better plan, depends upon the attendant to decide.

A CASE OF POISONING BY HYOSCYAMIN TREATED BY MORPHIA HYPODERMATICALLY.*

BY ROBERT COLTMAN, M. D.,
Of Jenkintown, Pa.

On the evening of June 27th, 1885, about seven o'clock, a gentleman of high culture, and well versed in chemistry, pharmacy, also in general science, came to my office in a high state of nervous excitement, and told me he had taken about $\frac{1}{60}$ of a grain of hyoscyamin by the hypodermic syringe, a half hour previous to his coming to see me, and just before he came he had taken a grain of morphia by the mouth. Upon examination, I found the pupils dilated to their fullest extent; pulse 155 and very feeble; respiration rapid and shallow; conjunctiva glazed and dry; articulation impaired, and the patient unable to walk without staggering and almost falling. His mind wandered and he showed a great disposition to sleep. Upon being aroused from his naps, it took him a few minutes to recover his thoughts. He had been addicted to the morphia habit for

* Read before the Adjunct Montgomery Co., Pa., Medical Society.

several years, and had but recently succeeded in giving up the drug.

I immediately gave him ¼ of a grain of morphia hypodermatically, which affected the pulse and respiration to a perceptible extent in three minutes. As I kept him on my veranda in order to have plenty of fresh air, I could not use my watch to record the pulse, but found that both velocity and volume increased rapidly, while respiration slowed and declined.

The patient remained with me until 10:30 p. m., when he left very much improved and free from danger. A good night's rest completed the cure. The next day he reported that he took over one grain of hyoscyamin by the mouth, not by the syringe, and did not take any morphia. This was the correct statement, as he did not fully comprehend what he said when he first came to me. He had no design in misrepresenting the case, as he was fully aware that I knew of his opium proclivities, having been his medical attendant for five years, and having treated him in several severe illnesses. This case shows the power of a small quantity of morphia, used by the hypodermic method, to antagonize hyoscyamin without emesis.

Hospital Reports.

NOTES FROM THE PHILADELPHIA HOSPITAL.

SERVICE OF PROFESSOR PARVIN.

Artificial Nipples.

An argument against the use of artificial nipples, from an æsthetic standpoint, is advanced by Dr. Parvin. Supposing, as claimed by some evolutionists, that the infant receives its first impressions and ideas of the beautiful in nature from its familiarity with the wavy outlines and beautiful contour of its mother's breast, with which its little face and hands are so constantly in contact in the act of nursing, we can conceive how the artificial substitute of a rubber shield or the nipple of a nursing-bottle would fail to convey these impressions. The professor thinks there is food for thought in this suggestion.

Depressed Nipple—Corsets.

A woman was shown whose nipple was so depressed that her infant was unable to grasp it. This condition depends upon shortening of the galactiferous ducts, or upon excessive action of the muscles of these ducts. When once established, very little can be done to remedy this deformity. The pregnant woman should be instructed, when four months gone, to daily draw and coax the nipple out, so that by the end of pregnancy she will have a bold, prominent nipple for the child to grasp. This may seem like a trivial matter, but we should realize that the condition of the mother's nipple exerts a most wonderful influence upon the happiness or misery of both mother and child, and through them upon all connected with them. Some are wont to attribute depressed nipples to the use of corsets, but Dr. P. does not believe that the corset, as made to-day, has much to do with it; besides, there is no use in fighting corsets—you will only be called "cranky," and will accomplish nothing, because women *will* wear them, no matter how much you may preach against them. To draw out the nipple the finger and thumb may be used, or we may resort to a wide-mouthed vial of three or four ounces in size. Fill with hot water, empty out, and when warm fit accurately over the nipple; as the air cools it contracts, and so exerts a suction force on the nipple. Some men claim that this performance reacts injuriously on the pregnancy; this fear Dr. P. considers more imaginary than real. It should be practiced for about ten minutes, morning and evening.

Milk Secretion in a Baby.

Enlarged breasts and the escape of milk on pressure is not so very uncommon; in fact, it is so common that one is almost inclined to believe it the rule. While more common in female infants, yet it occurs in males, which lends some weight to Darwin's theory, that in our original state both sexes were accustomed to give suck to the young. Aristotle says that nature has done nothing in vain, but Dr. P. fails to find a satisfactory reason for the existence of milk in the infant's breast. It will usually disappear in a week, but it may last longer. If we take it away, we invite the secretion to increase. Much pressure may cause mammitis, or mastitis, or even an abscess. Mothers will become anxious over this condition, and some will resort to the superstitious proceeding of donning the father's shirt and wearing it until the milk disappears. A good rule is to do nothing—not more than to anoint the breast with a little sweet oil and spirits of camphor.

Icterus Neonatorum.

The Professor exhibited a jaundiced baby. The whole body is yellow, the deposit being noted in the sclerotic even. This condition will alarm a mother. In this case the baby was very red for the first two or three days, then white, and the jaundice came on after two days.

There are two forms of infantile jaundice; the ons simple (not icteroid), occurring in children who have passed through severe labors, where some of the capillaries having been ruptured, blood is effused, which undergoing certain changes presents to the skin a jaundiced appearance. This form requires but little treatment, and maybe a dose of castor oil or bicarbonate of soda (gr. i–ij.) and tinct. nux vomica (gtt. ¼) thrice daily.

In grave forms there is sometimes associated septicæmia, especially when the mother has some septic infection. There is sometimes umbilical phlebitis or arteritis, and here the prognosis is very grave; the child will generally die, no matter what you do.

SERVICE OF DR. M. D. MUSSER.

Lacerated Perineum—Procidentia Uteri.

This woman has had two operations performed, which were partially successful. One was the Alexandrian operation of shortening the round

ligaments in the groin. We must remember that the round ligaments are not the only supports that the womb has, for it has many others. When the perineum is ruptured, in spite of all the other supports, there is a strong tendency to procidentia. We must remember that the position of the uterus is not a fixed one, it changes with every motion of the body, with respiration, etc., but it must hold its relative position to the other organs, or we will have pathological conditions.

Unless a lacerated perineum is at once sewed up, it removes a great support from the uterus; hence procidentia most frequently occurs in poor women, who cannot afford the time to properly care for themselves after labor. In this case there is also a varicocele, and the urine retained in the pouch-like bladder undergoing decomposition and acting as an irritant, has set up cystitis.

In this case, Dr. Musser restored the perineum by the usual operation, and gave the following points of preparation and after-treatment:

A purgative is given twenty-four hours before the operation, and an enema immediately precedes it. The night before one grain of opium is ordered to prevent the gurgling from the intestines into the rectum. After the operation, the parts are kept quiet for a week or ten days, and liquid diet, leaving but little residue, such as milk, beef tea, and animal broths, are adhered to. The sutures are removed on the seventh day, and on the eighth or ninth a dessertspoonful of castor oil is given. If there are hard masses of fæces, enemas are used, or they are broken up with the finger. The bowels are thus confined for four or five days; regular motions not being allowed for two or three weeks. The water is drawn four or five times daily. Baker Brown divides the sphincter ani, but Dr. M. thinks this hardly necessary; if we use both deep and superficial sutures and properly apply adhesive plaster, the tension of the sphincter will be sufficiently antagonized. An important point is to introduce the first suture at least three-fourths of an inch below the denuded surface, thus drawing up the tissue like the mouth of a purse. There is very rarely hemorrhage sufficient to call for ligatures, but if there is, we should not use astringents; cold or very hot water, air and accurate coaptation of the parts, will usually suffice to check all hemorrhage. When it is obstinate, we may put a pledget in the vagina, but must be careful not to stretch the sutures.

Even when a good pelvic floor has been made, there is danger that a heavy uterus may break it down; hence we need some artificial support, until antiphlogistic treatment has reduced the size and weight of the uterus. For this purpose Dr. M. recommends the cup-shaped pessary with band around the abdomen.

A great practical point in this operation is to denude a sufficiently large surface, and to be careful to remove the mucous membrane in the angle of the space; we are much more likely to denude too little than too much.

SERVICE OF DR. E. T. BRUEN.

Idiopathic Pyelitis.

This patient presents some condition of seriously depressed vitality; he is thin, his eyes sunken, etc. he has been subject to irregularities of temperature, to flushes and occasional chills and sweats, for three months before admission to the hospital. These symptoms lead one to look for some centre of suppuration. The urine shows a whitish deposit, which on microscopic examination proves to be pus. Such symptoms would raise the suspicion of pyelitis. When pus originates in the pelvis of the kidney, it is apt to be thoroughly mixed with the urine, which is usually acid in reaction. The microscope here reveals nearly a pure pus, not mixed with epithelial cells. In recent cases the pus cells are normal and ordinary in appearance, while in older cases of pyelitis they are altered, which is an important point in prognosis. When we have casts and renal epithelium, we ought to suspect some disease of the kidney itself. When the pus comes from the bladder it is usually mixed with mucus and epithelial cells from the bladder. In cystitis also, the urine is generally alkaline in reaction, produced by a volatile alkali, ammonia, developed in the bladder by fermentation of urine, due to bacterial organisms or to the formation of a ferment in the bladder; the urine is passed frequently, and its passage is painful; there is tenesmus, which is absent in pyelitis, so that it is not so difficult to make the distinction. Pyelitis may be caused by the extension of an inflammation from the bladder or the prostate to the pelvis of the kidney, or it may be due to mechanical irritation, as from the presence of a stone; the first is the most common cause in women. These calculi are usually of the uric or oxalic acid variety. This patient has complained so much of lumbar pain, as to raise the suspicion of an hepatic abscess pointing in the lumbar region.

This has, however, been now eliminated, because the liver has been found to be normal, while rest and treatment directed to pyelitis has removed the pain. In renal calculi the pain is also very severe, and there is apt to be blood in the urine, caused by spiculæ of the stone injuring the vessels; there is none here, hence he dismisses stone. This condition may occur in connection with blood-poisoning, as in fevers; there is none here. It may occur from the pressure of a tumor; none here. Dr. B. is forced to conclude that it is a case of *idiopathic pyelitis*, due maybe to cold, but he is reluctant so to account for it. There is no history of injury. Treatment must be unsatisfactory, as we cannot affect this portion of the body save through the general system. These cases are very obstinate, and are apt to run on to irritation of and surgical kidney, and ultimately to unfavorable results from hectic, etc., brought about by retention of urine from thickening of the pelvis. When amenable to treatment, the milk diet is of service. The urine should be rendered alkaline, for which we may use carbonate of lithia, bicarbonate of potash, and phosphate of soda, given freely diluted with water. If we succeed in making the urine neutral it will answer. You should give a stimulating diuretic, as oleo-resin of cubebs. No specific treatment can be indicated, he can only lay out the general line. Boracic acid has a healing effect on mucous membranes, and this may be combined with bromide of potash if there is much pain. Bromide of potash may be made into an emulsion with oleo-resin of cubebs. Basham's

mixture is called for. The treatment may be varied, bearing always in mind to keep the urine neutral. Bear in mind as a possible complication peri-nephritic abscess; look for œdema of loins and localized pain; they form slowly, and are latent.

Rheumatism.

Rheumatism, Dr. B. believes, is rather more of a nervous than a blood disease, in evidence of which he adduces the suddenness of its onset and cure, metastasis, and its affecting the joints rather than the general system. The illustrative case before the class was cured in five days by remedies directed to the nervous system. Fevers having a neurosal origin are relieved promptly by salicylic acid acting on the nervous system. The alkaline base corrects the faulty condition of the blood due to faulty elimination, due in turn to the nervous system. His prescription is:

R.	Acid salicyl.,	℥j.
	Ammon. carb.,	gr. l.
	Syr. and aquæ,	f. ℥ij,

M. S.—Give in course of 24 hours.

Larger doses of the acid will have a tendency to weaken the patient and produce deafness, but the carbonate of ammonia will remove this tendency. The dose may be increased to forty grains, but we should never go beyond this, and the ammonia should be correspondingly increased.

Oil of gaultheria in similar cases has produced the same results. It may be given in doses of twenty drops every two hours for thirty-six hours, and then ten drops every twenty-four hours. He also uses alkalies with the salicylic acid; bicarbonate or citrate of potash in water as a lemonade may be used freely until the urine becomes alkaline, when it should be exhibited in doses sufficient to preserve this alkalinity. The alkalis are stopped as soon as possible, and the tone of the blood improved with tincture of the chloride of iron. The diet should be such as not to supply albuminoids in too great quantity. Beef-tea, eggs, milk, oat-meal, etc., should be interdicted.

SERVICE OF DR. J. S. WALKER.

The Physiognomy of Disease.

Just as we are able to recognize the features of our intimate friend and call him by name before he makes his identity known to us, so with the outward features of disease; there is a physiognomy, a feature or external expression of internal disease that is more or less characteristic. But, just as we find it difficult to so accurately describe the features of a friend to a third party that he can recognize him, so is it with the description of this physiognomy of disease. But let the third person once see our friend, and he will thereafter recognize him; so it is with disease.

Physiognomy of Malarial Fevers.

When a patient is pale and anæmic, the mucous surfaces pallid, conjunctiva pale, tongue pale, lips blanched and but slightly colored, we may suspect some malarial cachexia. In this connection, Dr. Walker makes a strong argument for the use of capsicum in malarial fevers; he thinks it is not ordered nearly enough. It seems to aid and increase the power of quinine and prevents it from deranging the stomach.

R.	Quiniæ sulph.,	gr c.
	Oleo resin. capsici.,	gr xii..

M. and div. in pil. No. l.

S.—Two pills every four hours.

Physiognomy of Bright's Disease.

In this disease, while there is no absolute certainty in the appearances presented in the face, yet the physiognomy is sufficiently characteristic to cause us to suspect the disease when certain peculiarities are observed. When, while there may not be marked oedema, there is yet sufficient puffiness of the face to cloud or displace the ordinary lines; when the blood vessels are distended, showing us red lines in the cheeks and nose, when there is sagging of the cheeks, a fullness of the jowls, and a peculiar earthy, pearly pallor, we have reason to look for Bright's disease. There is often noted a peculiarity of gait, consisting of a difficulty in keeping the equilibrium, due, most likely, to the influence on the brain of an imperfectly depurated blood, owing to the faulty action of the kidney.

From a distance, the face may sometimes present a ruddy hue, but closer examination will demonstrate this to be due to dilated blood-vessels and ecchymotic spots. The superficial arteries and veins of the head and neck are tortuous and dilated, being sometimes visible from a distance. The arcus senilis is another evidence often found. Atheroma of arteries and arcus senilis are surface indications of granular nephritis. But such appearances may be present when there is no Bright's disease, as, for example, the result of syphilitic infection or chronic alcoholism. Œdema (general) or ascites rarely occur in a marked form in granular or interstitial nephritis, but it may occur when this form of the disease is complicated with an attack of *catarrhal* nephritis, to which form dropsy peculiarly belongs; it may also occur in the waxy form, but is not so common there.

Physiognomy of Carcinoma.

Dr. W. calls especial attention to a peculiar glistening sheen of the surface (not unlike moonlight on the water) as very characteristic of carcinoma. It is not always present, but when it is observed it is a very strong sign; indeed Dr. W. has only seen it once where the autopsy has failed to reveal cancer, and in that case he is not certain that the disease may not have existed in some portion of the body not examined. The illustrative case had an expression of suffering, while the skin was much jaundiced. This glistening sheen is scale-like, so to speak; not scales that you can scrape off, but the glistening surface is marked by lines that do not glisten. It is most frequently present on the surface of the abdomen.

Physiognomy of Typhoid Fever.

There is flushing of the cheeks (no sordes in the illustrative case, because the nursing is good); apathy is marked, so much so that flies walk unnoticed over the face; the eyes are half-closed, the mouth open, and he breathes through it.

This being a typical case of typhoid, Dr. W. made a few remarks on the disease. When the morning temperature is below 102° and the evening temperature not above 104°, it is a satisfactory condition. While the eruption may occur in tubercular lesions, yet it does so so rarely that

they may be considered characteristic of typhoid. They are circumscribed, elevated, and rosy; rarely punctate, but occasionally become vesicular. They will disappear on pressure and after death. They generally appear on the trunk, but rarely on the extremities, though he has seen them on the hands. In order to be sure about the disappearance on pressure, we should place a finger on either side and stretch the vessel, for if we simply press on the spot and remove the pressure, the pressed-out blood will flow back so rapidly that we cannot be sure whether it has disappeared or not.

SERVICE OF DR. J. F. HEARN.

Stricture and Cystitis.

This patient makes water every fifteen minutes; just at the end of the act he has severe pain, which, commencing at the neck of the bladder, passes down to the head of the penis; he has to strain hard to pass the last drops. Sometimes the stream shuts off suddenly, like turning off a spigot, and he is compelled to twist, turn, and strain to start it going again. These symptoms indicate an irritation at the neck of the bladder. They would also suggest stone in the bladder, but examination fails to reveal any. This trouble came on after gonorrhœa, as it does in nine cases out of ten. Dr. H. succeeded in passing a No. 21 catheter (French scale), and for the cystitis he orders an injection of

℞. Acid. carbol., ♏ij.
Aquæ, f. ℥ iv. M.

When the stricture is cured (by dilatation), this injection (nitrate of silver may be substituted for it) will cure the cystitis. Dr. H. lays great stress on the use of *clean* instruments; by neglect of this precaution we may produce cystitis. He always precedes the passage of an instrument by injecting a syringeful of sweet oil into the urethra. In sensitive urethras an injection of a four per cent. solution of cocaine may be used. We are cautioned against what Dr. H. calls *surgical mania*, which consists in a determination to reach the bladder at all hazards. If he cannot pass the stricture easily, he puts it off to another time, as we may do incalculable harm by using undue force.

Gonorrhœal Ophthalmia.

This man went to bed with his eyes all right, and woke up at five o'clock in the morning with pus running down his cheeks, so virulent is this poison. It was not stated how it came into contact with his eyes. Operative interference will here be required. Since adhesions of the iris are inevitable in such cases, we should at once resort to instillations of atropia (gr. ij.–iv. to f.℥j.), in order that the pupil may be dilated before the adhesions occur, and some vision thus secured. Solutions of nitrate of silver (gr. xl.–l., or even lxxx. to f.℥j.) should be used in the eyes, while constitutionally depressant treatment, as magnesia and tartar emetic, is indicated. Leeches should be applied to the temples. Boracic acid (gr. iii. to f.℥j.), or corrosive sublimate (gr. ½ to f.℥j.), with a little lime water, may be used as a wash.

Stricture.

When, as in this case, there is a stricture near the meatus, you may be sure there is also a stricture further back. If the stricture is tight, and you are going to use a filiform bougie, do so at first. If you first use a large instrument, you will so pouch the urethra that the filiforms will catch and will not pass. If you have used a large sound first, without success, wait a few days until the urethra has assumed its usual condition before you try the filiforms. The stricture near the meatus he cut on a grooved director with a probe-pointed bistoury. If, in a given case, where there is developed an inability to pass urine, you can introduce a filiform bougie and give a dose of opium, the patient will pass his water. He is able to dilate the divided anterior stricture with a No. 23 (French) sound; but cannot even pass a filiform through the sound stricture. He therefore will let it alone for a few days.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

(*Continued from page* 348.)

Dr. Goodell exhibited his improved

Uterine Dilator.

He said that the main difficulty in the operation for the rapid dilatation of the cervical canal lay in the liability of the blades of the instrument to slip out. This he had, in a great measure, overcome by having shallow grooves cut into them. Into these grooves the tissues sank, and the resulting friction kept the instrument in place.

Since he had called the attention of the Society to his instrument, not quite a year ago, he had performed the operation forty-one times for dysmenorrhœa and sterility, making in all two hundred and nine such cases. In not a single instance had dangerous symptoms followed, and the average of success was a very large one. He had become firmly convinced that for dysmenorrhœa and sterility, the operation of rapid dilatation of the cervical canal would, except in some very rare cases of stenosis of the os externum, wholly supersede the cutting operation, the use of tents, or the slow dilatation by any means whatever. For by the former not only was the measure of success far greater, but the danger from inflammation was very much less. He dilated the parts from three-quarters of an inch to one inch and a quarter, as measured off by the register in the handles, watching the cervix carefully to see what strain it could bear. His instrument could be opened to the width of one and a half inches, but he resorted to that extreme divergence only when wishing to introduce his finger for diagnostic purposes. This he could not ordinarily do, unless the parts were relaxed from hemorrhage. Usually, however, when suspecting the existence of a polypus, he did not find it needful to pass in his finger, for after a moderate dilatation he introduced a fenestrated forceps and opened it at hap-hazard. In this manner he has repeatedly caught and twisted off a polypus without knowing it was present, the subsequent removal of the growth through the os uteri being the most difficult part of the operation.

Dr. Baer was strongly impressed by the case of a lady whom he had delivered to-day as to the advisability of entirely giving up division of the cervix. A year and a half ago he had slit up the cervix posteriorly, and to-day he felt very anxious during the first stage of labor as to the probability of laceration of the uterus, starting from the seat of the former operation. The anterior lip was very long coming down under the pubis, and the posterior lip could not be felt. The case will be reported fully.

When the uterus contains a polypus, the continued hemorrhages reduce the contractility, and a single dilatation will sometimes enlarge the os sufficiently to admit the finger or forceps; but, if the uterus is healthy, it contracts immediately after the withdrawal of the dilator. He could not recall an instance of inflammation following rapid dilatation. Sterility of long standing is seldom cured by dilatation or any other means.

Dr. C. M. Wilson had seen recently in the practice of Dr. Ellwood Wilson a uterus, the cervix of which had been divided bilaterally some years ago. The operation had resulted in the development of the symptom peculiar to a bad laceration of the cervix with ectropion. Trachelorraphy was performed by Dr. Agnew, with complete relief to the patient. Dr. Wilson mentioned this case to call attention to the change in opinion and practice since Emmett proposed his operation.

Dr. Longaker inquired as to the prevention of slipping of the dilator, and called attention to the original method of pressure over the fundus of the uterus.

Dr. J. G. Allen has performed rapid dilatation over seventy-five times, and has never seen any bad results from the operation. The blades of his instrument diverge as they separate, and there is then no disposition to slip out. The blades are more curved than in Dr. Goodell's instrument; he thinks that an advantage in holding the instrument in place. The handles are turned up so as not to touch the bed or table.

Dr. Goodell prefers the slight curve, so that in flexion of the uterus he can introduce the dilator with its curve reversed to the bend in the womb, and by opening the dilator in that position rectify the flexion of the organ. He prefers parallelism of the blades, because the stenosis of the cervix is greatest at the external os, and there is no need for dilatation above the internal os. He considers it dangerous to press the fundus of the uterus down while using the dilator for fear of wounding or even penetrating the tissues, and he uses a strong tenaculum to hold the organ; but since he had got Mr. Gemrig to roughen the blades by grooves, he had not been annoyed by the slipping of the instrument. He rarely finds it necessary to separate the blades more than one inch, but he sometimes does so to the extent of one and a half inches, especially when he wishes to introduce his finger into the uterine cavity.

Dr. Goodell exhibited two specimens of

Parovarian Cysts.

In each case the cyst was so detached from the ovary that the former could have been taken away without injury to the ovary. He was greatly tempted to practice conservative surgery in these cases and leave the ovaries untouched: but on account of apparently incipient cystic degeneration, they also were included in the ligature and removed. Both these cases were operated on in his private hospital, and both had recovered.

In his experience, the removal of parovarian or of broad-ligament cysts was one of the most successful of operations. Out of a large number which he had performed, he could recall but a single fatal case, and in that the result seemed hardly due to the operation. The lady lived in a distant city and he did not see her after the operation, which was a very easy one. At the end of a week the bowels were moved, the stitches removed, and everything gave promise of an unusually prompt convalescence. On the twelfth day, however, she was seized with uncontrollable vomiting, and she died on the seventeenth day. Six months previously, she had an analogous attack of vomiting, from which she barely escaped with her life. Thus far this year he had had eighteen ovariotomies, and this was the only fatal case among them.

Dr. Montgomery wished to ascertain the opinion of the Society as to the advisability of removing the second ovary, when in an operation for the removal of an ovarian cyst the other ovary was found to be slightly diseased. In his first ovariotomy, performed in 1879, the second ovary was found to contain numerous small cysts; it was not removed, and the patient has since been twice pregnant, and there has been no appearance of another tumor, nor any symptoms referable to the remaining ovary. If the climacteric had been passed there would be no question about it.

Dr. Baer inquired if tapping ever cured parovarian cysts. It was formerly reported as a means of cure. Do they always return after tapping? Would Dr. Goodell recommend tapping in undoubted parovarian cyst? He, himself, felt strongly inclined toward abdominal section in all cases. He thinks the second ovary should be removed when it is not healthy, as the idea of a second operation is very depressing to a patient.

Dr. Montgomery knew of one instance of parovarian cyst which had been tapped and had refilled seven times. It was finally removed by him by pulling out the cyst, as on opening the abdomen he found the tumor universally adherent. Only one ligature was required, viz., on the stump of an enlarged ovary which was wedged prominently into the cyst cavity.

Dr. J. G. Allen considered that as an ovary somewhat diseased may give rise to a pregnancy, it should be left. We know too little about the probability of the development of such small cysts into large ones. Until we have certain data on the subject, it must be considered a case of want of information and knowledge.

Dr. Parish was in accord with Dr. Allen as to the want of knowledge. He has seen diseased ovaries containing numerous small cysts in many autopsies, and there had been no symptoms during life to excite a suspicion of their exisience. The existence of minute cysts cannot be considered as proving any liability to the production of large ones. If the second ovary contained a cyst as large as a partridge's egg, he would remove it, but if numerous cysts as small as split peas were present he would not. The possibility of concep-

tion should be considered as well as that of a cyst.

Dr. Goodell acknowledged the truth of the points made by Drs. Allen and Parish, and he believed that he had repeatedly removed the second ovary unnecessarily. Yet the history of his own ovariotomies shows a return of the disease in the remaining ovary in about two per cent., and he thought he erred on the safe and right side. The social conditions of the patient would always have a great weight with him. If an heir were wanted or the patient were young, he would leave a suspicious-looking ovary, or try to remove the diseased portion of it. But in the majority of his cases, where there was any doubt, he removed the ovary. Of course, under such a rule, he must remove ovaries which might never give any trouble in the future. But the mental agony of women when informed that the operation must be performed a second time upon them, and on the other hand, the great joy and satisfaction of patients when assured, after the close of an operation, that both ovaries had been removed, have determined him that, other things being equal, it is better to remove the second ovary. As to the cure of parovarian cysts by tapping, his own experience is not sufficient yet to decide absolutely. He would advise the radical operation, but if the patient, after understanding the liability of return, wished it, he would tap, as there was but little danger from tapping such cysts. A patient was tapped by Dr. Atlee some twenty years ago; five years afterwards the cyst filled and was tapped by Dr. Goodell. It then partly refilled, and so remained for a long while; the fluid then was gradually absorbed and never returned. He has had beside this one or two cases which he tapped, one five years ago and the other three years ago, and there has been no return whatever of the fluid. On the other hand, he has had two or three cases in which the cyst burst spontaneously several times, and yet refilled invariably. The rupture was followed immediately by some collapse and pain, and later by an excessive secretion of urine with complete subsidence of the tumor. He had also heard of several cases of rupture, but as far as he has learned the history of such cases, the cyst has always returned. The report of the cure of ovarian cysts by tapping and injection of tincture of iodine must be true only of parovarian cysts.

Dr. Harris knew of a case of parovarian cyst in which fourteen years had elapsed between the tapping and the subsequent refilling.

Dr. E. E. Montgomery read following supplement to his paper on

Bromide of Ethyl.

I read a paper on bromide of ethyl as an anæsthetic in labor before the April meeting of this society. Although I did not attempt a history of the early administration of the drug, subsequent investigation has shown me that I did Dr. L. Turnbull injustice in not mentioning that to him we are indebted for the revival of this agent, and its first use in this country. In following the German literature, by which I was led to use this drug in labor, I ascribed its first obstetrical use to Lebert of Paris. The first case in which he used it was for the application of forceps, and occurred in March, 1881; but a paper published by Dr. Turnbull (*Med. Bul.*, June, 1880), shows that he had then used it in a second case of labor, and spoke in high terms of its peculiar advantages. Dr. H. Augustus Wilson had used it in labor prior to August 7, 1880, when he published an article upon this drug, MEDICAL AND SURGICAL REPORTER, August 7, 1880. It becomes quite evident that the first obstetrical trial of this agent was made in this city, and the priority lies between the gentlemen named. Various mixtures of the ethyl have been advocated in labor and the minor surgical operations. Booth, of Ohio (*Ther. Gaz.*, 1884–85, p. 159), recommends alcohol two parts, chloroform and bromide of ethyl, each one part.

W. H. Byrd, Quincy, Ills., *Ther. Gaz.*, March 1884, has used bromide of ethyl one part, chloroform three parts, alcohol four parts, in some ninety-eight cases, without a single unpleasant symptom. It has not everywhere received the same condemnation that is shown by the hesitancy to use it in this city. In spite of the bad name given it by two deaths under its use, and the apparently dangerous symptoms induced by experiments upon the lower animals, its use has been revived by Chisholme, *Maryland Med. Jour.*, 1882–3, ix., 388, and Prince, *St. Louis M. and S. Jour.*, 1883, xiv., 297, who strongly urge its use in minor operations and preliminary to the administration of ether. The last named has reported five hundred cases in which it was used without a single unpleasant symptom.

A leading article in the *Ther. Gaz.*, June, 1885, advocates a redistillation of a mixture of bromide of ethyl and olive oil, as a valuable and safe anæsthetic in labor. These facts are referred to simply to induce the profession to give this anæsthetic a fair trial in ameliorating the terrible suffering of natural labor.

Dr. Montgomery exhibited a

Uterine Fibroid Polyhus.

Miss R., aged 38 years, began to menstruate at 17 years. The flow was regular, quite free, lasting a week, and was accompanied with pain the first three days. Ten years ago she had a hemorrhage, and subsequently several such attacks. Two years later she had a severe hemorrhage, followed by a bloody discharge, continuing several months, since which time she has never been regular. The flow would occur too frequently, be very profuse, and attended with pain and loss of flesh. The symptoms were more marked during the last year. At one of the hospital clinics some years ago, the difficulty was ascribed to anteversion of the womb. Dr. Bournonville examined her three weeks ago, diagnosticated the condition fibroid polypus, and referred the case to me for treatment. She was quite pale, lips bloodless, complained of pelvic pain and of a constant bloody discharge, which amounted to hemorrhage upon the slightest exertion. The vagina was dilated by a tumor the size of an orange, about whose pedicle could be felt the neck of the uterus. The finger passed into the os and about the tumor without difficulty. Every examination was followed by severe hemorrhage. The pedicle was cut through by means of the wire ecraseur, and the tumor removed by means of a pair of polypus forceps.

Considerable hemorrhage followed its removal. As this was not controlled by applications of hot water, a tampon saturated with a solution of subsulphate of iron was introduced. This was removed on the second day. On the fourth her temperature ran up to 103°. She had a chill and pains in various parts of the body. These symptoms vanished under the use of quinine, digitalis and opium. Five weeks after the operation she appeared much improved, has had no bleeding since, her appetite and strength are greatly increased, the uterus was normal in size, the cervix was still dilatable and will admit the finger with pressure; the cervical membrane was in good condition.

The tumor was the size of an orange, the mucous membrane of the lower surface was ulcerated so that vessels were ruptured, allowing hemorrhage on any exertion.

The case is of interest from the long continuance of the hemorrhage, and illustrates the importance of early and careful examination of the cavity of the uterus in cases of protracted hemorrhage.

Dr. Goodell seldom uses the wire now for the removal of uterine polypi. He prefers traction with twisting or enucleation by the finger. There is less bleeding, and he is afraid of "cupping" of the fundus-uteri and its injury by being included in the wire loop. He had made traction with the obstetric forceps, and enucleated tumors so large as to rupture the perineum, even after lateral incision had been made in the labia. He has partially inverted the womb, enucleated the tumor, and thus restored the organ to its proper form. The tumor sometimes occludes the os, and fœtid pus from necrosis of the growth is imprisoned above it, giving rise to a suspicion of cancer.

Dr. Baer thinks Monsel's solution may have caused the high temperature; vinegar would have been a better hemostatic, and it is also an antiseptic. From the appearance of the specimen, a portion of the adventitious growth seems to have been left behind, and it would be interesting to know the history of the stump.

Dr. Parish has removed many fibroids of various sizes, and sometimes with degenerated tissues and noisome odors. The rapid recovery of Dr. Montgomery's patient was remarkable. It is much to be regretted when any portion of the tumor is left, as necrotic change is rapid and decided in such tissue, and there is danger of blood poisoning. The pedicle, however, generally shrinks and disappears.

Dr. Goodell remarked that this tumor appeared to be sessile, and had been wholly removed. The pedicle proper is usually simply mucous membrane without adventitious tissue, and it makes very little difference if some of it is left behind, as it shrivels away and is absorbed.

Dr. Allen sometimes regretted that he was compelled to leave a portion of pedicle or tumor in the uterus, but he has never seen any bad consequences follow it. He prefers vinegar to iron as a hemostatic, and considers it as good an antiseptic as carbolic acid.

Dr. Montgomery remarked that the wire evidently brought away all the tumor. There was no evidence of any remnant on examination to-day. In one case a portion of tumor or pedicle was unavoidably left, and he he removed it some time afterwards by means of a tenaculum. He wounded his finger in doing so, and suffered from septicæmia. The woman had an attack of cellulitis.

W. H. H. Githens, Secretary.
2033 *Spruce street, Philadelphia.*

Editorial Department.

Periscope.

Treatment of Cephalalgia.

Dr. A. A. Smith thus writes in the *Denver Med. Times*, February, 1885:

In considering this subject I shall include all pains, both superficial and deep, which are found above the neck. These pains in many instances are localized, as when only felt at the crown, the occiput over the temporal or frontal bones, and are due to different causes.

In persons of full habit, rich blood, and plethoric, the pain is severe and is felt all over the head. In these cases a good saline cathartic is indicated. The most common form of headache is the nervous headache, which occurs in persons who have delicate or overworked nervous systems. They suffer from headache when anything happens or is done to produce a little strain on the nervous system. The question will often occur, what will relieve this patient from nervous headache? The remedies which have proved most useful to me are bromide of soda combined with valerian:

℞. Elix. valerian. ammon., oz. 2.
Sodii bromid., drachms 4.

M. Sig.—Teaspoonful in a wineglassful of water every hour until the headache is relieved.

Anæmic headache is one of the most severe; it produces localized headaches, as on top of the head, or over the temples, and sometimes is found over the entire head. As this is due to a want of blood in the brain, any remedy which will increase the heart power will relieve the pain; with this headache we find symptoms of anæmia, as cold hands and feet, pale face, etc. To relieve the immediate attacks, a little cotton dipped in amyl nitr. and placed in the nose, answers a very good purpose.

Spts. ammonia arom. in ½ drachm doses is good, or alcohol in some form. Alcohol should be used carefully, for if the cause of the headache is not relieved the patient may take stimulants in the shape of some kind of liquor, until he has acquired the habit of drinking. But a fear of this

should not deter the use of alcohol when it is deemed necessary. You should, however, prescribe the quantity and caution the patient. To relieve the cause of these headaches, build up the system by giving tonics, cod-liver oil, iron, etc.

In sick headache, there are two causes; one a disturbance of the nervous system, the other, gastric disturbances. Sick headache from the latter cause constitutes what is called megrim. Both these are characterized by nausea and pain in the head. The diagnosis can be made from the fact that in sick headache coming from a gastric trouble the nausea is felt before the pain in the head, and vomiting relieves the headache. When caused by a disturbance of the nervous system, the pain in the head comes first, then the nausea. The gastric trouble is often caused by the kind of food taken into the stomach, and when this is the case an emetic is good treatment and will often relieve the pain; when, however, this treatment is pursued in sick headache from a nervous cause it aggravates rather than relieves the pain. The sick headache caused by a disturbance of the nervous system is not so easily treated as the former; occasionally, if the right kind of nerve stimulants are given, they will cure the patient.

One of the best is citrate of caffeine given in grain doses every half hour until three grains have been given, then, if the headache is not relieved, wait three hours and give three grains more. Caffeine can be given until the physiological effects are obtained in a small degree, with no bad effects to the patient.

There are some cases of headache due to a rheumatic tendency, which yield to salicylate of soda, grain v. doses every half hour, administered in aq. menth. piper.: the salicylate may act in a similar manner as quinine, which is good to use in many kinds of headache besides those produced by malaria. When a patient cannot sleep from sick headache, and a sedative effect is desired, croton-chloral in grain doses every half hour, or what is better, croton-chloral combined with caffeine, in some cases acts well—the administering of the chloral to be begun five hours before it is desired to produce sleep. Some believe in cannabis indica as a permanent cure for sick headache. Its action is on the central nervous system, and it may be a good remedy, but it is not a reliable drug. When given to a male the dose should be grain ½ of the extract, when to a female grain ⅓, three times a day, and it should be continued for three months. Headache occurring at the menopause is very satisfactorily treated; the symptoms are a fluttering at the pit of the stomach, and a general feeling of depression. The patient thinks she is going to die, and is very low-spirited.

In these Calabar bean has been given in grain $\frac{1}{10}$ doses every half hour; this acts very well, but the following is better:

℞. Spts. camphor, drachms ij.
Bromid. sod., grains xv.
M. Sig.—Give every half hour until the headache is relieved.

Neuralgic headaches are generally localized, and are an evidence of a low physical condition of the patient. In some cases this form of headache may be relieved by the fl. ext. gelsemium, given every half hour in doses of gtt. iii., until there is a little lopping of the eyelids. There is a fear of using gelsemium, which has grown out of the using of large doses. It should never be given in doses of gtt. xx., but in small doses frequently repeated. In cases of neuralgic headache due to malarial poisoning, commence by giving quinine in grains xx. doses; give ten doses like this, and if it does not do any good, turn right around and give quinine in stimulating doses of grains ii. each. If the quinine fails, give

℞. Liquor potassii arsenitis, gtt.v.
Tincture belladonna, gtt.v.

Increasing the Fowler's solution one drop every ten days until the point of tolerance is reached, shown by the oedema of the lower eyelid. If the attack is very severe, a hypodermic injection of morphia and atropia can be administered.

If with this neuralgia is found a condition of anæmia, give iron, strychnia and quinine and build up the system with good food, and hygienic surroundings. It is necessary to say but little about malarial headaches. The drug to be given is quinine, given in the same manner as in intermittent fever. Arsenic and iron can also be given in some cases. Syphilitic headache is due either to gummy tumor, exostosis from the skull, or syphilitic neuralgia. It may in some cases be relieved by small doses of calomel, gr. $\frac{1}{10}$, given every hour for ten hours preceding the headache, which usually occurs at about the same time every afternoon.

Alcoholic headaches may be either acute or chronic; the acute form is caused by a disturbance of the digestive system and a cerebal congestion. The patient should be put to bed and given a cathartic followed by a stimulating mixture as the following:

℞. Spts. ammonia arom., drachms ½.
Tinct. capsicum, gtt.v.
Spts. camphor, gtt.xv.
M. give this every two hours, also try and get the digestive system in good condition. It is very important to give the patient sleep, good food, and keep him from getting more alcohol, as he sometimes does after a debauch.

A dyspeptic headache is dependent on a disturbed digestion, either hepatic or gastric or intestinal. A general rule can be laid down for treatment, which is founded on clinical observation. If the headache is frontal it can be relieved by the administering of a mineral acid. This can be given either:

R. Acid nitro-muriat dil. gtt.xv. Sig. in a half glass of water after meals; or gtt.v every 3 hours. When the headache is felt further up, about the roots of the hair, an alkali is indicated, as the bicarb. of soda in doses of grs. xxx, either before a meal or at any time when the headache is felt. Salicylic acid and bromide of ammonia can also be used with benefit.

The other indications in dyspeptic headache are to keep the bowels open, because constipation increases the headache by reflex action, and to overcome flatulence and improve digestion.

Gouty headaches are not uncommon. The treatment consists in giving alkalies and salines, as Carlsbad salts. The following is very useful:

℞. Vinum colchici sem., drachms 1½.
Ext. taraxaci fld., ounces 2.
M. Sig.—Drachms 1 three times a day.
Give until a decided laxative effect is produced.

It is well known to the laity that in all headaches relief may sometimes be obtained by the application of heat or cold to the head, or mustard plaster to the back of the neck. But it is not so well known that a mustard plaster to the pit of the stomach will also relieve some headaches. Counter irritation is useful sometimes in severe cases; it may be applied by blister to the back of the neck, or the thermo-cautery along the spine. Optic defects are often responsible for severe and long-continued headaches. Proper glasses will cure such. Uterine and ovarian derangements, too, are often the cause. Remove such derangements.

The Physiological Basis of Diabetes Mellitus.

The *Med. Chronicle* for Feb., 1885, says that all modern theories of diabetes mellitus are the offspring of Claude Bernard's great discovery that the liver at death contains sugar and glycogen; but they have varied with the interpretation which physiologists have put upon these facts. Bernard's hypothesis is that which has most adherents. According to it the glycogen in the liver is derived from the food, and the sugar arises in a transformation of the glycogen by means of a ferment generated in the liver, just as sugar is formed by diastase from the starch of the germinating plant. The function of the liver in respect of its glycogen is the conversion of it into sugar for the purposes of the economy. The view of Pavy is diametrically opposed to this: according to it, the liver during life contains no sugar, or a mere trace of it, nor does the hepatic venous blood contain more sugar than the portal blood, if care be taken to collect them separately. Sugar arises from the glycogen of the liver after death owing to the post-mortem creation of a diastatic ferment; and the function of the liver in regard to its glycogen store is to restrain that conversion of it into sugar which, when it does occur, leads at once to glycosuria. (Croonian Lectures, 1878.)

Prof. Seegen's researches extend over a period of ten years*, and give an entirely new bent to the theory of glycogenesis. By the use of more exact methods of analysis, and especially taking more care than Pavy did to extract all the sugar from the prepared samples of liver, Seegen has established that the liver contains at the instant when life ceases 0·4 to 0·6 per cent. of sugar. (Bernard had found 0·2 to 0·3 per cent.; and Dalton 0·2 to 0·4 per cent.; Pavy had only detected 0·02 to 0·05 per cent, but he merely strained the liver-decoction through muslin.) In like manner he has put beyond dispute the fact that, while carotid-blood and mixed venous blood from the right heart contain approximately the same percentage of sugar (viz. 0.107 to 0.153 per cent., which is a trifle in excess of the sugar of the portal vein), the blood of the hepatic vein unmixed with the common venous blood contains twice as much sugar as that of the portal vein.

If Seegen's researches support the accuracy of Bernard's original statements of fact, they completely demolish his theory. Bernard's hypothesis is so simple, and the analogy with the diastatic conversion of starch in the germinating plant is so striking, that we are apt to forget the large assumptions the hypothesis involves. The theory that glycogen of the liver is diastatically converted into the sugar of the liver by the ferment which may be extracted from that organ is clearly only tenable if the ferment is like diastase in its action, and if the sugar is such as a ferment resembling diastase can evolve out of glycogen. Furthermore, such a theory must fall if it cannot be shown that the glycogen diminishes in amount as the sugar increases. Each one of these points is assumed to be true by Bernard, without any experimental ground. He believed that he had isolated a diastatic ferment from the liver by extracting with glycerine; but, inasmuch as every soluble albuminous body may be made to yield a solution capable of converting starch into sugar,* little weight can be attached to the preparation of a ferment from liver tissue, unless the ferment closely resemble other diastatic ferments. Far from this being the case, the diastatic solution derived from the liver resembles in the slowness of its action that derived from other albuminous bodies, rather than the rapidly acting saliva or pancreatic juice. Bernard further assumed that that the sugar obtained from the liver is indentical with that which a true ferment like ptyaline or diastase evolves from starch; but this is not the fact, for the liver sugar is true glucose, while the sugar which the ferments produce from starch has a slighter reducing power and a greater rotary power than has glucose, and is probably identical with maltose (Musculos; von Mering). Lastly, Bernard definitely states, although he nowhere gives experimental proof, that the glycogen and the sugar of the liver have a reciprocal relationship, one increasing as the other diminishes. Seegen and Kratschmer (*loc. cit.*) tested the validity of this statement in the folowing manner: Having first ascertained that glycogen is always evenly distributed throughout the liver, and is not accumulated in certain parts of it, they took a piece of the liver of a recently killed, or still living, animal (dogs, cats, guinea-pigs, rabbits, calf, and fox), weighed it, scalded it, and determined the glycogen and sugar it contained. They allowed the rest of the liver to stand for some time, and then repeated the operation with a second portion of tissue; and then after an interval with a third, etc. The sugar and glycogen were extracted by first boiling the pieces of liver and afterwards repeatedly squeezing, triturating, and again boiling. The process occupied eight or ten hours before the last extraction was free from glycogen and sugar. The sugar so extracted was estimated by Fehling's method. The glycogen was determined in one of two ways: (1) It was entirely converted into sugar by being placed with dilute HCl in a sealed tube, and kept at the temperature of boiling water for twenty-four hours, and finally estimated as sugar by Fehling's method. (2) It was separated as glycogen by Brücke's method, absolute alcohol being used as the precipitating reagent. The animals, when it was necessary, were killed by cyanide of potassium, and the first

*"Der Diabetes Mellitus," 1875; Centralbl. f. d. Med. Wissensch., 1876; Pflüger's Archiv., vol. xiv.; vol. xix.; vol. xxii.; vol. xxiv.; vol. xxv.; vol. xxviii.; vol. xxxiv.

*Lepine, Bericht d. k. Sachs. Gesellensch. d. Weissensch., 1870; Seegen, l. c.

piece of liver was rapidly excised before the heart had ceased to beat, and was plunged into a large volume of briskly boiling water in order to check post-mortem changes. In this manner it was discovered that the amount of sugar in the liver increases steadily from the moment of death, and during the next twenty-four, forty-eight, and even more hours. The greatest amount of increase is observed in the first hour, and 80 to 90 per cent. of the increase has usually been accomplished at the end of the first twenty-four hours. This rate of increase corresponds in all probability with the gradual death of the liver tissue and the cessation of its metabolic activity, which takes place at first slowly, but afterwards more rapidly. On the other hand, the store of glycogen in all animals, except rabbits, does not suffer any corresponding diminution, not only during the remarkable glycogenic activity of the first hour, but even in twenty-four hours. Rabbits form a curious exception to the rule: in them the glycogen-store begins to dwindle at once, and diminishes as rapidly as the store of sugar increases.

Claude Bernard's theory is therefore untenable, and we must look to some substance other than glycogen for the origin of liver-sugar. Seegen's observations seem to show that peptones are the substance in question. He introduced into the stomachs of dogs a considerable amount of peptone solutions, and found that their livers, in 1 to 2 hours, yielded 50 to 200 per cent. more sugar than the livers of dogs usually contain. He also injected peptone solution into the portal vein, and found that after 30 to 40 minutes the liver contained 100 to 300 per cent more sugar than the normal. In like circumstances the hepatic venous blood was ascertained to be 100 to 150 per cent. richer in sugar than is commonly the case. In order to show that this increase is due to the interaction of living hepatic tissue and peptones, and not to a derangement of the glycogenic functions of the liver through the nervous system, he took two pieces of the same liver, to one of which he added water, while to the other he added peptone solution and oxygenated blood: the latter piece subsequently yielded 3 to 4 per cent. of sugar, and the former only 2 to 3 per cent. (The faults of this experiment lie on the surface, and are much to be regretted at such an important step in the argument; the apparent excess of sugar in the one case may be explained without reference to the peptones, by the consideration that blood would prolong the life of the hepatic tissue, while water would rapidly destroy it; in one case the usual post-mortem accumulation of sugar would be favored, while in the other it would be untimely checked.)

In conclusion, it may be stated that Seegen has estimated the amount of sugar which passes into the hepatic vein of a dog in twenty-four hours, and has found that the amount of carbon in the food of a dog on meat diet, neither losing nor gaining weight, is sufficient to account for the carbon of the sugar.

The Treatment of Acute Rheumatism.

We extract the following from Dr. J. S. Bristowe's paper before the British Med. Association:

"I now proceed to quote the statistics prepared for me by Dr. Mackenzie. They illustrate mainly the influence of the salicylates in reducing febrile temperature, in curing the joint affection, and in shortening the duration of the disease. It is significant that there is no reference in them to the ill effects of the medicine.

"The following statistics are obtained from the records of 150 cases of acute rheumatism treated with salicylate of soda in St. Thomas's Hospital during the years 1881, 1882, and 1883. The cases are not selected cases to support a particular hypothesis. Every case in which the information required was to be obtained has been included until the above number had been attained.

"The salicylate was administered, as a rule, in doses of 20 grains every two hours, until the temperature became normal. It was then given in like doses every six hours for a few days, and then discontinued if no relapse took place. In all except 8 cases the temperature became normal on the second, third, or fourth day of administration of the salicylate. In a few cases the temperature went up to 100° for a night or two after it had become normal. The exceptional cases were all complicated ones. In 120 of the 150 cases, the temperature once normal remained so. In the other 30, one or more relapses with rise of temperature and swelling of joints occurred.

"The pains and swellings of joints were, as a rule, very much diminished at the same time as the temperature became normal, but did not altogether disappear for a few more days, sometimes ten days after admission.

"In 61 cases there were no complications apparent on admission. In 20 of these, signs of endocarditis subsequently developed, and were present when the patient left the hospital; 11 were cases of first attack, 7 were cases of second, and 2 cases of third, or later attack. In 2 cases where endocarditis was present on admission, pericarditis subsequently developed. The average period a patient remained in the hospital was about three weeks.

"Of the total number of cases, 64 were cases of first attack; 42 of these were admitted within two weeks of the onset; 21 were admitted at a later period of the attack. Of the 42 admitted within the first two weeks, 13, that is, 31 per cent. were free from complication; 4, that is 9.5 per cent., had murmurs on admission, which subsequently disappeared; 8, that is 19 per cent., developed murmurs during treatment, which persisted; 10, that is 24 per cent., had murmurs all through; 7, that is 16.5 per cent., had pericarditis on admission. Of the 21 admitted later, 2, that is 9.6 per cent., were free; 3, that is 14.4 per cent., developed murmurs; 14, that is 66.4 per cent., had murmurs throughout; 2, that is 9.6 per cent., had pericarditis.

"Thus, in the former class, 40 per cent. emerged without signs of heart affection, while, in the latter, only 9.6 per cent. escaped.

"There were 45 cases of second attack; 28 of these were admitted within the first two weeks; 8, that is 28.6 per cent., were free throughout; 6, that is 21.4 per cent., developed murmurs; 14, that is 50 per cent., were admitted with endo- or peri-carditis; 17 were admitted subsequently; 5, that is 29 per cent., were free throughout; 1, that is 5.8 per cent., developed murmurs; 11, that is

63.8 per cent., had endo- or peri-carditis on admission.

"There were 41 cases of third or later attack: 28 of these were admitted within the first week; 10, that is 36 per cent., were free throughout; 1, that is 3.6 per cent., had a murmur, which disappeared; 2, that is 7.1 per cent., developed murmurs; 15, that is 53.3 per cent., had murmurs throughout, or pericarditis; 13 were admitted after the first two weeks; 3, that is 20 per cent., were free; 10, that is 80 per cent., had endo- or peri-carditis on admission."

Lupus of the Larynx.

Haslund (*Vierteljahrschrift für Dermatologie*, xv., p. 471,) reports concerning ten cases of lupus of the larynx, which he observed in the common hospital at Copenhagen during five years time, and among 109 cases of lupus. The following is a brief report of what was found with the laryngoscope:

Case 1. Thirty-two year old female, who in her eighteenth year contracted lupus of the face. Especial defect of the epiglottis was noticed. It was almost half gone. The remaining part was thick and covered with scars. There were a number of red nodes, the size of a grain of oats, just above the false vocal cords. The true vocal cords normal. Swallowing was not hindered.

Case 2. Eighteen year old female, contracted the disease four months before, on the nose. Swelling moderately red, and plain node formation of the right ligamentum glossa epiglotticum laterale.

Case 3. Female, æt. 22 years, had lupus for ten years. Marked swelling and congestion of the epiglottis, and small, thickly-laid nodes on the anterior surface. False vocal cords swollen; a few nodes. Observed floating in the rima glottidis from the anterior part of the left true vocal cord, a small polyp-like tumor. Deglutition free.

Case 4. A female, æt. 17 years; sick since two years. Voice hoarse. Especial defect of the epiglottis. On the remaining part, a thick, sausage-shaped tumor behind the base of the tongue, and in the thickly swollen and cicatrized ligamentum pharyngo-epiglottica and the immediately adjoining mucous membrane of the cartiliago-arytænoidens and plica aryepiglottidens. Within the larynx, otherwise than a slow movement of the vocal cords, nothing abnormal was noticed. On a later appearance of the patient in the hospital, the mucous membrane of the larynx was swollen and filled with nodes so that the true vocal cords were covered. Death occurred from suffocation.

Case 5. Eighteen year old female. The anterior surface of the epiglottis swollen and red; thickly covered with small, smooth nodes.

Case 6. Twenty-four year old female; sick for six years. The epiglottis, with the exception of a hook-like remainder, entirely destroyed. The mucous membrane of the arytenoid cartilage and the plicar aryepiglottica, swollen and granulated; also that of the true and false vocal cords, red, thickened, but smooth.

Case 7. Fifteen-year-old female. The epiglottis was destroyed and changed into thick, uneven, scarred tumor. On the internal part of the larynx, nothing abnormal.

Case 8. Female, æt. 26 years. Lupus since three years. Epiglottis cicatrized, immovable, and on each side a piece cut out. Plica-aryepiglottis swollen thick and red. Near the root of the glottis, in the inner part of the larynx, a red, uneven, granulated tumor was found, which lost itself on both sides in the false vocal cords, and was so large that they covered the anterior half of the true vocal cords.

Case 9. Female, æt. 29 years. Had lupus since her eighth year. The border of the epiglottis was swollen, red, and covered with small nodes. On the internal part of the larynx nothing abnormal.

Case 10. Young man, æt. 16 years; sick he said only four months. Besides lupus of the pharynx the entrance of the larynx is surrounded with an uneven, knotty mass, covered with mucus and pus. Epiglottis destroyed. Respiration difficult. Swallowing free, yet painful. No lupus on the skin. Tracheotomy: improvement.

The author, besides these cases, spoke of still others from his private practice. He arrived at the conclusion that the disease commences pretty early in the larynx and seldom occasions subjective symptoms.

A Rare Case of Complete Absence of the Urethra.

Dr. Sara E. Post thus writes in the *Am. Jour. of Obstetrics* for August:

Mrs. B. presented herself at the out-department of the New York Infirmary for Women and Children, August 6, 1884, complaining of incontinence of urine when upon her feet. She said that she was 23 years of age, had been married four years, had had one child two years previously, and that at the present time she menstruated regularly and without pain, the flow lasting three days and the last period having been ended one week. As a further routine question, she was asked whether she had leucorrhœa, and she replied that when she was upon her feet she sometimes had a yellow and offensive discharge.

In regard to her confinement, she stated that she was delivered by a midwife, and that the labor was very difficult. It was not long, lasting only about six hours, but the midwife had said that she had never seen a similar case. At one stage of the labor the midwife had remarked, "The bladder is on top of the baby." This remark seemed to have made a profound impression upon the patient's mind.

Upon the third day the midwife had encouraged her to get out of bed and to try to walk, saying it would give her strength, but when she stood upon her feet a great quantity of urine burst away from her, and she fainted. She did not again rise until the tenth day; and after the getting up she did not rapidly gain in strength. The incontinence of urine dated from the confinement. The patient expressly stated that she had had no trouble with the water previous to that time. The child died in convulsions a few days after birth.

The physical examination in this case showed in front of the anus a perineum of normal depth, terminating in a membranous border identical with the virginal fourchette. The labia majora were normal in size, but the nymphæ were unusually small. Between the nymphæ in front

and above the perineum, on the level which the hymen usually occupies, was a second sphincter, whose diameter was about an inch. It was more pouting and fleshier than the sphincter of the anus, and the membrane covering it was of a pink color and thrown into folds. In front of this sphincter was the clitoris. It was in a normal position and of a not unusual size. The mons was well covered with hair.

There was no other opening for the bladder, but one vulvar orifice instead of two being present. The woman stated that she menstruated through this orifice, and that it served for coitus as well.

Upon entering this curiously guarded opening, the finger was immediately in a globular cavity, having a broad base and held open apparently by the attachments of its walls. The finger could be passed over the pubic arch in the front, and over the perineal body behind, when only a thin partition intervened between it and the rectum. In no place was the lining of this cavity thrown into rugæ or folds. It was on the contrary smooth, almost glossy, and urine followed the finger when it was withdrawn. The cavity was evidently that of the bladder. There was no urethra, and apparently no vaginal canal.

Per rectum, a uterus could be felt with its cervix pointing backwards, its size normal for the adult, the body longer than the neck, and the vaginal portion full and rounded into the external os.

Darwin's Doctrine of Evolution in Explanation of the Coming into Being of Some Diseases.

This question is discussed by Dr. Wm. Aitken in the *Glasgow Med. Jour.*, from which we extract the following paragraphs:

The present Bishop of London, Dr. Temple, in his eloquent Bampton Lectures for 1884, has fairly and well described Darwin's theory "as resting on two main pillars, namely—(1) The transmission of characters from progenitor to progeny. (2) The introduction of minute variations in the progeny with each successive generation."

The former of these may be said to be well established; and we recognize it as a law of life that all plants and animals propagate their own kind. But the latter of these main postulates has, as yet, been hardly examined at all. Each new generation shows special slight variations. But what causes these variations? and what determines what they shall be? In Darwin's investigations these questions are but slightly touched upon, beyond the statement of the fact that "the varied conditions of life induce variability." The variations are treated as if they were quite indefinite in number and in nature. "As accomplished facts Darwin concerns himself only with the effects of these variations *after they have appeared;* and while some of these variations are advantageous, some are hurtful to life. Hence we are bound to look not only to the effects of variations, but to their causes."

The same method and argument hold good regarding diseases. We must look to the causes of *variations*. They cannot be due to something *only* in the progenitors, or otherwise the variations would be all alike, which they are not. They must therefore be due to external circumstances, the antecedents and surroundings of the individual. The very slightest variations may be the outcome of the action of the surroundings upon the habit of the animal body—by the food, by the temperature, by the climate, by the soil, by the numerous and varied accidents of life in the progenitors: so that these and other such like factors being taken into account must gravely modify the conclusions which we draw concerning the ancestry of any species now existing alike in animals, in plants, and in their diseases. If we try to trace things backwards, Darwin's investigations have made it exceedingly probable that the vast variety of plants, of animals, of diseases, have sprung from a much smaller number of original ancestral forms than now exist; and the unity of plan which prevails and pervades any great class of animals, or plants, or diseases, seems to point to unity of ancestry, alike in them and in their diseases.

A Method of Detecting Lacerations of the Cervix Uteri Post-Partum.

Dr. John Bartlett thus writes in the *Chicago Medical Journal* for September:

My object is to suggest a way and a time in which laceration of the cervix uteri may be easily and certainly detected soon after its occurrence. Directly after delivery, if the fingers be introduced deeply into the vagina up to the contracted os uteri internum, and then carried in any direction a little outwardly, the flabby and floating ring formed by the non-contractile cervix may be felt, as Guillemeau described it, three hundred years ago, "like a section of large intestine." By very carefully following the entire circumference of this ring, an existing rent may be discovered. But this examination is attended with some difficulties. The patient is exhausted with her labor, and fatigued with our attentions, and just now, since "it is all over," longing for rest. She is impatient of, and perturbed by, this post-factum inquiry. Her state of mind, and possible expression of complaint, are apt to render an examination, which the physician cannot regard as absolutely necessary, less exact and thorough than it would be otherwise. And then the soft and floating margins of the cervix uteri have often somewhat of an intangible feel, if I may so express myself, gliding past the fingers like a detached clot of blood, and occasionally, in some portion of their circumference, passing out of satisfactory reach.

On these accounts it is not surprising to hear an obstetrician say that he cannot tell whether the post-partum cervix is lacerated or not. Now, I desire to teach those who may not be familiar with the short lesson that I propose to impart, how to discover a cervical laceration after labor. The error of accoucheurs who fail to recognize such a condition is that they do not make their observation of the suspected cervix at the proper time. They examine the neck actually as we have just done mentally—after the clearance of the uterus. The favorable moment for the examination—and this is the gist of my remarks—is just as the placenta is beginning to occupy and distend the cervix. The collar of flesh is then not floating and uncertain, but on the stretch, expanded, forming a distinct ring easily followed in its entire circumference. At this moment, then, just as the cervical tube is being rendered tense by the placental mass, any laceration in it may be detected with ease and certainty.

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THE CAUSES AND PREVENTION OF INSANITY.

The causes and prevention of insanity (says Dr. D. Yellowlaus before the *British Medical Association*) may well be considered together, for prevention can be intelligent and effective only in proportion as the causes are accurately ascertained and wisely avoided.

While we are quite ignorant as yet of how these causes intimately act, and while our pathology of insanity is in swaddling clothes, yet we possess quite a good knowledge of the predisposing and exciting causes, and so therefore possess the means of warding off, to a certain extent, this dire calamity.

While brain injuries from a fall or a blow may sometimes be responsible for mental alienation, yet Dr. Y. thinks friends are wont to attach too much importance to this cause, in their anxiety to disprove hereditary influence, especially when long periods of time have elapsed since the receipt of the injury and the development of the disease, without the manifestation of any untoward symptoms.

The question of overwork is dwelt upon and its evils strongly drawn; but far commoner than exhaustion from this cause, says Dr. T., is the irritation and exhaustion produced by excesses in the two most frequent forms of alcoholic and sexual dissipation.

"A man need not be a drunkard before he can develop insanity or transmit it to his offspring. If he indulge in 'nips' throughout the day, or saturate himself with beer, or cannot go to bed without his grog, he is steadily creating constitutional tendencies which will some day develop evil results."

Attention is called to the fact that the marriage relationship can be degraded into an excuse for unbridled indulgence, and that such folly or ignorance may wreck the strongest brain.

Society needs plain words about these things, and we fail in our duty if we do not speak them. Especially do we need to impress on parents the duty of wisely informing their children, lest ignorance, or, still worse, knowledge wrongly sought for, prove fruitful of evil.

Brain starvation from malnutrition or undue waste, and *brain irritation* due to disease in some other organ, are prolific causes. But Dr. Y. considers that an inherited predisposition to insanity is the most potent of all the causes that produce it, and he issues a ray of consolation to those thus threatened when he says that this predisposition is not a mysterious and fateful doom, haunting and dogging its victim, and sure one day to overtake and overwhelm him. It is a purely physical condition, and loses half its horror when this is realized.

The subject of this predisposition should not pretend to ignore it, as though it were a nameless horror or a secret disgrace. The fancied disgrace is a wretched relic of the time when an insane man was deemed something lower than a brute, and was treated accordingly. The civil and social consequences of insanity are doubtless grave, but it no more implies disgrace than any other physical illness. We are all handicapped, in some way or other, for the race of life, and much of our success depends on recognizing this from the first and running accordingly.

Supposing the heir to such an inheritance frankly recognizes the fact, how shall we counsel him to avert the malady, and how should his life be ordered so as to prevent its development and transmission? It need scarcely be premised that no organ can be in vigorous health unless this be the condition of the organism. It is an axiom in all special treatment, that the general health must be maintained at the highest possible standard.

The first condition of brain-health, as it is the first condition of the health of every organ, is due and suitable exercise. If the brain-work be unduly prolonged or unduly severe, injury must follow. Therefore our imagined patient must not pore unremittingly over the merchant's ledger, nor burn the midnight oil in exploring the arcana of science, and we must absolutely debar him from the rivalries of politics and the excitement of the stock exchange. Unwonted responsibility or undue worry tax him injuriously, and he should work within accustomed limits, and along familiar grooves which habit has made smooth. His ambition must be controlled by prudence, and he should be a servant rather than a master, and he should choose the calm and even tenor of a country life rather than mix in the rush and excitement of a great city.

Daily self-control, and wise moderation in all things, should characterize every one; but they are specially required in one predisposed to insanity, and they must be earnestly cultivated by him till they acquire the blessed ease of habit, and are practiced without an effort.

Referring to the question of marriage, Dr. Y. says that it is a grave one in these cases. If the predisposition be but slight, and of remote origin, it seems hard to forbid marriage; but we can urge that the partner selected should be of calm and well-balanced mind, and free from all nerve-proclivities. Unfortunately, excitable, unstable folk have an attraction for each other as remarkable as it is unwise. If the tendency be marked, the prohibition should be absolute. It is far better to endure isolation, and to miss the comfort and solace of married life, than to bring sorrow on others, and unknown ills upon offspring. To choose a partner beyond the age of child-bearing is one way out of the difficulty; but choice in these things is guided by feeling rather than by judgment, and love is so blind and persistent that our wisest counsels are often disregarded.

Thus, then, we have the same old story. In acquired insanity we must look for the cause and remove it; in what we might call the danger of idiopathic insanity, *i. e.*, from inheritance, we must be on the lookout to keep the body in a good condition, that it may be enabled to resist this as it would any other disease. All the same, we will continue to have a large number of insane persons, the cause for whose alienation we will ever so diligently seek for without avail.

BROOKLYN'S WATER SUPPLY.

Amid all the reports from various quarters of bad water, and as an offset to the agitation about our own water supply, we are pleased to note the satisfactory system that has been successfully in-

troduced in Brooklyn. They have a system of driven artesian wells. Iron pipes, with *steel points*, are driven all the way from 50 to 150 feet into the soil, a large number in a group, a few feet apart, and each group is connected with one large pipe. There are several such groups at different stations, and pumping engines draw up the purest, coolest, and most delightful water. From 33,000,000 to 40,000,000 gallons daily are derived in this way.

Of course, it is necessary to have a loose, porous soil, in order that these pipes may be driven, but when such conditions exist, we can conceive of no more satisfactory or cheaper method of procuring a wholesome water supply. This system is especially applicable to towns and small cities.

A number of officers from this city recently inspected the system, and are eminently pleased with it. This is certainly one of the most valuable departures in the methods of water supply that we have ever been called upon to chronicle.

THE DUTY OF HOSPITAL PHYSICIANS.

When a physician receives an appointment on the visiting staff of a hospital wherein clinical lectures are advertised to be given to students, he thereby assumes a grave duty; he really contracts to lecture at stated periods to the students who assemble to hear him.

If he neglects to fill his appointed hour, he fails in his duty.

At one of our large hospitals, wherein it is announced that three clinical lectures will be given on each Wednesday and Saturday morning, on a recent Wednesday, one hundred and fifty students sat waiting for two hours and no lecturer appeared; on the following Saturday, a like number of students *patiently* waited for one hour.

Our clinical teachers do wrong to thus waste the students' time. The session is very short, and the students have no time to waste.

If this neglect continues the students may retaliate by rewarding with *empty benches* the derelict clinical teachers when they do come to time.

WATER IS FATTENING.

It has been observed that water is fattening, that those who drink large quantities of water have a tendency to fulness and rotundity. That there is considerable truth in this observation, we have had occasion recently to substantiate.

While we should say that excessive imbibition of very cold (iced) water (especially when one is very warm) is not to be commended, yet we have reason to believe that the *unlimited* use of *pure spring water*, at its natural temperature, is not only very conducive to health, but has an actual tendency to favor a fulness and roundness of body. Whether this is the result of a better action on the part of the digestive, assimilative and depurative functions, owing to the internal cleanliness or flushing of the human sewers produced by large quantities of water, or whether water has some specific action in producing this fulness we do not know, neither does it signify, since observation confirms as a fact that the free use of water does have this effect.

NOTES AND COMMENTS.

A New Theory of Menstruation.

The *London Med. Times*, June 20, says that Dr. Loewenthal, of Geneva, publishes in the *Archiv. für Gynäkologie* (Band. xxiv., Heft. 2) a very long paper, in which he propounds a new theory of menstruation. His propositions are the following:

1. The periodical bleeding from the female genitals is not the consequence of (though mostly coincident with) the bursting of a Graafian follicle; but that of the disintegration—independent of, and preceding the bursting of the follicle—of the uterine decidua.

2. The production of the menstrual decidua is the result of the embedding in the uterine mucosa of the ovum, unimpregnated, which was last discharged from the ovary.

3. If the ovum be fertilized, the menstrual decidua continues to develop, and forms the decidua of pregnancy; if the ovum be not fertilized, it dies, and in consequence of its death, the decidua breaks down.

4. The bursting of the follicle and the menstrual hemorrhage have no other connection except that the conditions which cause and accompany the bleeding may determine the moment at which a ripe follicle bursts.

5. The connection between the bursting of the follicle and menstruation is not a necessary one. Each may occur independently of the other. A follicle may burst without the formation of a menstrual decidua; and the hemorrhage, being the result of changes determined by the ovum last discharged, may occur without the bursting of a fresh follicle.

6. The periodicity of menstruation is dependent upon the duration of the extra-follicular life of the embedded, but unimpregnated ovum. The deviations from periodicity depend upon shortening or absence of this extra-follicular life.

7. Pregnancy takes takes place in an ovum which has been discharged from its follicle, generally at the last menstruation, and is in normal cases in the uterus, but in abnormal cases may be outside it. From this theory the author draws the following practical conclusions:

8. That the menstrual bleeding is neither a physiological function nor an accompaniment of one; but is a consequence, made habitual by innumerable repetitions, of a state of things artificially produced, viz., the non-impregnation and death of the egg; it has all the peculiarities and effects of other undoubtedly pathological hemorrhages.

9. It is increased and diminished by the same causes as other hemorrhages.

10. The hemorrhage accompanying the discharge of the menstrual decidua is to be regarded as harmless only if it takes place by diapedesis; if it is more active than this it is unnecessary, and if felt by the organism as a loss it is hurtful.

11. The degree of its injurious effect depends upon the relation between the amount of blood lost and the quantity and quality of the blood present in the body at the time.

12. In these conditions the indication is to check the menstrual bleeding, like any other, as much as possible.

13. For this purpose, the means chiefly to be recommended are rest in bed and hot water injections.

14. On the other hand, idiopathic amenorrhœa should in no circumstances be regarded or treated as a disease; it is only a sign that a function (ovulation) which is not necessary to life, is, from some cause, not being fulfilled.

15. It follows from the author's theory, and from the observations of Mr. Lawson Tait, that in cases in which the anticipation of the menopause is indicated, salpingotomy, that is, partial resection of both tubes, should be performed instead of castration.

16. If for any reason castration has been attempted, and it is found impossible to remove the ovaries completely, salpingotomy is directly called for.

Dr. Loewenthal's theory, and the reasoning by which he supports it, is certainly ingenious, whether it be correct or not, and for that reason we quote his paper.

Transplantation of a Rabbit's Eye.

Dr. Chibret executed recently a very interesting operation, as we learn from the *Allg. Med. Centr. Zeit.*, 64, '85. He took the eye of a rabbit and transplanted it to one of his patients whose eyeball had been extirpated on account of the pressure of a foreign body, which had given rise to sympathetic iritis. The operation is said to have been very successful, but the report was probably published, as is so often the case with French authors, immediately after the performance of the operation. Had the doctor waited but a month or two, he would have observed such a decided shrinking that he would probably have regretted the plastic operation, and the patient would have come to the conclusion to wear an artificial eye rather than walk about thus disfigured. But the most ridiculous part of the whole is the simplicity of the good doctor; for at the conclusion of his report he wisely remarks that the time would probably not be far distant when the eyesight could be restored in the same manner, and he even inclined to the belief that such a happy occurrence might probably take place in his own patient!! How anybody can conceive such a queer notion is scarcely comprehensible, but how a doctor possessing some knowledge of physiology and anatomy could honesty believe such a fact possible is still more difficult to understand. Probably the superintendent of Bedlam or those in charge of similar institutions can better explain the matter. Meanwhile the case naturally has run through all secular papers, and given rise to a great deal of speculative imagination.

Micro-organisms in Diseases of the Eye.

A foreign exchange tells us that an interesting paper on this subject has been contributed by Dr. Widmark, teacher of ophthalmic surgery in Stockholm, to a recent number of the *Nordiskt Mediciniskt Arkiv*. He has made a series of researches with the object of testing the accuracy of the idea put forth by Sämisch, Leber, Hirschberg, and other ophthalmologists, that serpiginous or creeping ulcer of the cornea is the result of infection, and that, when it complicates dacro-

cystitis, it is produced by micro-organisms passing from the lachrymal sac. In 37 cases of dacrocystitis and two of serpiginous ulcer of the cornea which he examined, Dr. Widmark found micrococci, rarely single, often forming streptococci, and most frequently diplococci. He succeeded in making pure cultivations of these micro-organisms in a jelly of ox-blood serum, and in inoculating therewith the eyes of rabbits; the result being in all cases the production of ulcerative keratitis with hypopyon. The operation was done by making an incision with a Gräfe's knife in the substance of the cornea, and introducing some of the cultivation-material with a small spatula. Twenty inoculations were made with uniform results; while of 10 control-experiments with sterilized gelatine, the results in all were negative. Subcutaneous inoculation of the cultivation-material on five rabbits was followed by abscesses, the pus from which, when inoculated in the cornea, produced ulcers. In concluding his paper, Dr. Widmark suggests that the chief reason why operations on the eye are rarely followed by suppuration, is that any microbes which may be present are washed away by the tears, or prevented from aggregating by the abundant and rapid secretion of the aqueous humor.

The Effects of Lightning-Stroke.

The *Lancet*, August 22, tells us that at a meeting of the Berlin "Verein für Innere Medicin," Dr. Liman described the changes present in the bodies of two men who had been killed by lightning when taking shelter under the trees of the Thiergarten. In the one subject, the hair over the left temple was singed, and the skin from the left ear to the shoulder-blade was discolored a brownish-red, the chest and abdomen being covered with red and white streaks. Reference was made to the dendritic figures described in many cases, and attributed often to impressions of twigs, leaves, etc. (a specimen of which was figured in our columns not very long ago), and in this body there was a figure which could be compared to a palm-leaf, but which was undoubtedly due to the contact of the folds of the shirt. The parts thus pressed upon remained white, the surrounding skin being reddened. The apex of the heart was the seat of an irregular cavity, which communicated with both ventricles; evidently the lightning-stroke had caused rupture of the organ. In the other case, the skin and hair were similarly excoriated and singed, and numerous ecchymoses occurred beneath the serous layers of the pericardium and pleura; the lungs were much congested. Here death was evidently due to asphyxia. Dr. Liman mentioned, and Professor Leyden confirmed, the fact that death by lightning is occasionally accompanied by rupture of internal organs, as the brain and liver.

Infectious Peritonitis in Virgins.

The *Brit. Med. Jour.*, August 29, 1885, tells us that Dr. Snyers has described, in the *Annales de la Société Méd. Chirurg. de Liége* (*Journal de Méd. et de Chir. Prat.*, 1884), two interesting cases, which seem to show that the virus of erysipelas can cause, in women who have never had intercourse, an acute form of peritonitis, similar to that observed in puerperal cases. A young woman (a virgin), aged 18, was suddenly seized with symptoms of acute peritonitis five weeks after a servant in the house had been taken ill with erysipelas of the face; death ensued in thirty-six hours. Shortly afterwards, the brother of the young woman had an attack of erysipelas on the arm; this did not cause much anxiety at the time; but, a fortnight later, the second sister, aged 20 (also a virgin), was seized with the same symptoms as the first, and died in less than two days. At the post-mortem examination, Dr. Firket failed to discover any local cause by which the origin of the inflammation might be explained. The spleen was much swollen, and the blood had the same appearance as in cases of infectious diseases.

Rearing Premature Infants.

The *London Med. Times*, August 22, tells that Prof. Tarnier presented at the Académie de Médecine two children born at the sixth month, whom he had succeeded in rearing by the aid of the couvreuse (a sort of an incubator), and forcible feeding with woman's milk. Eight grammes of milk were injected through a caoutchouc tube into the stomach every hour for the first three days, and then sixteen grammes were injected every three hours. It is necessary to begin with small quantities, or the child becomes swollen by an acute œdema through hypernutrition. The couvreuse is used at a temperature of 30° to 37° C. The younger the infant, the higher the temperature employed. Dr. Blot observed that he regarded the couvreuse as a useless procedure, as the same results are attainable by the employment of cotton and bottles of hot water. M. Tarnier said that during the employment of the couvreuse he had on several occasions been astonished at the rapid disappearance of the sclerema of infants.

The Management of Pregnancy.

In the *College and Clinical Record*, Prof. Parvin says: Let the patient eat but little in the latter months, though she may eat a little frequently during the day. A large meal causes much inconvenience, due to the already enlarged abdomen. A bandage properly applied around the abdomen is useful and comfortable. She should sleep eight hours; and take an occasional bath in tepid water. If leucorrhœa be present, let her use an injection of salt water, and bathe the external genitalia with tepid water.

Care of the Breasts.—Use oily matters, and no alcohol. In the morning the nipples may be painted with equal parts of tinct. arnica and water, but in the evening should be covered with cocoa butter.

High-heeled shoes should be dispensed with during pregnancy.

The Insanity of Masturbation.

Dr. C. B. Burr tells us in the *Cinn. Med. News* for August that about ten per cent. of all the patients at the Eastern Michigan Asylum suffer from this form of disease, and he thus formulates the delusions and peculiar manifestations which he regards as characteristic of this form of insanity:

1. An intense vanity and self-love.
2. Extreme selfishness and disregard for others.
3. Religious delusions and perverted moral sentiments.
4. Delusions referable to the sexual system.
5. Hallucinations of sight and hearing of a certain definite character.
6. Emotional disturbances.
7. Homicidal impulses and a disposition to commit sudden acts of violence.
8. Certain physical disorders referable to an impaired state of the nervous system.

More Evidence for Cascara Sagrada.

From a foreign exchange we learn that Professor Grasset, of Montpellier (*Semaine Medicale*, No. 6), observes, founding his statement on the thesis of Dr. Eymeri, that the experiments of French observers have quite confirmed the value attached by the American physician, to the *cascara sagrada* as a remedy for habitual constipation. Two or three solid stools are produced, but if the administration is then discontinued, the constipation will recur. To be effectual, the treatment requires to be persevered in for two or three weeks or a month. A dose of one grain of the powder is given night and morning for a week, and then it is continued every other day, gradually diminishing the dose and increasing the intervals, until the stools are produced spontaneously. As far as yet tried, it would seem to be the most efficacious of remedies for chronic constipation.

Artificially-fed Infants.

We are constantly reading tirades against the artificial feeding of infants, and yet the vice is on the increase. To combat its baneful influence we cannot too often refer to it. Hence, we reproduce the conclusions of Dr. Addison H. Foster on the subject, from the *Chicago Med. Jour.* for August:

1. The artificially-fed city infant too often inherits an enfeebled nervous and physical organization.
2. Its surroundings are rarely of an invigorating character.
3. It usually has a desperate struggle for life with an imperfect diet, for even new milk from the prairie-fed Chicago cow is likely to be harmful.
4. The wonder is, that so many escape death at the hands of over-anxious, but unwise attendants.

Oleate of Mercury in Hepatic Congestions.

Especially among hard drinkers do we frequently observe those obstinate congestions of the liver that seem unwilling to yield to the usual remedies. Dr. C. A. Bryce writes about such cases in the *Southern Clinic* for September. The patients cannot eat, sleep, sit still, walk about or lie down—they have headache, a terrible taste in the mouth, and in fact are thoroughly miserable and had rather be dead than alive. Upon examination, the liver is found considerably enlarged. There may be constant pain over the liver, persistent pain, or even intestinal hemorrhage. In such cases, Dr. Bryce has had most satisfactory results from the use of oleate of mercury in the form of a twenty per cent. ointment, rubbed well into the skin every night.

Determination of Casein in Cow's Milk.

The *London Med. Times*, August 29, tells us that J. Frenzel and T. Weyl (*Zeit. Physiol. Chem.*) have proposed a method of precipitation by dilute sulphuric acid, after previously diluting the milk with three vols. water. The results obtained by this method are compared with those of Hoppe-Seyler's, which consists in acidification with acetic acid after previously diluting the milk to 20 vols., and completing the precipitation by passing a

stream of CO_2. The effect of varying the conditions of precipitation was also investigated. The results differ but slightly from those obtained by Hoppe-Seyler's method, over which the authors' has the advantage of being more expeditious.

CORRESPONDENCE.

Labor at the Seventh Month with a Prolapsed Uterus.

EDS. MED. AND SURG. REPORTER:—

I was called September 11, 2 p. m., to attend Mrs. O., primipara, æt. 18, and found the uterus pressing on the perineum, the os only slightly dilated. The uterus was so much prolapsed that in making the examination the finger would touch the os without having to enter the vagina.

It being the first case that I had ever had where the uterus was almost external, I was a little uneasy for fear the presenting part would be external to the soft parts before the first stage of labor would be completed.

Labor came on in earnest the morning of the 12th, and was completed at 9:30 a. m. The uterus receded a *little* as dilatation progressed. I had to rupture the bag of waters, and I am not exaggerating when I say two and a half gallons of water escaped, and it came with a gush, and brought a repulsive looking object with it. It was a foot presentation. The child's head looked like a large frog's head. There were two large ulcers on its back, and the only sign of life that could be detected was in the beating of the heart. There was not a movement of any part of its body. Its heart ceased to beat in about an hour.

It was no doubt a case of spina bifida. There are three points of interest in the case. First, the extreme prolapsus; second, the great amount of water; and third, the condition of the child.

I would be glad to hear from the profession in regard to such cases, and if there is any means by which a prolapsed uterus can be replaced, being distended as that one was, for the mother looked as large as most women do at full time. The mother is making a nice recovery.

S. R. MILLEN, M. D.

Clarinda, Iowa.

Disinfection After Small-pox, etc.

EDS. MED. AND SURG. REPORTER:—

I see in various journals, among them the MEDICAL AND SURGICAL REPORTER of August 22d, advised the burning of three pounds of sulphur to 1,000 feet of space, to disinfect a room after small-pox, scarlatina, cholera, diphtheria, etc. Did any one ever burn that amount in the space for that purpose? I doubt it. I believe three ounces would be enough. I was fully satisfied with that amount after small-pox thirty years ago, and would be now. As to cholera, it looks to me as though the average physician thirty or fifty years ago knew as much about the treatment as those who now claim to be advanced hygienists do now. That don't say much for the old ones, either.

W. H. DAVIS, M. D.

Burlington, Iowa.

NEWS AND MISCELLANY.

Penitentiary Food.

An ex-convict contributes a lengthy article to the *Press* (September 27) detailing his experience during an imprisonment of two years in the Eastern Penitentiary. Speaking of the food given the convicts, he says:

"The prisoners' food has often been spoken of in the papers, but I hope that a few words here may not be out of place. At breakfast time each man receives sufficient bread to last him for his three meals. He is asked how much he wants, and is given all he asks for. The quality of the bread is excellent; it is, in fact, far superior to most that is bought in Philadelphia bake-shops. It is good, wholesome home-made bread; the flour is made in the institution, and a remark of one of the keepers on being spoken to by the writer concerning the good qualities of the bread may best describe it to my readers. He said; 'I would like to have one-half as good for my family.' For breakfast, the prisoner is given a pan of coffee, which, with the bread, goes to make up the meal. For dinner on Mondays, Tuesdays, and Saturdays, he receives a pan of mutton soup, which contains a large piece of meat, some potatoes, and other vegetables; on Wednesdays, he is given a pan of bean or pea soup and a piece of beef; on Thursdays, a pan of beef soup and vegetables; on Fridays, either oatmeal and milk, cornmeal and milk, rice and sugar, buns and cheese, or fish and potatoes boiled in their jackets. He receives all of these at different periods of the year, at least this has been the course during my imprisonment, although any or all of them are liable to be replaced by something the doctor thinks more suitable, as he has the control of the food. On Sunday the prisoner enjoys a dinner composed of a piece of pork and some baked beans, and when tomatoes are in season the mutton and beef soup is filled with this excellent vegetable. On every day but Friday and Sunday the prisoner receives from two to six undressed tomatoes, which he generally slices up in vinegar and enjoys for supper. He also receives for at least two months in the year on Saturdays Irish and sweet potatoes, boiled in their jackets. On Thanksgiving and Christmas the prisoner is given six or seven apples; he also receives on Christmas a dinner of roast beef, potatoes and turnips mashed together, with a bountiful supply of gravy, and on New Year's he is given a large Dutch cake. This comprises the full dinner bill of fare during the year. The supper consists of tea, bread, and whatever the prisoner has saved from dinner and warmed over.

Luncheon Habits of Prominent Men.

It may be of interest to learn the habits in this respect of some of Philadelphia's lawyers whose names are well known throughout the State. From a lay contemporary we learn that the late Lucas Hirst, who left a considerable fortune to found a free law library, had reduced the science of sustaining existence down to such a point that, it is said, he could live on one bun a day, and be happy. Judge Ludlow, who knows how to order as good a dinner at 6 as well as any man in town, finds a sumptuous luncheon in two wheaten

crackers and a bowl of ice water. He carries the first in an old pen box, securely fastened with a big rubber band. He eats them punctually at 2. If court lasts beyond the ordinary closing hour, he regales himself with another cracker that he keeps in reserve for such occasions. When, as sometimes happens, court adjourns before 2, he prudently saves his wheaten delicacies for another day. Mr. Richard C. Dale, who holds all the lines of the Reading Railroad Company's litigation in his hand, is a daily patron of Joshua L. Baily's coffee-house on Fourth street. His lunch never varies. It consists of one basin of wheaten grits (five cents) and one big glass of milk (one nickel). Lawyer Williams, who writes very learnedly on questions of rent and real estate, is also a patron of the coffee-house. But he is more extravagant than Mr. Dale, and thinks nothing of indulging any day in a beefsteak, which alone involves an outlay of ten cents. United States District Attorney Valentine limits his luncheon in the warm weather to two little peaches and one big apple, or two little apples and one big peach. In winter he has a nice ham sandwich he brings from home, wrapped up in a dainty white napkin. F. Carroll Brewster takes a cup of consomme at 3 every day. Just that and nothing more. He has been going to the same restaurant for twenty years. George H. Earle stops at high noon, as regularly as the clock strikes, to peel and eat one big red apple and one nice yellow banana. John G. Johnson, whenever he finds time to eat in the daytime, indulges in some oyster puree and a dish of ice cream. He varies this occasionally by leaving out the puree. City Solicitor Warwick has a fondness for oysters fried, and never takes anything else for lunch, except when he asks some one out with him. Then he invariably orders champagne.

Licenses to Practice Medicine in Japan.

The *Supplement to the Transactions of the Sei-i-Kwai* for May, 1885, contains a copy of the regulations for the examination of candidates for licenses to practice Medicine. The Minister for Home Affairs is to hold examinations twice yearly, six months' notice of the time and place being given. At the time of the examination, he is to appoint an examining committee selected from hospital physicians, or from physicians and chemists of known medical knowledge; a dentist may also be appointed in the case of examinations for licenses in dentistry. A manager is to be appointed to superintend the examinations. The examinations for the license to practice medicine are divided into two parts, unless the candidate can take the whole examination at once. For the license in dentistry there is but one examination, the subjects being dental anatomy and physiology, dental pathology and practice, dental medicine, dental mechanics, and a practical examination. The subjects of the two examinations for the license to practice medicine are: first, physics, chemistry, anatomy, and physiology; second, theory and practice of surgery and of medicine, materia medica, ophthalmology, obstetrics, and clinical observation. A course of study of not less than a year and a half's duration must be pursued before the first examination, and an additional course of like duration before the candidate can be admitted to the final examination. The answers to the questions are to be given in writing; but, under certain circumstances, they may be given orally. Candidates who pass are to receive a certificate, attested by the manager and the examining committee. Rejected candidates are not admitted until after a lapse of at least six months. The fees are, for the primary examination, three *yen* (about three dollars); for the final examination, five *yen;* and for the examination for license in dentistry, five *yen*. The fees are not to be refunded in case of inability to attend or complete the examinations.

The Disinfection of Sleeping Apartments.

The *Med. Record* tells us that Professor König, of Göttingen, in an article on this subject in the *Centralblatt für Chirurgie*, says that at one time, while he was practicing medicine in Hanau, he suddenly discovered that his bed-room was thickly inhabited by bugs. A friend assured him that he could speedily rid him of the pests, and proceeded to fumigate the apartment with corrosive sublimate. The success of this measure was most gratifying, and when the room was opened the dead bodies of various kinds of insects were seen strewn about the floor. This incident led the writer to hope that the same means would be effectual in destroying the infectious elements of contagious diseases, and a trial in private houses after scarlet fever or measles, and in hospitals after erysipelas or pyæmia, gave most satisfactory results. Since adopting this method, he has never seen a second case of a contagious disease which could be attributed to infection remaining in the room in which the patient had been confined. The mode of procedure is very simple. From one and one-half to two ounces of corrosive sublimate are put on a plate over a chafing-dish, and then the windows and doors are closed. At the expiration of three or four hours the windows are opened, and the apartment is thoroughly aired. The person entering the room should take the precaution to hold a sponge or cloth over the mouth and nose in order not to inhale the vapor. The following day the windows are again closed, and some sulphur is burned, in order to neutralize any of the mercurial fumes which may still linger about the furniture and other articles. The room is to be again aired and cleaned, and will then be ready for occupancy.

Anti-Vaccination Riots in Montreal.

On the 28th of September the system of compulsory vaccination was put into operation in Montreal. In the evening a howling mob surrounded the East End Branch Health Office, and completely wrecked the building. The police were powerless, and the mob, gathering strength from this, marched upon the Central Office in the City Hall. By this time, however, a riot alarm had been sounded, and a strong force of constables were gathered inside the City Hall, but having no one command them, the mob drove them out of their way like so many sheep. After the mob had smashed the Central Office, they turned their attention to the Central Police Station, and soon

had all the windows in that building broken. Revolver shots were freely fired at the police. To scare them, the police fired over their heads, only to be received with jeers and laughter. Things now looked so bad that the police were armed with rifles with fixed bayonets, but happily it was not deemed necessary to use them. The constables instead charged the mob with their staves, clubbing right and left, and succeeded in scattering the rioters. In the fight, however, the windows of the Court House, opposite the City Hall, were smashed. The mob later, in detached bodies, paraded the streets and broke the windows of the *Herald* office and the windows of the offices of the medical health officer, chairman of the Finance Committee, and public vaccinators. A number of arrests were made. The city is in a state of great excitement.

The Russian Military Medical Service.

An English exchange tells us that a sad picture is drawn by "Stepniak," writing in *The Times* of a recent date, of the moral condition of the medical department of the Russian army. It is well known that bribery and peculation are almost universal amongst Russian officials; but according to "Stepniak," the posts occupied by medical officers are so largely administrative that they offer peculiar facilities for making money by collusion with contractors. Thus the charge of a hospital is considered a specially valuable appointment, and large bribes are demanded by the high administrative officer for nominations of this kind. In some cases even an annual tribute is enforced, the amount of which depends upon the extent to which so-called "saving" and "economies" can be practiced. It is well understood by the Russian people that in case of another war the soldiers would have bad bread and bad provisions generally; they would have to march barefoot, as contractors would arrange to deliver boots after a battle instead of before; and when sick or wounded they would be without coverings, and they would receive cream of tartar instead of quinine, the "savings" thus effected going into the pockets of medical and other officers.

What Presidents Like to Eat.

President Garfield's steward, who keeps a restaurant in Washington, and who has been steward for three presidents, says that General Garfield had the dyspepsia all the time he was president, and he lived largely upon beefsteak and baked potatoes up to the time he was shot. President Hayes always had at least fourteen at his dinner table, and he was a generous liver. He was very fond of candy, and his wife liked angels' food cake very much. President Hayes always ate oatmeal for breakfast, and he liked the best mixture of Mocha and Java coffee that money could procure. He was not at all stingy, and his state dinners cost about $15 a plate. Garfield was fond of breakfast bacon well fried, and he used cream instead of butter on his baked potatoes. Both Hayes and Garfield breakfasted early, and their last meal was over by 6 o'clock. He did not like to work for President Arthur. He kept his cooks up half the night, and it was almost daybreak before the dishes were washed.

A Novel Telephone.

The following ingenious device is resorted to by those convicts in the Eastern Penitentiary who are condemned, for bad behavior, to undergo a season of solitary confinement. By placing the pan in which he receives his food upon the steam-pipe, and talking into it, the prisoner can be heard very distinctly the full length of the entire block, although he speaks in an ordinary tone. This is by far the best means of communication, and is of very recent origin. The officers are probably not aware of its existence, as it is impossible to be caught, provided the talkers know how to manage it properly.

Another method is a system of telegraphy, with which the Morse alphabet was used. A piece of wood or iron served as a key. By striking the steam-pipes which ran through the cells, the sound was transmitted along the entire block.

Absinthe.

The *Med. Summary* says that the alarming increase of this drink in America is to be regretted. Theatrical people, it appears, take too readily to the drink. The consumer, after the habit has become established, loses the ruddy hue of health, becomes careworn and emaciated, and lays the foundation for paralysis of the cerebral structure, and the nerves arising or leaving place therein. The dipsomania resulting from the habit is of a violent nature and terminates in many instances in idiocy and dementia. There is but little chance of a cure being established.

Absinthe is made from wormwood, angelica root, sweet flag root, and alcohol; but an inferior kind is manufactured from essential oils and is colored with indigo. Unless the profession take active measures to combat the already existing habit of absinthe drinkers a nation of demented idiots will soon arise in our country.

The Cardiff Epidemic of Typhus.

Owing to the combination of the distress in Ireland with the progress of large constructive works in Cardiff, the period of 1846–7 witnessed a large influx of the poorer Irish into the town. Many of these came from Clonakilty and Skibbereen, where typhus fever in a malignant form had been raging; and as some of these poor creatures arrived with the disease upon them, and others brought with them its seed, the immigration caused an outbreak of such magnitude in this town, that 322 cases of typhus and 93 of dysentery, the latter being sequelæ of the former, were treated in their own homes. Besides these, 186 were received into a temporary hospital, utilized for this purpose. The total mortality from this epidemic was 142; and the severity of the epidemic eventuated in an inquiry as to the sanitary condition of the town.

Daudet on Eating.

Daudet is smashing some of the old ideas on the subject of eating. He says: "When I wrote the 'Nabob' I worked twenty-four hours every day. One becomes intoxicated with work, and I found that my digestion was much better if I ate while I worked. I always took my meals to my writing table, and the result was invariably satisfactory.

You know that if you go to bed immediately after eating the digestion will accomplish itself during sleep. The same with writing. Commence immediately after you have swallowed your food. Don't wait for digestion, or you will feel heavy and incapable. I can assure you that this physiological law has been a veritable godsend to me."

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended September 19, 1885.

Vansant, John, surgeon. To proceed to New Orleans, September 16, 1885.

Hutton, W. H. H., surgeon. When relieved, to proceed to Mobile, Ala., September 16, 1885.

Long, W. H., surgeon. Granted leave of absence for ten days, September 1, 1885. When relieved, to proceed to Detroit, Mich., September 19, 1885.

Fessenden, C. S. D., surgeon. To proceed to Norfolk, Va., September 16, 1885.

Sawtelle, H. W., surgeon. When relieved, to proceed to San Francisco, Cal., September 18, 1885.

Godfrey, John, surgeon. When relieved, to proceed to Louisville, Ky., September 16, 1885.

Goldsborough, C. B., passed assistant surgeon. When relieved, to proceed to St. Louis, Mo.

Dead in a Barber's Chair.

"Shave me," said a rather small, pale-faced man, as he carelessly threw himself into a chair at a barber's shop, last Sunday. When the barber had finished the stranger remained motionless, and when spoken to never answered a word. "Sleepy," half muttered the barber as he shook his customer, but when he had looked more closely at the pallid face, and could hear no breathing, he found the man dead. It was afterwards learned that the dead man was named Henry Edwards. He was an Englishman, had not been in this country long, and had laid by a considerable amount of money to take home to his family next Christmas. His death is attributed to either apoplexy or heart disease.

Typhoid Fever at Bryn Mawr and Fernwood.

Owing to reports of typhoid fever in these localities, Dr. Benjamin Lee, Secretary of the State Board of Health, recently called the attention of the city board to the condition of outlying towns and villages being a constant menace to the health of the city. He suggested that, as such districts are entirely without local health organizations, and the cases of infectious disease are not of sufficiently frequent occurrence to warrant the State Board in employing a special corps of officers for the work, the State Board should be empowered to call upon the experienced officials of the City Board. A request to detail health officials upon two cases of typhoid fever, one at Rosemont and the other at West Fernwood, was granted.

Action for a Surgical Fee.

M. Labbé, the well-known Parisian surgeon, performed ovariotomy in a lady in 1881, having fixed his fee at 1,500 francs only in consequence of the pecuniary circumstances of his patient. The operation proved fatal; and not having received payment, M. Labbé, in 1883, brought an action against the husband and his nephew, who were joint heirs of the deceased. They refused payment on the ground that the operation, which was performed in a *maison de santé*, so far from taking place with the consent of the husband, did so in spite of his opposition to it. The tribunal, however, chiefly relying on a letter of the husband acknowledging the debt, condemned the defendants to the payment of the sum sued for.

Sanitation in Naples.

In Naples, efforts have been made to introduce a better water supply, the immunity from cholera enjoyed by Rome having been so clearly due to the purity of its waters, the only sanitary condition in which it had any advantage over other Italian cities. In all other respects Naples remains what it was last year. Improvement schemes were invited, and numerous plans sent in, but the municipal council were under the necessity of rejecting them one and all, since though drawn up regardless of cost, and calculated to make Naples one of the grandest cities in the world, they left out of consideration the poorest quarters, and those in which improvement was most needed.

A Physician Convicted of Murder.

The trial of Dr. John D. Pitts, of Accomac county, Va., for the murder of Dr. Littleton T. Walter, over a year ago, on Tangier Island, was concluded recently, and the case was given to the jury. The jury have rendered a verdict of five years in the penitentiary. The case has attracted great interest throughout Eastern Virginia and Maryland, owing to the prominence of the prisoner's family and the extraordinary efforts made by prosecution and defense. Solicitor General Goode appeared among the counsel for the prosecution. This was the second trial, the first resulting in a sentence of eighteen years in the penitentiary.

Cholera in Europe.

The following recent dispatches will give the present status of the cholera epidemic in Europe:

"MADRID, Sept. 28.—There were 560 new cases of cholera and 203 deaths from the disease reported yesterday throughout Spain."

"PARIS, Sept. 28.—Reports received to-day from various parts of the Alpes-Maritimes, the southeasternmost department of France, show that cholera is spreading throughout the district."

ROME, Sept. 28.—Dispatches received to-day show that the cholera is decreasing in Sicily. King Humbert proposes to visit the infected district there.

"King Humbert has given $25,000 toward relieving the cholera sufferers at Palermo. This generosity has aroused intense enthusiasm among the Sicilians."

"PALERMO, Sept. 28.—There have been reported in this city to-day 162 new cases of cholera, and 94 deaths from the disease."

Bismarck's Temper.

London Truth says that a good story is told of Prince Bismarck and his favorite doctor. It was at Karlsbad where they met. The prince, feeling unwell, sent for Dr. Schweininger, who began to put all sorts of questions to him. At last the

prince lost his temper and exclaimed, "What on earth are you driving at, doctor?" Nothing disconcerted, the latter replied: "I am at your orders, prince, but if you wish to be treated without being questioned, you had better send for the veterinary surgeon, who is accustomed to physic in that way."

A Child Poisoned by Opium Pills.

A four-year-old daughter, visiting her grandparents in Trenton, while her mother was taking a nap, found a bottle of quarter-grain opium pills that had been prescribed for her mother, and ate some of them, how many is unknown. By her hawking and spitting some time afterward her mother's attention was called to her, and the fact that she had taken the pills discovered. Four physicians were called at once, but the child will likely die.

A Singular Accident.

In the *Medical Summary* Dr. E. C. Rothrock says that some two months since the daughter of a gentleman in Athens, Texas, had occasion to call on an eminent surgeon. It appears that her infant boy, aged three years, had seated himself on a chamber pot and that the same had broken under his weight and cut the gluteal muscles severely. The surgeon washed the wounds and sewed them up without delay, and the boy recovered rapidly, without scars.

Nearly Buried Alive.

Dr. R. Pringle says that he saw a soldier who was supposed to be dead from cholera, put into a stretcher with a pick-axe and spade to be buried, but who was found sitting up when his companions came to bury him. He also relates the case of a Bengal civilian, now a government officer, who heard the door shut and the order given for his coffin; and he hints that the dead-houses of India, during cholera epidemics, could tell many similar ghastly tales.

Bismarck's Beer.

The Pope has desired the Chapter of Franciscan Monks to suppress the numerous breweries belonging to the order in Bavaria; so there will be no more of the famous "Franziskaner Bran," which is so highly esteemed by all beer-drinkers in Germany. The personage who will most deeply regret (and resent) this step will be Prince Bismarck, who was a large consumer of this particular brew, of which he is exceedingly fond.

A Bulldog Eating a Child.

At Goes Station, three miles from Xenia, O., Mrs. Parsons missed her 4-year-old daughter recently, after having seen her playing in the yard. Making search, she found the child's dead body beneath a bulldog, that had killed the child and was eating its flesh. The dog had to be killed before the child's body could be recovered.

Strangely Similar Accidents.

Almost at the same instant on Friday, September 25, that one man was killed and three more injured by the fall of a derrick of Drake, Stratton & Co., at Schuylkill Haven, another derrick of the same firm broke at a tunnel near the scene of the first accident, and Amala Cossoti was instantly killed, and ten other men, whose names are unknown, were seriously injured.

Andrew Murphey, M. D.

At a meeting of physicians, resolutions of respect to the memory of Dr. Andrew Murphey, of Parkesburg, Chester county, Pa., and of sympathy and condolence with his family were passed. They were signed by a committee composed of Drs. Eber Huston, T. A. Taylor, and E. V. Swing.

Typhoid Fever at Fernwood.

Dr. Frank Rowland, of Media, has five cases of typhoid fever in one family at West Fernwood. The mother of the family has already died, and other deaths are expected. The ground in this vicinity is low, the soil a heavy clay, while no provision is made for the removal of refuse.

Interesting Cases at Blockley.

At a recent meeting of the Board of Guardians of the Poor it was decided to ask Councils for money to print an annual report containing a statement of all the interesting medical and surgical cases treated in the hospital.

Woodbury's Water Supply.

On September 25, the Woodbury (N. J.) City Council authorized the water committee to contract with Carson & Murphy for plans and specifications for water works. The works are estimated to cost $63,000.

Personal.

—Dr. W. M. Welch has removed to 821 North Broad street.

—Dr. C. B. Stemen, editor of the Fort Wayne *Journal of Medical Sciences*, has been visiting friends in this city and Lancaster county.

—Dr. and Mrs. T. H. Andrews, who spent the summer at the Grand Hotel, in the Catskills, are at the hotel at Bryn Mawr for a short time before returning to the city.

—Police Surgeon French has a certificate of insanity bearing date of May 14, 1868, which was used to commit a police case to the asylum. It contains only one signature and is not sworn to, showing the loose manner in which such cases were disposed of at that time.

—September 29th was the fiftieth day of Mrs. Veronica Bullas's (of Syracuse, N. Y.,) fast. She commenced abstaining from food August 10, and nothing but water has since passed her lips. She is now too weak to leave her bed. She began the fast on account of gastric trouble.

—Dr. Henry Leffmann, the well-known chemist and Port Physician, was announced last Sunday to be seriously ill and unable to attend to his duties. Through inquiry at his residence, 1330 Franklin street, it was learned that he is suffering from an attack of malaria, and that there is no cause for alarm.

—"The celebration of the golden wedding of

Dr. and Mrs. Benjamin Colby," says the Boston *Transcript*, "occurred recently at their residence, No. 36 North Avenue, Cambridge. The company, composed mainly of relatives representing four generations, was quite large, and the exercises were of rare interest. The address was by Rev. John Colby, of Fitzwilliam, N. H., followed by poems, recitations, and music."

Items.

—In the *Chicago Med. Jour.* for August, Dr. James H. Etheridge reports the case of a fœtus enclosed in its sister's placenta.

—Small-pox knocks with bony knuckles at our northern door, and present vigilance is the price of future freedom from the pest.

—At a Boston bank, where a package of money from Montreal is daily received, the bills are all soaked in a disinfecting fluid and then dried.

—Cocaine is already being adulterated. Professor Kastenbine, reports the *Medical Herald*, analyzed a preparation sold by a Detroit chemist, and found it to contain two-thirds of boric acid.

—A fire in the office of the editor of the *New England Medical Monthly* destroyed his exchanges, a large quantity of matter ready for the press, and books and manuscripts for the Medical History of Connecticut.

—The Governor of Massachusetts has appointed Dr. Samuel A. Green, formerly City Physician and ex-Mayor of Boston, to the position on the State Board of Health, Lunacy, and Charity, formerly held by Dr. H. P. Walcott.

—Verdi has bequeathed his villa Novo d'Arda, to be transformed into a hospital. He has given 16,000 francs to the poor at Bassto, and, in consequence of the bad harvest, has taken off ten per cent. from the rents of all his tenants.

—Dr. Partington, after reading the wholesale withdrawals from the International Medical Congress, as at present governed, was heard to remark sententiously, that he feared the congress was likely to be merely a sexual one.

—Prince Ludwig Ferdinand, of Bavaria, son-in-law of Queen Isabella of Spain, who obtained the degree of Doctor of Medicine at Munich last year, is, according to the *British Medical Journal*, now practicing at Nymphenberg, Bavaria.

—At the June meeting of the District Medical Society for the county of Hudson, N. J., Dr. S. A. Heller, of Hoboken, exhibited portions of a tapeworm, in all about five feet in length, removed from a nursing infant five months old.

—A forest tree in Georgia was recently cut down at six o'clock in the morning, made into pulp at a factory, and into paper at six o'clock in the evening, and at six o'clock next morning was distributed as a printed newspaper.

—Professor Bartholow says that itching of the skin, from any cause, can be allayed by sponging the patient with—

℞. Acid. carbol., 2℥.
Glycerini, 1℥.
Aquæ rosæ, ad, 8℥. M.
Sig.—Lotion.

—At a sitting of the Corporation of Hamburg on July 15, a motion for permitting cremation in the State of Hamburg, introduced by Dr. Grieschen, was carried unanimously. It is believed that the Senate of the State will give consent to this resolution.

—M. Gellette overcomes the odor of iodoform by mixing it with charcoal and sulphate of quinine in the following proportions:

Iodoform,	100 grammes.
Sulphate of quinine,	1 gramme.
Charcoal,	3 grammes.

—Doctor Talmage says that no man can be a Christian if his stomach is out of order. "Religion itself," he says, "will not keep a man cheerful if he has dyspepsia. A cup of coffee and an egg is no kind of equipment for a day's work. I take three good meals, and I eat more on Sunday than on any other day of the week."

—"See here," said an angry citizen to a quack doctor, "that 'wonderful discovery' of yours for preserving the scalp is a fraud."

"Why so?"

"Look at that," he went on, removing his hat; "since using it I have lost all my hair."

"Oh, it doesn't pretend to preserve the hair," replied the doctor, "only the scalp. You've got your scalp left. You mustn't expect too much of medical science."

—The *Medical News*, Madrid, August 4, states that the commission recently sent into the infected districts of Spain reports that in all the villages they were able to visit they found the same clinical characteristics of the disease; that in the towns supplied with water from springs or wells cholera either did not prevail at all, or to a very limited extent, while in the towns supplied with water from streams the disease was very destructive, the water being contaminated by the washing of the clothes of cholera patients.

—At a recent meeting of the Société Anatomique de Paris, M. Maurice showed a specimen of perforation of the intestine, from a patient who had died from typhus ambulatorius. He had been so slightly affected by his illness, that he continued his military service till three days before death, when he over-indulged in eating and drinking, and, feeling pain, went into hospital. M. Maurice suggested that in similar cases of slight fever, provoking so little inconvenience, intestinal perforation should be treated surgically.

—In response to a communication lately made by M. Laborde at the Academy of Sciences on the advantages of the intravenous injection of oxygenated water as a microbicidal agent, M. Reguard observed that oxygenated water is instantaneously decomposed on being put in contact with the fibrinous matter of the blood; the blood becomes immediately frothy, which is precipitated in the right heart, and consequently liable to give rise to fatal embolism. This, M. Reguard stated, may be verified by injecting a few drops of oxygenated water into the jugular vein, when, by transparency, the blood will be seen frothing up like champagne. M. Reguard therefore concludes that intravenous injections of oxygenated water should be condemned in practice.

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ORIGINAL DEPARTMENT.

LECTURE.

CLINICAL LECTURE ON CARDIAC DISEASE IN ADOLESCENCE, CONGENITAL MALFORMATIONS OF THE HEART AND HÆMIC MURMURS.

BY JOHN M. KEATING, M. D.,

Physician to the Philadelphia Hospital and Lecturer on Diseases of Women and Children.

Reported by WILLIAM A. EDWARDS, M. D.,

First Assistant Demonstrator of Clinical Medicine in the University of Pennsylvania; Medical Registrar Philadelphia Hospital.

GENTLEMEN: In order that you may appreciate malformation of the heart, allow me to present you this illustration of the normal fœtal heart and its circulation.

The manner in which the fœtal blood is oxygenated before the formation of the placenta not being definitely settled beyond dispute, I will confine myself to a study of the circulatory apparatus after the formation of the placenta.

The two sides of the fœtal heart are not separate, as in the adult, and only enough blood passes through the fœtal pulmonary arteries to enable them to remain patulous and ready when called upon, as they will be immediately after birth; we find the two auricles communicating through the *foramen ovale* in such a manner as to permit the blood reaching the right auricle to pass freely into the left, but not in a contrary direction, hence a large proportion of the blood reaching the heart through the vena cava is directed through the foramen ovale into the left auricle, and does pot reach the right ventricle as in an adult.

The fœtal lungs requiring but enough blood to insure their nutrition, an arrangement is perfected by means of the *ductus arteriosus*, which arises from the point of bifurcation of the pulmonary artery, and opens into the arch of the aorta, by which only a very small quantity of blood reaches the pulmonary parenchyma.

The impure fœtal blood is carried into the placenta by the hypogastric arteries which have become two large arterial trunks and pass into the cord to form the umbilical arteries.

In order to impress this more indelibly on your minds, let me trace for you the course of the fœtal circulation, starting, for convenience of description, where the blood reaches the under surface of the liver through the umbilical vein. The major portion is carried onwards into the vena cava through the ductus venosus, enough being distributed to the liver for its nutrition. The vena cava is also receiving the blood from the fœtal veins of the lower extremities and that blood from the umbilical vein, which has passed through the liver. The blood now travels up the ascending cava to the right auricle, and the most of it is directed into the left auricle through the foramen ovale. The left ventricle now receiving its supply, sends the most of it to the head and upper extremities via the aorta, but a small proportion is sent to the lower extremities. The blood which has circulated in the upper segment of the body is returned by the superior vena cava to the right auricle, from which most of it is passed into the right ventricle and on into the pulmonary arteries and through the ductus arteriosus into the descending aorta. You will please note that the lower segment of the body receives the somewhat

impure blood which has already circulated through the upper, *i. e.*, the head, neck, and upper extremities. The descending aorta carries a small quantity of blood to the lower extremities, most of it being carried by the umbilical arteries to the placenta for oxygenation and purification.

After delivery of the child, inflation of the lungs is generally secured by a lusty cry, the pulmonary arteries are now called into action and become dilated, the blood in the right ventricle is carried to the lungs, becomes oxygenated, and is returned to the left auricle by the pulmonary veins.

The placental circulation is now arrested; the left auricle receives more blood than before, the right less, no blood passing through the umbilical veins. The pressure of the blood in the two auricles is equal, the blood in the right auricle no longer passes into the left in consequence of closure of the foramen ovale, from pressure which is equal on both sides.

The ductus arteriosus soon becomes impervious; the hypogastric arteries no longer contain the blood which channeled them to fill the umbilical arteries. Adult circulation is now established.

The ductus arteriosus collapses for two reasons, the mass of blood is drawn to the lungs and it possesses latent contractility, its aortic extremity remains longer pervious, due to the pressure of blood from the left side of the heart. Flourens tells us that it is not entirely impervious for from eighteen months to two years after birth, but Billard tells us the canal is obliterated after the second week.

Let us now consider this little patient, Baby G., æt. six weeks, female. This patient presents you a form of congenital cardiac malformation that you will probably meet more frequently and recognize more readily than any other, *i. e.*, patulous foramen ovale, occasioning *cyanosis*, popularly known as "blue disease."

Soon after birth the foramen ovale should be closed by its valve probably contracting adhesions with the edge of the aperture, and by the equalization of pressure in the auricles, should it remain permanently patulous, the condition which is so well illustrated before you, will arise. A small aperture may exist between the auricles without occasioning any admixture of blood, and consequently presenting no clinical history. If you will examine an adult heart carefully, you may note above the fossa ovale a muscular projection, with its concavity looking posteriorly and inferiorly. This has been designated the valve of Vieussens; it is continuous below with the Eustachian valve. The appearance of these two crossing arches is not unlike a pair of scissors, and in some cases will enable you to introduce the handle of a small scalpel from the right to the left, but when the auricles undergo systole the aperture is closed, and, as I above stated, there will be no admixture of blood.

Patulous foramen ovale appears to be more frequently seen in females, and our case helps to bear out the rule.

This malformation may produce no disturbance until the auricular insufficiency has had the same effect that you know a continued mitral insufficiency will have, the heart then suffering from a systole and deepening the cyanosis, and bringing the œdematous symptoms prominently forward. A case is recorded in the medical journals of a man reaching 66 years with a patulous foramen.*

Every case that you meet will not present you such a clear and easily readable clinical picture as the one that you now have the opportunity of witnessing. In certain cases the diagnosis can only be suspected.

A clinical observer tells us that in a patient of his "a little girl suffering from palpitation and hypertrophy of the heart, in whom the beginning of asystole was indicated by œdema and venous stases, a soft, deep-blowing systolic murmur was present to the right of the sternum, in the second intercostal space, due probably to a persistence of the foramen ovale."

Another condition worthy of your study, of which I unfortunately have no case to illustrate, is a *persistent patulous ductus arteriosus*. As I stated at the commencement of my lecture, the canal is not obliterated immediately after birth, as seen in the following table, which is taken from Constantine Paul's work, and is worth preserving in your note-books.

TABLE SHOWING THE PERIOD OF CLOSURE OF THE DUCTUS ARTERIOSUS.

Age.	Number of cases.	Author.	Open, percentage.	Partly closed, percentage.	Obliterated, percentage.
Birth.	19	Billard.	68	22	10
2 to 7 days.	100	Billard.	60	25	15
8 days.	20	Billard.	15	30	55
10 to 20 days.	21	Briére.	. .	33	66

I would consider the persistence of the ductus arteriosus thirty days after birth as constituting

*Penius, J. M. Ann Arbor, Mich., 1853-4, i., 213.

a congenital malformation, but remember that a patulous duct is not inconsistent with the maintenance of life. The above authority cites six cases reaching the following ages respectively: 4½ months, 19, 23, 32, 48, and 52 years. He also adds that in the six cases, despite the admixture of blood for the lower limbs, while the upper limbs received only arterial blood, no disproportion was observed between the upper and the lower extremities. The infant of four-and-a-half months presented no cyanosis and but little hypertrophy of the heart.

The symptoms of patulous ductus arteriosus are more respiratory than directly cardiac, and do not show themselves in early infancy. Generally about the second, third or fourth year they commence to attract attention, being more noticeable after exertion. This grows progressively worse, the patients on the merest exertion being seized with suffocation, the skin becoming deeply engorged. Remember, if you please, however, that cyanosis is not constant, but occurs paroxysmally, appearing and disappearing, as the patient exerts himself or is in repose. Duroziez records a case in which cyanosis was almost the last scene of the final symptoms.

The diagnosis of these cases is, of course, not easy; ill-defined blowing murmurs are generally heard, but they are difficult to locate and interpret correctly. In some cases recorded by reliable observers, no blowing murmur was present at all.

The course and prognosis in these cases is much the same as in organic heart disease. More particularly in regurgitations of the auriculo-ventricular orifices, the mitral or tricuspid valves.

A peculiar congenital malformation is recorded by Livingston, in the *N. Y. Medical Record* for 1883, in which there was communication between the right side of the heart and the beginning of the aorta. Again, S. Archer, in *London Med. Times and Gazette*, puts on record a heart with a congenital band across the aorta; and Crisp presents a heart to the London Pathological Society, consisting of but a single auricle and ventricle. Fenton adds his quota to the list by reporting a heart with five cavities.

Ashby shows us that the cardiac apparatus may not always be found in its normal position by placing on record a case of transposition of the heart and pulmonary artery in a child seven months of age. A more rare transposition would be to see the aorta arising from the right ventricle, and the pulmonary artery from the left. Peacock, who has presented so many malformations to the London Pathological Society, observed a patient under such conditions who lived to the age of thirty-two years. Again, Baly exhibits to the Pathological Society of London a malformation of the heart with the pulmonary artery impervious at its origin, and S. G. Shattuck presents to the same society an instance of atresia of the aortic aperture in an infant.

Corvisart and Meckel observe that stenosis and obliteration of the aortic orifices are among the rarer malformations; the patients survive their birth but a short time; however, they have seen such patients live to the age of twelve, fourteen, and thirty years.

An *aneurism* of the ductus arteriosus has been observed by Billard and Thore, who recorded in the *Archvies Gen. de Méd.*, 1850. Leullich* observed a case in an infant two weeks old, the aneurism measuring 15mm. in diameter, filled with clots, and opened 3 ctm. further down in the descending aorta.

Hæmic murmurs have various synonyms; inorganic, functional, anæmic, accidental, are some of the headings under which you will find them described in the various text-books.

It is not an uncommon thing at all to find a systolic murmur in a heart which is absolutely devoid of anatomical or valvular lesion, hence we term these murmurs inorganic, in contradistinction to those which result from organic change.

These hæmic murmurs have certain well-defined characteristics that it will be well for us to consider.

This little girl, convalescent from scarlatina, presents us a functional murmur in its purity. As I place my ear to her præcordia, a soft, feeble, gently-blowing or softly-aspirated *systolic* murmur is heard. These murmurs are always systolic, and are never harsh, sawing, or rasping. The systolic heart-sound that accompanies these murmurs is generally clear and ringing in character; it has lost its low, booming sound, so characteristic of the normal first sound.

You may often note these murmurs in chlorotic girls, who will then generally also present you a venous hum or murmur in the neck.

Not infrequently you may meet an hæmic murmur, during the course of acute pneumonia, puerperal fever, variola, scarlatina, pernicious anæmia, which disease is now becoming recognized in the very young, as Kjelberg† records a case in a child æt. five, who died one and a half months after the inception of the disease.

* Arch. d. Heilkunde. 1876, C. Paul.
† Arch. f. Kinderheilk.

It is particularly in anæmic conditions that these murmurs may be recognized; the anæmia may be acute, as from sudden loss of blood by hemorrhage of a recently confined woman, or chronic anæmia due to long-standing disease, leukæmia, chlorosis, marasmus, malarial cachexia.

In cases where these murmurs are present, the heart structure has undergone change, due to a fatty metamorphosis of its muscles. This seems to apply particularly to the papillary muscles, and probably has some relation to the explanation of the physics of these murmurs.

I do not anticipate for you much trouble in the recognition of these murmurs; the general condition of the patient will assist you materially in the diagnosis, together with the character of the murmur, which is soft and cooing, is always systolic in time, is generally heard best over base of heart, and as a rule the first cardiac sound is high-pitched and ringing. Some observers state that these murmurs are intensified by the pressure of the stethoscope. Of the truth of this statement I have never been able to satisfy myself. The course of the murmurs will also aid in the diagnosis. If your treatment is successful the murmur will disappear as the patient grows better, and when the patient is finally restored to good general health, the most acute auscultor will fail to hear any bruit.

The question of treatment in these cases is always an important one, depending of course on the cause of the anæmia, as it is solely by treating the hæmic dyscrasia that your therapeutics will meet with any measure of success.

Iron, of course, is the first drug that will occur to your mind, but let me sound a note of warming here: if you are endeavoring to remove the cardiac symptoms in a case of progressive pernicious anæmia, you will be surprised at the inutility of iron, but will be gratified with the action of arsenic in increasing doses. In the ordinary forms of anæmia, iron, the bitter tonics, liberal diet, good hygiene, change of scene and mode of living, will generally be sufficient to restore the patient to perfect health.

COMMUNICATIONS.

RARE CASES IN PRACTICE.

BY E. T. BLACKWELL, M. D.,
Of Cedarville, N. J.

BLEEDING FROM TOOTH-SOCKET: NOVEL CURE.

Mr. P. P., aged, perhaps, twenty-five years, has been a bleeder for the last several years—since a most severe ptyalism. On March 22, 1884, he had a tooth extracted, and the hemorrhage from the alveolar cavity was continuous and exhaustive. At midnight I was aroused for his relief. Fluid extract of ergot and hamamelis were used locally and constitutionally, as well as liq. ferri chlor. The usual means at hand failing, I placed powder of plaster-of-Paris in the cavity; a few repetitions of the same producing a clot and arresting the flow.

HEMORRHAGE FROM THE GENITALS OF A YOUNG GIRL.

October 8, 1884, Mertie S., aged eight, of a splendid physical development, has had for several months an uninterrupted bloody discharge from the ostium vaginæ. She has also had tenderness in the left iliac fossa, and pain and lameness whenever her walks were much prolonged or her exertion was at all violent. She had complained much of dizziness. The flow, which had been moderate before, on the day of my call came on in two or three alarming gushes. Her general appearance was that of a full habit, the abdomen being especially prominent. Reflex irritation from worms presenting itself as a possible etiological factor, she was placed upon infusion of spigelia and chenopodium, tempered with coffee, milk, and sugar. She was also purged at successive periods with calomel and podophyllin. She was directed to avoid long walks and any romping, as she was to continue at school.

October 11. The discharge being unaffected by the foregoing treatment, she was ordered the following:

℞. Ext. hamamelis, fl. ℥ j.
Syr., ℥ ij. M.
S. A teaspoonful three times a day.

October 18. The dizziness and tenderness in the groin have disappeared, and at this time, or subsequently, the lameness. The discharge is undiminished. Ordered to take the following:

℞. Ext. ergotæ, fl. ℥ ss.
Ext. hamamelis, fl. ℥ jss.
Syr., ℥ j. M.
S. A teaspoonful three times a day.

October 25. The flow is unchanged. The medicine to be continued.

October 28. Having at this time read a report of a clinical lecture by Professor Goodell (*Medical Bulletin*, vol. vi., p. 227), in which he announces oil of erigeron as an excellent remedy for stopping hemorrhage when ergot fails, I determined to try it, and gave three drops in capsules three times a day.

November 1. The discharge has been less this week than for a long time. The medicine was

continued, and from that period the case progressed well, until the discharge amounted to a stain only. Thus it still remains, the health in other respects being excellent.

RECTAL CANCER.

Mrs. H. S., aged 55 years, was taken at 5 p. m. October 25, 1885, with numbness and loss of motion in the limbs of the left half of the body, and with temporary unconsciousness. The paralysis was greatest in the left arm and hand, which were powerless. Her pulse at 6 p. m. was 120. She could recognize persons, and speak slowly. There was numbness in all the extremities, and corrugation of the left eye-brow. A history was at this time obtained of constipation, severe colics, and the passage of ribbon-like fæces whenever there was a discharge by the bowels; these symptoms for at least six months previous. She was ordered:

℞.	Ext. ergotæ.	f. ʒ ij.
	Ext. digitalis,	gtt. xxx.
	Potassii bromid.,	ʒ ss.
	Aq.,	f. ʒ ij.

M. S.—A teaspoonful every half hour.

October 26. Patient sweated very freely during the past night; and her pulse is now regular and soft. To take ext. cimicifugæ fluid, a half teaspoonful every two hours.

October 27. Power in the affected muscles has returned, and the numbness has subsided.

October 28. Was very dizzy on rising. To take:

℞.	Ext. ergotæ,	f. ʒ j.
	Tinct. cinchonæ,	f. ʒ vij.
	Ol. cinnamomi,	gtt. v.

M. S.—A teaspoonful every two hours.

For constipation, she was to take:

℞.	Ext. rhamni pursh.,	f. ʒ ss.
	Ext. glycyrrhizæ,	f. ʒ iss.
	Syrupi,	f. ʒ ij.

M. S.—A teaspoonful at bedtime.

December 5. A special examination of the rectum was had, the patient's brother, Dr. R. P. Ewing, of Greenwich, N. J., being present, and assisting. She was placed in the knee-elbow position, and the cylindrical vaginal speculum was used to display the rectum, which it was found to do better than the regulation anal speculum. A tumor was found about five inches from the fundament, filling the entire lumen of the head of the rectum. Even the smallest catheter could not be made to pass the obstruction. It was pinkish, striped with white, and fissured or lobular. No fæces have passed for some time. On November 25, there had been a free discharge of purulent blood, but for a few days this had ceased. She had intense colic at times, apparently caused by attempts of flatus to pass downward. For the present distress, she was given a large hypodermic, estimated at one-half grain to one grain morph. acetas, which gave comparative ease.

December 9. The patient has pain about the promontory of the sacrum, in the left hip, and in the region of the left kidney; she has had a dozen evacuations, two or three of which seemed to be jellified mucus; has tormina and tenesmus, and difficult and painful micturition. She is very nervous and full of pain. Ordered

℞.	Ammonii brom.,	ʒ ij.
	Chloral hydrat.,	ʒ j.
	Ext. digitalis fl.,	♏ v.
	Ext. glycyrrhizæ fl.,	ʒ j.
	Glycerinæ,	ʒ iij.
	Aquæ,	ʒ iij.

M. S.—A tablespoonful every four hours, to alternate with ¼ grain pill of nitrate silver, at same intervals.

December 12. Is stiff, as if rheumatic; to continue medicine as before.

December 23. Patient complains chiefly of constipation and boils. Ordered pulv. glycyrrrhizæ C.—my own formula—much stronger in laxative power than the officinal. From this time on, her condition was only rendered tolerable by a nightly suppository of two grains of powdered opium; the colic and constipation admonishing her of the trouble in store for her. On April 19th of the present year, she set out in a carriage for Bridgeton, to place herself in care of her sister and brother. She passed a bad night; and when the brother saw her on Monday, the 20th, her bowels were tense and tympanitic, and a great pain was felt in the region of the liver. The pulse was 90 and weak. She was kept constantly under the influence of morphine. The bowels were confined and swollen. She was ordered liquid food, to be taken often. On the 23d she had great pain; her extremities were cold, and she was growing weaker. The morphine was continued hypodermically. On Friday, April 24th, the stomach rejected everything, including ice water. The bowels were much distended with gas; anything approaching peristalsis caused intense pain; taking morphia largely. On Sunday afternoon she insisted on having an enema of warm water, which with difficulty was administered, a natural movement following. She continued to decline, dying on Monday evening, April 27th. I did not see her during this final sickness, Dr. T. J. Smith, of Bridgeton, being the consultant. It is much to be regretted that no autopsy was held, as an interesting and valuable link in the history is thus lost.

(*To be continued.*)

THE MEDICAL PROFESSION AND ITS RELATION TO THE PUBLIC AT THE PRESENT DAY.*

BY T. C. M'COLLOUGH, M. D.,
Of Oil City, Pa.

GENTLEMEN OF THE VENANGO COUNTY MEDICAL SOCIETY: My term of office having expired, I believe it is customary for the retiring President to say something in vacating the chair.

This being the commencement of a new year, it is more or less the rule for all to reckon up their accounts and form new resolutions for the future; hence, I have taken for my subject

THE MEDICAL PROFESSION AND ITS RELATION TO THE PUBLIC AT THE PRESENT DAY.

The medical profession as it exists to-day in relation to the public, is a question I have often thought of calling your atttention to, for the purpose, if possible, of devising some means to check this downward tendency of respectability, which is fast lowering our profession to a mercantile basis—one of "barter and trade."

If it be true that to "heal the sick" and "care for the suffering" is a divine mission, then it is equally true that the dignity and honor of our profession should be preserved by its members, and that respect and remuneration is due from the public, and should stand upon a much higher plane than it does at the present day.

That the medical profession has made wonderful advancement, in a scientific point of view, in the last fifty years, no one will attempt to deny.

By the aid of the microscope and the chemical laboratory, by research and experience, our noble profession stands to-day surpassed by none in the great mission of ameliorating the condition of fallen man. Step by step it has advanced steadily on, no labor too hard, no danger too great. The cold, the storm, the pestilence, carry no fears with them for him. Suffering humanity calls, and he obeys. Ever ready to the summons of the afflicted, he becomes a servant—no time for self, family, none that he can call his own. In the darkness of the night he travels, in the sick-room he stands by the bedside of his patient, inhaling infection and handling contagion, which often is premature death or constitutional contamination to him and his offspring for a generation to come. Here one, there another, drops by the wayside, a martyr sacrifices his life for suffering humanity. No one speaks his praise, no monument marks his grave. The world coolly remarks in passing, "Another pill peddler has turned up his toes." He is forgotten, his wife left helpless upon the cold charities of the world, and his children often become paupers.

Why, is it not true that nine-tenths of the physicians of the present day who support families are insolvent? You speak of the poverty of the profession compared with other professions, and you get the answer, "Oh, you fellows will get your reward in the next world." Whether they expect us all to be angels or not, I do not know. Does not the medical profession of to-day receive less consideration from the public, either in *respect*, *gratitude*, or *money*, than any other profession, and is not the situation of affairs growing worse every year? Why, rich men, moneyed men, moneyed incorporations, expect you to work for them for the name it gives you in the community of being their physician and surgeon; and they not only expect you to render your services without any money remuneration, but they expect you to furnish your own material whilst doing the work, attending to their sick and fixing up their crippled employees.

Is not this a low estimate put upon our services as medical men? Is not this a disgrace to the profession—derogatory to our high calling?

Again, one of your patrons, whose family you have watched over professionally for years, has a sick child, and the request is, or sometimes rather the command, to come immediately. You go. *Attentively*, *earnestly*, and *anxiously* you wait upon the sick child—standing between it and the grave for weeks with your remedies, watching every symptom, meeting every emergency. The child recovers, is restored to health.

No one but a father, or a loving mother, who has watched over a loved child for days or weeks hanging upon the very verge of the grave, knows the anxiety between *hope* and *fear* which hangs over the family like a dark pall. Like David, they are ready to cry out, "Who knoweth whether God will be gracious to me or not, and spare the child's life?"

No one, I say, but a father or mother can realize the load that is lifted from the breast at its recovery. How the human heart ought to swell with emotions of gratitude to God, and them who have used the means to bring about the result.

But is not gratitude to the physician more generally the exception than the rule? Like the chief butler and Joseph, you are forgotten. Months pass, and he pays his grocer, butcher, and baker regularly, and spends what money he has left, after clothing his family, in luxuries, tobacco, beer, etc.

*Read before the Venango County Medical Society at its annual meeting, January 20, 1885.

At the end of six months, you make out your bill and send it to him, with the polite invitation "please remit." No response. He meets you on the street, and he recognizes you by calling you "Doc." At the end of the year you make out the bill and send it again. One year is recognized in this country (since Tanner's experiment) to be about as long as doctors can live on *wind*, and that is the only article free of charge necessary to life. Time passes, and he meets you in the same familiar way; but by the look of his eye *this time* you can see he means business. "See here, Doc, don't you think that bill is a little steep? I showed it to my wife, and she thinks it is entirely too much." (Ten chances to one his wife never saw the bill, as women are generally more grateful and liberal than men.) "Say, don't you think you could take ———? (offering about the one-half.) You know the child did not take much medicine; you only wrote two or three prescriptions."

Writing prescriptions, in this country, is looked upon as the physician's trade, and the only labor a doctor should be paid for. If you tell him you are no cheap doctor—that you are not in the market peddling out your knowledge and sciences, like a cheap clothier, asking five dollars and taking fifty cents—that you are no "Cheap John," he goes away dissatisfied and disgusted with you; tells everybody what an outrageous big bill you charged him; never pays you a dollar of it, and employs some one else, who, at least, has the reputation of being a cheap doctor. Quality does not seem to enter into the relations between the employer and the employed in the doctoring business these days at all. If a man wants to build a house, he employs a scientific architect and skilled mechanics at any cost; but if his wife or child is sick, he is satisfied with any kind of a doctor, so he is cheap. Hence, the cheaper a doctor will work, the more he gets to do; and the doctor who will work for nothing and starve himself and family, will soon get up a reputation amongst all the tattling old women of the neighborhood, and he is fixed as far as business is concerned.

Permit me to say here, your humble servant never had much pride in that direction. I would rather have the reputation of being a "good doctor" amongst my professional brethren—men who know and are competent to judge as to my qualifications—than have the *wind* of a regiment of old women blowing my praise. But I am free to acknowledge the want of the latter is killing our business.

Gentlemen, this is no fancy sketch; it is a life-picture of the general status of the medical profession at the present day. The naked truth is, we have lost and are losing our dignity as medical men; we are failing to hold up our *noble profession* before the public; if we did so, we would constrain them to acknowledge the high calling whereby we are called. And I say, therefore, that any physician, regularly qualified and competent to practice medicine, obstetrics, or surgery, who will cut in prices for the sake of business and peddle out his services to the public "Cheap John" like—get what you can and look for more—is not only committing an *outrageous disgrace* upon the profession, but he is committing an outrage upon the civilized community where he pretends to practice an honest and honorable calling.

Gentlemen, this is strong language; but not a particle too strong for the magnitude of the offense. Such men may, if blessed with health, strength, and endurance, manage to make a living; but they are nevertheless sapping the life-blood out of their less fortunate medical brethren.

Gentlemen, why is it that the public do not respect us as they did fifty years ago? Simply because we do not respect ourselves.

There is no profession in which there is as much jealousy existing amongst its members as ours. There is no profession where there is so little sociability amongst its members as ours. There is no profession where there is so little of that open, straightforward professional manhood in our dealings with each other in relation to the public; so that the people lose confidence in us as a profession, and look upon us as a set of superannuated "sore heads."

How often in your medical career have you been compelled to listen to the following: Mrs. A.'s daughter has been sick, and they called their family physician, and she is dissatisfied with him, and she comes to consult you, or rather to give vent to her pent-up venom against Dr. B. She goes on to give you a detailed history of the case, all the circumstances and symptoms, the predispositions of the family—back to her grandmother's aunts; but, finally, she comes to the point. Her daughter has been very sick, and Dr. B. treated her for days, and he did not know what was the matter with her. He was treating her for the wrong disease, and he was giving her the wrong medicine. "Poor thing, how she did suffer! I tell you, he don't know anything. She had caught cold when she ought not to, and it had turned to the gravel. Why, I would not let him doctor my dog," etc.

"Well, well," you say, after listening to the whole story, looking as wise as possible, and taking in the situation, "Dr. B. is a little peculiar. However, some people in your neighborhood think he is a great man;" perhaps adding, "but they will find out he don't know anything."

Gentlemen, silence gives consent. Where is the golden rule now? Where is your medical manhood now? Why did you not speak out in behalf of a medical brother in language that could not be misunderstood, telling her that Dr. B. was a good physician, and understood his business, and that if you had a sick daughter you would be willing to trust his medical skill to give her the best chance for her life. "You were mistaken, madam, in regard to your daughter's case; you are not competent to judge the doctor, and say whether he treated her for the wrong disease, and gave her the wrong medicine."

Now, if we would speak out at all times thus manly, fearless of offending, we would learn to respect ourselves, and compel the public to respect us.

Again, Mrs. Smith has had a sick child; cholera infantum. Her physician, by careful attention and scientific medication, has arrested the violence of the disease and bridged it over the acute stage. But the diarrhœa keeps up for weeks, and the little sufferer runs down to a skeleton. Mrs. F. has been very kind and very attentive. She is an excellent neighbor. She thinks she knows all about rearing, nursing, and treating children. She has had thirteen herself, and always doctored them when sick with hot teas and poultices. Besides, she has saved quite a number of her neighbor's children after three or four doctors gave them up.

Now, she has been scrutinizing the doctor's management of this case, and has formed a very decided opinion as to his skill in doctoring babies, which she never fails to communicate to the mother and others interested, in the absence of the doctor. She has from time to time made a number of suggestions to the doctor in regard to the management of the case in a very polite and quiet way. "Don't you think this tea, or that poultice, would be good?" which, by the way, is very embarrassing, especially to a young doctor, for he is foolish enough to believe he is going to be paid for doing the thinking himself.

But the crisis has come. The mother, up to the present time, has followed the doctor's directions. But the pressure is now too great. With her anxiety to save the child's life, she yields to old lady F., who has been reinforced by several others of the same stripe. A special poultice is made and put upon its breast, a poultice of all kinds of herbs is placed over its bowels, and onions to its feet.

After this, if the doctor is permitted to continue his visits, it is only to keep up appearances, and to father its death. But let the child die or get well, to him, as far as his reputation is concerned, it makes but little difference. If it recovers the poultices cured it; if it dies it had taken too much "strong medicine."

Why, an old lady told me not long since, speaking of a child's death, "The poor little thing," she said, "had taken so much strong medicine that after it was dead, its eyes stuck out and were as green as a bullfrog's."

Gentlemen, is not this your experience, and is not this state of affairs kept up by the want of straightforward manliness on our part? Our unwillingness to offend, catering to the opinions and suggestions of miserable, meddlesome old women, by saying "yes, yes, very good, can't do any harm, can't hurt anything, might try it," etc.

Ought not something be done to stop this *miserable, nonsensical, unscientific poultice business* at the present day, which takes in a scope from a hot pan-cake down to cow-manure? We all know that external applications are valuable adjuncts in the treatment of disease. Emolliency by heat and moisture, rubefacients, vesicants with or without medication, to be absorbed by the skin, comprise the list, and no one but the physician is competent to select or direct their application. I have been in the habit of never using a poultice suggested by an old lady, if another would answer the same purpose.

Again, there is a class of physicians who by the law of descent from father to son have inherited a competency, others by some bold stroke in speculation have made money and are living in comfortable circumstances, not depending upon their daily practice for their bread and butter. Others again, who are willing to *live poor* and drag along in a kind of a way for the purpose of increasing their business, the glory of having a big practice. These men only make out bills and present them for payment to their patrons only once in a long time. They are called good fellows in the community. They can't distress the widow or the orphan, or hound a man to death by sticking a *doctor bill* under his nose every month; no, no! They are good to the widows and the fatherless, and especially to those fellows who don't pay nor never did pay a doctor a cent in their lives, much better to them than they are to their

medical brethren who must have their honest earnings to live, pay their debts, and not be ranked as "dead beats." Why I have heard men say, if you employ Dr. So-and-so you will have to pay him; he has got to have his money. But there is Doctor B. or C., who has done my business for years. Of course, you know, I paid him a little along, but he has never said money to me or presented me with a bill. He is a good doctor, and a first-class fellow, and he won't hurry you about the pay. Do not such men know they are committing a great wrong upon the medical profession? They do know it, and ought to be severely reprimanded, and if they continue to do so, they ought to be expelled from your honorable body. It is the meanest kind of quackery, bidding for practice, and holding on to patronage at the expense of starving your medical brother, who must have his pay regularly every month to keep him and his family from starving.

Dr. Brinton, in an excellent editorial on this subject, published in the MEDICAL AND SURGICAL REPORTER of December 15, says: "We never can hope to *recall* the old days when our patrons looked up to us and respected us as something rather above the ordinary run of men."

We can, if we would, do as our fathers have done. The trouble is not so much over-production as lack of quality; not wanting in medical education and intellect as the want of a better and higher association on the part of the members of the profession; begetting a better and nobler character. Is it not so that evil communications corrupt men? Is it not true that men are known by the company they keep? If their associations are with the illiterate and unlearned, the public eye measures them from that standpoint; if with the low and the vulgar, the same principles are applied. Just so with the medical profession; it is continually being dragged down by the association and conduct of some of its members.

The doctors of half a century ago were not, as a general thing, as intelligent or as well educated as they are to-day; but they were men of stability and character, and they were classed and associated with the highest order of society. The ministers of the gospel and the ministers of health were one and inseparable. In the estimation of the public they stood equal; where the one was the other was to be found; the one administering to the spiritual infirmities, the other to the physical. They mingled together, and were associated in the public mind as belonging to the same class of men. At the marriage feast they sat *side* by *side*, "rejoicing with them who rejoiced." In the sick-room, by the bedside of the sick, they were found together applying their divine mission, doing what they could to lift the burden of sin and pain from the afflicted. In the house of mourning they were found encouraging those who mourned the loss by death of dear friends. In the funeral cortege they walked together with the friends of the deceased, *craped* in *mourning*, "weeping with those who wept."

This was the universal custom fifty years ago; and it would be well for the medical profession were it so to-day. Modern doctors do not attend funerals. It is said it looks too much like carrying home your own work. And then, again, it is thought that the physician's whole duty is to cure the patient if possible, and when the skill of the profession fails, then his duty ends. Surely your duty ends, as far as saving life is concerned, when your patient dies: but you have a duty to yourself, a duty to society, a duty to the profession, which ends only when you die.

Now, gentlemen, if I have said anything in this paper which will be the means of calling your attention to these all-important questions, questions which I believe concern the present and future welfare of our profession more than any other, if I have said anything to stimulate you to a higher estimate of yourselves as medical men, or that will influence you in the future to work more earnestly for the general good of our noble profession, I shall feel satisfied.

In conclusion, it becomes my pleasant duty to introduce to you W. F. Foster, M. D., president elected for the year 1885, and to thank you kindly for the consideration and forbearance you have extended to me during my term of office.

HOSPITAL REPORTS.

NOTES FROM THE PENNSYLVANIA HOSPITAL.

SERVICE OF DR. ARTHUR V. MEIGS.

Typhoid Fever.

The wards of the Pennsylvania Hospital now contain a great number of cases of typhoid fever (as indeed seems to be the case in many of our hospitals at the present time), and Dr. Meigs presented two typical cases to the class.

Case 1. The patient, a male, age 19, a cabinet-maker by trade, has only been in this country three weeks. Landing in New York, he used his last money to pay his fare to Pittsburgh, and failing there to procure work, he *tramped* it back to Philadelphia in company with his brother, who poses as Case No. 2. He was five days in Pitts-

burgh, and eight or nine days on his way to this city. Shelter was secured wherever, whenever, and of whatever kind possible; rides were stolen on freight trains, food was scanty, that procured being begged, and many nights were passed in the open country. In a word, these nine days were days of privation and hardships, naturally resulting in very much depressing the vital condition of the patient. He was admitted to the hospital September 26. The second day out on his tramp he was seized with diarrhœa, and was very chilly in the morning. Ever since he has had from two to four loose ochre-colored stools daily. Since his admission to the hospital he has had slight hemorrhage from the posterior nares. When admitted, his temperature was 105½°. The face is injected and dusky: there is mental hebetude, eyes dull and lustreless, mind slow, tongue dry, glazed and tremulous, sordes, hands tremulous, abdomen tympanitic and covered abundantly with rose-colored spots (such as described in our last issue). Ever since his admission the temperature has daily risen and fallen about two degrees, being highest in the evening. Yesterday there was a trace of albumen, indicating a slight congestion of the kidneys, which, as well as congestion of all or any of the abdominal viscera, is a not uncommon accompaniment of typhoid fever. Here we have a typical case of typhoid fever. According to Murchison (whom Dr. Meigs considers the best authority on this disease) the spots usually appear about the ninth day. There are here also numerous sudamina or little blisters on the abdomen, probably a thousand of them; this is also quite a common condition in this disease. When this patient was brought in he was ordered three ounces of whisky daily, with ten drops of oil of turpentine and five drops of dilute muriatic acid every two hours, and eight grains of quinine daily in two doses of four grains each.

There is here also to be noted some subsultus tendinum, or twitching of the tendons. Instead of this hebetude and mental stupor we may have active delirium. Any of these symptoms may be wanting, and occasionally so many of them may be absent as to render the diagnosis difficult; but when such a train of symptoms as those before us are offered, any tyro could form a conclusion.

Case 2. The brother of Case 1 (aged 21), who had accompanied him in his wanderings and was admitted on the same day, commenced to experience chilly sensations six days before admission, and two days later had epistaxis. While epistaxis is usually set down in the books as a diagnostic sign of typhoid fever, and while Dr. Meigs believes that it is a very constant concomitant of the disease, yet its diagnostic value is not very great, because it usually occurs so late in the course of the disease, not appearing until after other symptoms have enabled us to make a diagnosis. This patient had also some bronchitic complication, with pain in the side, that was relieved by dry cupping. When the temperature begins to fall below its abnormally high station, there comes a reaction and it drops even below the normal; it should so fall for from three days to a week before we can safely pronounce the patient convalescent. While in typhoid fever there is often some impairment of hearing, yet this condition is often more seeming than real. The patient's mind being clouded, it takes him some time to appreciate the purport of what you may say; he hears, but he hears *slowly*, so to speak, and his sluggish mind consumes some time in formulating and putting into action the responsive motion or answer that indicates that he hears. Wait a while and he will answer. Some ordinarily quick and rapid talkers will enunciate very slowly and deliberately when suffering from typhoid fever.

Dr. Meigs considers that it is the province of the *clinical* lecturer to talk rather about *cases* than about diseases, hence he confines his remarks to these two cases, and does not launch out into a general discussion of the various phases, peculiarities, and complications of the disease.

Prognosis.—In these two cases the prognosis is good. (Our readers will observe that the temperature record coincides with that which Dr. J. B. Walker tells us, in our last issue, is a favorable one in this disease.) The mortality from typhoid fever is very great; there are few diseases with a greater mortality, save in time of most fatal epidemics. Murchison, out of 5,988 cases lost 17¼ per cent., or one in every 5 or 6, but when he deducts all that died within the first forty-eight hours, he reduces this mortality to 15¾ per cent., or one in 6 or 7.

Inasmuch as statistics are usually made up from hospital practice, they are unsatisfactory, because the majority of cases are very far advanced before they come to the hospitals, and remedial measures then have very little chance. In the Pennsylvania Hospital, during three months last year, Dr. Meigs had thirty cases, with two deaths, or 1 in 15, while the year before he had six deaths in twenty-five cases, so that we cannot base an opinion on any one year for another; everything depending on the nature of the cases. Already this fall he has lost two cases; one dying twenty-four hours after admission, the other walked into the hospital, presenting all the symptoms of the second week of the disease, and died in a week or ten days. The mortality of average cases should not, therefore, be rated so high; it is these serious and neglected (in the early stages) cases that seem to give such a heavy mortality rate to the disease. Dr. J. C. Wilson reported to the College of Physicians thirty-two cases with only two deaths, while Dr. Meigs has found among his father's papers the record of sixty-nine cases with only five deaths, or 7¼ per cent.

Treatment.—The treatment must be what we call expectant. Whisky, if necessary, to counteract a tendency to weakness and exhaustion, eight, ten, or even twelve ounces daily, according to the urgency of the case, though he rarely exceeds eight ounces; it is as much as the stomach will comfortably tolerate. If there is any malarial complication he gives quinine, sixteen grains daily, in four doses of four grains each. Following the treatment first laid down by the late Prof. George B. Wood, he gives turpentine and dilute muriatic acid, ten drops of the oil of the former and five drops of the latter, several times daily. The specific treatment, that is to say, that based on the germ theory and germicidal action of drugs, represented by the use of tincture of iodine and carbolic acid, he has no faith in. *The diet must be liquid*—consisting of beef tea and milk, and as much water as the patient wishes. The attacks will

last from three to six or eight weeks, and Dr. Meigs says that those who advocate the specific treatment do not claim that it will shorten the duration of the disease.

Aneurism of the Aorta.

This man, age 37, a machinist, was admitted to the hospital September 25. Twenty years ago he had some painful swelling of the knee, after he came out of the army. He has had a chancre, followed by a suppurating bubo in the groin, but no subsequent symptoms of constitutional syphilis. He uses beer to some extent, but not immoderately. About the 13th or 15th of last March, he commenced to experience a burning pain behind the sternum, and was seized with a dry, hacking cough, that lasted for six weeks. His digestion has been goood, but his bowels are now costive, probably owing to his inactivity, as he is confined to bed. He was subject to dyspnœa on exertion. Two months ago he noticed, for the first time, a lump or swelling to the left of the sternum in the second interspace. This tumor pulsates. When the stethoscope is placed over the tumor (in order to demonstrate to the class) this pulsation is noticed to be more marked than when the instrument is placed over the apex of the heart. He has been unable to work, and is very weak. The pulse in the right radial is found to be stronger than in the left. There is no difference in the size of the pupils, and they react equally to light. There is considerable abdominal pulsation. The beat or pulsation of the tumor and that of the apex of the heart are nearly synchronous, the latter being only a shade later. He occasionally has some stridulous cough, with some oppression and inability to lie down. In order to make out the area of cardiac dullness it is well to percuss along the fourth rib, commencing on the right and working towards the left, until we catch the dullness, then commencing at a similar point in the axillary line and working towards the right, until resonance disappears. In this case the area of dullness is somewhat increased. The apex sounds of the heart are normal. The tricuspid sounds (heard at the left edge of the sternum, about the fourth, fifth, or sixth costal junctions) present nothing peculiar. The aortic sounds (heard at the second right costal junction) are distinct, becoming more so as we approach the tumor. At the third left costal junction, the pulmonary area, where we usually have the pulmonary sounds, they are noted, and in addition there is a faint see-saw (back and forth) murmur. The aortic valve is also heard to close in with a bang. The pulsation of the tumor is more forcible than that of the heart itself, and it gives a sense of expanding in every direction. The heart-sounds were distinctly heard under the third dorsal spine, which is the deepest point of the aorta, that where it approaches nearest to the posterior surface. There is no increase of splenic or hepatic dullness. These symptoms all clearly point to an aneurism of the transverse or descending portion of the arch of the aorta. Sometimes these aneurisms are very much masked and very difficult of detection. If they occupy the posterior portion of the aorta they are almost and oftentimes are absolutely undiscoverable unless they produce erosion of the vertebræ. Sometimes when they press slightly on the cervical nerves, we may have contraction of the pupil, generally on the left side, or when this pressure is greater, we may have dilatation. Pressure on the recurrent laryngeal nerve may give us loss of voice or a shrill squeaking voice. The *prognosis* is of course bad; such a patient may live for years, but there can only be one termination. The *treatment* is very unsatisfactory. Radical measures, such as the various devices of introducing horse-hair, galvanism, etc., suggested by surgery, he does not approve of. This patient receives twenty grains of iodide of potassium thrice daily.

Probable Aortic Aneurism.

As already intimated, aneurism of the aorta may be so located as to offer but few and very unsatisfactory evidences of its existence. Such a case is the following:

The woman, a German, is 56 years old. Her family history is good. She seemed perfectly well until six years ago, when she had great worriment on account of her husband's business troubles. She was then seized with a shrill, barking cough that has lasted ever since. At first it was dry, but gradually she began to expectorate, until now she will fill a four-ounce cup in the course of the night. Dyspnœa is sometimes very great, and is brought about by work or excitement. She has never had rheumatism. There is slight paralysis of the left vocal cord. Here then is a woman who has had a cough for six years, for which no cause can be assigned. Most likely it is due to an aneurism of the posterior wall of the descending aorta; it might be due to the pressure on the recurrent laryngeal nerve of a mass of enlarged bronchial glands, but Dr. M. thinks that it is most likely due to an aneurism. This woman's condition has somewhat improved under the use of iodide of potassium, while spraying the throat with a four per cent. solution of hydrochlorate of cocaine has afforded some relief. This case well illustrates the difficulty of diagnosis in some cases of aneurism.

SERVICE OF DR. R. J. LEVIS.

Pneumo-thorax.

A young man who had received a stab wound of the chest, had a severe condition of pneumo-thorax, which had now disappeared. Pneumo-thorax is more apt to occur when the wound is small than when it is large. When it is large the air escapes externally, but when it is small, it fails to find a ready external outlet, and so is forced by the action of respiration into the pleural cavity. It may escape into the tissue of the lung, when we will have emphysema of the lung. We may, in these cases, have general emphysema, which Dr. Levis has seen supervene sometimes in a few minutes after the injury. This air infiltration is most apt to occur where the connective tissue is loose, as about the eye and in the scrotum.

Fracture of Thigh and Both Bones of Forearm.

This man was brought in yesterday (September 29), suffering from a crushing injury, caused by the fall of coal in a mine. Yesterday he was suffering from shock, a depressed state of the nervous system, which precluded a careful examination. To-day he has reacted, and a careful examination reveals a fracture of the femur and of both bones of the forearm, both on the left side. Dur-

ing the stage of shock his temperature was below normal. Dr. Levis first felt for warmth in his hand, fearing that the *crush* of the tissues might have implicated the blood-vessels and shut off the circulation to the hand. He found it warm, and could perceive the pulsation in the radial artery, which is an important point as bearing on the question of amputation. At present, we are more concerned in the patient's general condition than with his local injuries, as it was important that he should be fully recovered from the shock. The soft parts about the elbow are considerably bruised and lacerated, but there seems to be no involvement of the elbow-joint. In this case there will undoubtedly be much cellulitis, as occurred in the next case to be brought before the class. This cellulitis, by producing tension upon the vessels, may shut off the circulation to the hand and produce gangrene; hence, Dr. Levis will instruct his resident to make very free incisions as soon as he can detect evidences of pus.

Fracture of Olecranon Process.

In this next case a heavy stone fell on the man's arm and fractured the olecranon process, as well as severely bruising and contusing the soft parts. Here came up the question of amputation, but Dr. Levis thinks possibly he can save and make useful the arm. As is feared in the last case, in this case great cellulitis was developed, but free incisions gave exit to the pus and relieved the tension, while the temperature never rose above 101½°. Dr. Levis introduces his finger into an opening near the elbow joint and finds some splintering of the olecranon, which introduces a complication to be met in the future, because such splintering opens the joint.

At first, while the cellulitis was going on, poultices were used; the arm is now enveloped in carbolized lint. (It was here noted that Dr. Levis had alongside of the washstand a tin basin containing a solution of permanganate of potash, with which he washed his fingers before using soap and water, a hint very applicable to some of our confreres.)

Compound Dislocation of Ankle.

This was a patient from the steamboat Felton, supposed to have been blown up with dynamite on the Delaware river, some weeks since. In compound dislocation of the ankle there are usually only two alternatives, amputation or death; there are very few recoveries without amputation. In considering the propriety of amputation, we must take into consideration the amount of injury sustained by the surrounding structures, and the age of the patient. If the posterior tibial artery has been torn, the interference with the circulation is liable to be so great, that amputation is pointed towards, and Dr. Levis leans that way when the patient is over fifty years of age. Many surgeons claim that we must always either shave off the tibia and fibula, or exsect or resect the astragalus, because only by so doing can we relieve the injurious tension that otherwise will exist after the reduction. Dr. Levis' opinion is that we had better do one or the other. In this case the astragalus was turned out by the injury, and he removed it; the dislocation was inwards, and the astragalus stood well out, rendering its removal easy of accomplishment. The foot was then placed in position, and there have been hardly any bad symptoms, there being only one decided rise in temperature, that occurring on the fourth day after the injury, when it rose to 102½°. There was then a free discharge of pus, and it fell to 99°, where it has remained, dropping on one occasion to normal. There is no caries, and but little sloughing. He used bran dressing and a fracture-box. The bran is clean, comfortable, makes a good rest for the limb, and absorbs discharges. The wound has been subjected to antiseptic irrigation from the first.

Concussion and Compression.

This man was struck in the forehead by a piece of wood flying loose from a turning lathe. When admitted yesterday (September 29) he exhibited symptoms of concussion of the brain; to-day he has more the symptoms of compression. The former may mask the latter. His pulse is 66 (that of concussion is feeble and very rapid). Temperature is not far from normal. Fortunately he was struck on the prominence of the brow, where the skull is very thick. His head has been shaved (Dr. Levis orders this at once in all head injuries, that a careful examination may be made), but no fracture can be made out. He is ordered calomel (gr. vi.-viii.) and podophyllin (gr. ½), to be followed by free doses of bromide of potassium. His head will be kept elevated, and future developments awaited.

Sarcomatous Tumor of Antrum.

This boy has a sarcomatous tumor springing from the nose, and involving the antrum and superior maxillary bone. It was removed two years ago by Dr. Agnew, but has returned and is increasing in size. It is polypoid in character. Dr. Levis will etherize the boy and break it away or remove it; but this will only be palliative, as it is of a recurrent type.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Meeting of the Philadelphia Pathological Society, September 10, 1885, Dr. J. Henry C. Simes, vice-president, in the chair.

Dr. George Dock exhibited to the society a patient suffering from

Secondary Epithelioma,

and related the following history:

The case occurred in the practice of Dr. W. W. Keen, at St. Mary's Hospital, to whom Dr. Dock acknowledges his indebtedness for the opportunity of recording it.

Mary C., æt. 70 years, married, born in Ireland, applied for treatment November 29, 1884. Her personal and family histories seemed to be unusually good. No traces of constitutional disease can be found. She uses alcoholic liquors in moderation, and has smoked a clay pipe for the greater part of her life. Filling the right submaxillary region and extending up over the inferior maxilla was a tumor, the distinct outlines of which included a space about three inches in diameter. The lower part was very prominent, standing out as a flattened node 1½ inches in di-

ameter, and about ¾ of an inch high, the whole height of the tumor being 1½ inches. The growth was hard, immovable on the lower jaw; the surface was smooth and red, changing to a dull purple on the nodular elevation. On the summit of the growth was an opening, heading upwards and inwards three quarters of an inch. The skin around the opening was everted, and the surface of the crater like cavity covered with large and small granulations, which exuded a thin, gray, offensive pus. The neighboring lymph-glands were not enlarged. The general condition was good.

The patient stated that the growth first appeared six months before admission to the hospital as a "kernel" below the jaw. She applied various poultices and salves to it. The tumor grew rapidly for the following four months, when it opened, discharging a large amount of pus; after that there was no apparent increase in size. The patient could assign no cause for the tumor except a scald received about one year before, on the lower lip near the angle of the mouth on the right side. This was followed by an ulcer, which was removed at the Episcopal Hospital in February, 1884, about two months before the appearance of the enlarged gland. Dr. J. M. Bradford, late resident physician at the Episcopal Hospital, stated that the ulcer was noted as epithelioma.

On December 3, 1884, Dr. Keen removed the tumor together with a margin of healthy skin, and the submaxiliary salivary gland. The external plate of the inferior maxillary appearing roughened, it was cut away. The cavity of the the mouth was not opened. By the use of hare-lip pins and sutures, the edges of the large wound, four and a half inches in diameter, were approximated almost perfectly. The dressings at first were carbolized, afterwards iodoform was used. In the fourth week after the operation, a small, red, indurated, sometimes painful spot appeared in the skin just posterior to the wound; a few days later the patient was discharged.

Microscopic sections made through various parts of the growth showed the structure of squamous epithelioma everywhere. The salivary gland was invaded. No trace of the lymph gland could be found, and the supposition was that it had ulcerated away completely.

The patient was lost sight of until the beginning of May, 1885. She stated that after leaving the hospital the small swelling alluded to increased rapidly in size, and in a few weeks was larger than the one removed. She used no irritating measures, but the tumor broke down and ulcerated away, leaving a large granulating surface. On examination, I found an ulcer on the side of the neck extending from one inch to the right of the median line to beyond the angle of the jaw, irregularly circular in outline and containing islands of epithelium. There was a small opening into the cavity of the mouth midway between the angle and the symphysis of the jaw, and just inside of the inferior border of that bone. The symphysis was drawn to the right about half an inch. There was a hard, tender swelling on the gum above the inner edge of the opening, covered with small dark-red nodules. In June the inferior maxilla was still more atrophied, and had separated at the point of swelling and opening before mentioned. The adjacent ends of bone and gum were covered with a small fungous growth.

The process of atrophy and new growth is still continuing. The left alveolar process approaches the median line of the oral cavity, and the point of the chin is on a line dropped from the outer angle of the right eye. The ulcer on the neck is healing, but the new growth in the mouth is rapidly enlarging, to that the tongue cannot be extruded. There are no enlarged lymph glands, but within a few days the patient has complained of pain in a gland in the subclavian region. The general condition is very poor; the patient lives on liquid food, and takes morphia to produce sleep.

[The patient and the microscopic sections were then examined by the members of the Society.]

Dr. T. D. Dunn exhibited the contents of a cyst recently removed from the back of a cow.

Dr. Guy Hinsdale exhibited a specimen of

Enlarged Prostate.

The specimen had recently been presented to the Mütter Museum of the College of Physicians by Dr. J. L. Stewart, of Erie, Pa., and was removed from a man æt. 75 years, who, sixteen years previously, had first come under Dr. Stewart's observation. At that time he was a strong, well-developed man, who had never been sick before in his life, but was then suffering from retention of urine, which had existed for seventy-two hours. It was found to be impossible to introduce a catheter, owing to an enlarged prostate, estimated to be larger than a hen's egg. Circumstances rendered it necessary to force an instrument through the gland, and five and a half pints of urine were drawn off. A train of most unpleasant symptoms followed, and for weeks there was profuse suppuration, with complete incontinence and great prostration. After about thirty days improvement began, and continued to complete recovery. Three months afterward the patient seemed perfectly well.

Attacks of cystitis and retention became frequent, and for sixteen years only once did an interval of over three months pass without an attack, the usual time being about twenty days. During this time Dr. Stewart introduced the catheter 1,194 times. Pain was intense, during the later years, when four or five ounces of urine had collected in the bladder. Meantime the prostate continued to increase in size, and in November, 1884, was believed to be of the size of a large orange. On the night of the 27th of May, 1885, the patient had his last attack. Dr. Stewart not being at hand, two other physicians did not succeed in introducing an instrument. Just before 9 a. m. of the following day, the man was attacked with the most excruciating pain, followed by a severe chill. At this time it is believed by his medical attendants that rupture of the bladder occurred, and the early date of this accident is accounted for as being the result of the contracted condition of the bladder. From this time there was no acute pain, but a severe aching, followed by prostration. At 9:30 a. m. the bladder was aspirated, one ounce of urine coming away. Dr. Stewart catheterized him on the third day, drawing about a tablespoonful of urine. The patient died

on the morning of the fourth day. His mind was clear and his voice strong to the last.

The post-mortem examination was made by Dr. Stewart personally. It is stated that there was a rupture of the anterior part of the bladder, near the fundus, and that the cavity of the abdomen was filled with urine.

The specimens were not removed in such a way as to make this evident.

The specimen, as presented, consists of the prostate gland laid open by a cut in the vertical line, and having attached to it the bladder, the walls of which have been cut in several directions. These walls are thick, and apparently have undergone fatty degeneration, as had also the kidneys which accompanied the specimen, the pelves of which were thickly overlaid with fat. The long diameter of the prostate, after being in alcohol for three months, is three inches; the shorter diameter, two and three-quarters inches; the first lobe is one inch long, and through it the catheter passed, and still remains in position. The bladder walls when replaced indicate a very small internal capacity.

Dr. J. M. Barton stated that but one case of rupture of the bladder from over-distention had come under his observation. It occurred in a German, who had an impermeable stricture of eight years' duration; no urine whatever passed; the contents of the bladder were removed several times by aspiration, while attempts were being made by filiform and other bougies to pass the stricture. As these failed, perineal section was suggested to the patient and his friends, but refused, and the doctor was told that they would send for him when they needed him. Three days later, Dr. Barton was sent for; he proceeded to the house, accompanied by Dr. S. W. Gross. The man was in a dying condition; the bladder tumor, which before was very prominent, had disappeared. Aspiration over the pubes and a trocar inserted by way of the rectum, both failed to reach any urine.

On post-mortem examination, a small rent was found in the upper part of the bladder, but the specimen could not be secured.

In old cases of prostatic obstruction, Dr. Barton had several times found on post-mortem examination that the patient had thrust the instrument through the "third" lobe; in one case several such openings had been made and had kindly healed.

The committee on morbid growths reported regarding Dr. Mitchell's specimen of

Cancer of the Stomach,

exhibited at the last meeting in June, as follows:

(*a*) *Stomach.*—Microscopic sections across the wall of the stomach show an active proliferation of the epithelioma of the mucous membrane, pushing its way into the wall, infiltrating it, and forming alveolar spaces. The wall is further infiltrated with young cells, which for the most part replace the normal structure of the part. The process has probably been a chronic catarrh, with great hypertrophy, passing gradually into a carcinomatous type.

(*b*) *Omental Nodules.*—Sections of these show an indistinct alveolar structure filled with epithelial cells, and a small-celled infiltration of the adipose tissue. The appearances are those of a carcinoma, secondary, probably, to the growth in the stomach.

The committee reported regarding Dr. Nancrede's specimen of

Hæmatocele of the Testicle,

as follows:

Sections exhibit layers of more or less well-developed connective tissue, through which are scattered numerous young connective tissue cells. No evidence of sarcoma tissue is present. The growth should be classed as a chronic connective tissue hypertrophy, and as the sac contained blood, the specimen is of chronic hæmatocele.

Editorial Department.

Periscope.

Treatment of Maniacal Excitement.

Dr. J. A. Campbell thus writes in the *Lancet*, August 8:

1. In the insanity of masturbation, I have used careful feeding, blood-restorers, out-door exercise, sleeping under supervision, in some cases circumcision, the morning shower-bath, and, if a sedative was really required, bromide of potassium, on account of its anaphrodisiac qualities. A large proportion of this class adhere to their habits, drift into dementia, and die of phthisis.

2. Puerperal mania. In the ten years ending 1884, forty cases, occurring within a few days of confinement, and exhibiting acute excitement, came under my care. All except four recovered—90 per cent. Of the four who did not recover, two remain in the asylum; two died, one while away convalescent on a month's trial, the other from phthisis, which she had in a far-advanced stage before confinement. I have found that by careful feeding, tonic treatment, and attention to the general health, with out-door exercise whenever the patient can bear it, the excitement speedily disappears, and the tendency of the disease is to recovery. I have never seen a patient die during an attack of puerperal mania, except from previously existing disease, or an acute disease occurring during the course of the attack.

3. In the recent cases we call acute mania. I do not enter on those cases of very short duration which we term ephemeral, which only last a few hours or a night, and where the recovery is as sudden and complete as the invasion was unlooked for and unheralded by any known train of symptoms. I take the class of cases we all recognize

and see a large proportion of. I do not believe that at the stage excitement has reached when the patient comes under asylum treatment we can at once cut short the attack; though I do not see why, at an earlier stage, before the brain congestion has reached the point where an explosion of excitement takes place, treatment which would divert nerve action to other parts of the body, produce muscular action tending to exhaustion and predisposing to sleep, with suitable feeding and sleep-compelling medicine, should not entirely avert an attack of excitement. I believe treatment can shorten an attack of excitement in many cases. I am certain, also, that I have seen cases run a long course of excitement uninfluenced by such treatment as I could use, without feeling it might have an evil influence on recovery. I believe extreme purgation, the free use of tartar emetic, and the constant use of opium in large doses will subdue excitement, at least for the time. I have seen cases treated in this way. I do not use such treatment, as I am convinced it retards —probably prevents—recovery. During the two years ending 1884 I admitted fifty-six patients of this class, twenty-eight of each sex. The average duration of excitement was fourteen days; in the males thirteen and in the females sixteen days. Of this number two males remained excited for a month, and one for two months; while four females ran a long course of excitement, extending to five, six, eight, and ten weeks. These cases were specially treated without out-door exercise, and were carefully fed; kept out as long as they could stand exercise or the weather would allow. Sedatives were used merely to render the patients manageable in fourteen cases. Sleep-producers were given in six, and only where sleep did not in a night or two follow from the exercise. The subsidence of the excitement was carefully noted from the time at which the patient could be treated in an ordinary ward or sent to work, and was calm in demeanor and action. I know the great difficulty there is in estimating mental states, but I think all recognize acute mania, and know pretty well the state in which a patient is who is trusted without a special attendant to inhabit a well-furnished and decorated ward. During the period of excitement one, sometimes two, attendants were devoted to each patient. I most distinctly hold that acutely excited patients should be treated separately, away from other patients; and I am now certain that persistent muscular action in the open air is the safest, quickest, most effective, and most natural means of promoting recovery from the state known to us as acute mania. I of course include suitable and frequent feeding, the use of tonics and stimulants, and the ordinary warm bath. Were more time at my disposal, I could show that a course of acute excitement could be run, under judicious treatment, with very little loss of body weight and without utterly excessive feeding.

4. In insanity from drink, the excitement need not be of long duration. A considerable number of such cases come under my care, and I find a good purgative, plenty of liquid food, copious libations of cold water, and a few days spent in the open air, to be all that is required as treatment; loss of sleep for a night is not of the least consequence.

5. In cases of periodic mania which run a given course, where excitement gradually increases till it reaches a climax and then gradually subsides, I have of late years only occasionally had to give continuous sedatives to render the patient manageable, or hypnotics to enforce sleep for the patient's sake and that of others. Thorough, continuous out-door exercise is the proper treatment for such cases. Latterly I have dieted several of this class on milk, vegetables, and farinaceous food, and I think with good result. We know certain diets in certain constitutions produce irritability, discomfort, and the converse.

6. In epileptic insanity, the influence of continued treatment by bromide of potassium in preventing excitement and reducing the number of fits has been so long proved that I should think the treatment is made use of in most asylums, or should be. Dr. Macphail, in his valuable essay on the blood of the insane, found that the blood of epileptics treated daily with ninety grains of this bromide for periods of over two, ten, and fifteen years, had not been deteriorated by the prolonged use of this drug. I have, however, noticed that epileptics who have been long under this treatment are liable to have congestion of the bases and posterior portions of their lungs; this condition seldom passes further than congestion. Until I recognized the state and its cause, I frequently feared epileptics were liable to double pneumonia. After a succession of fits epileptics should be allowed to lie in bed, and during the period of epileptic excitement no sentimental opinion should prevent their seclusion; for the excitement in epileptic insanity differs from that in other forms—it is more easily acted on by outward causes, it subsides more quickly in solitude, and its characters render it more dangerous to the sufferer and those around him.

7. General paralysis. Few cases are more difficult to deal with during their asylum life, none more liable to accident; most of the grave accidents in asylums befall this class of patients. Aggressive habits, without power to make good their threats and actions, are a source of danger from fellow-patients; abusive words, filthy habits, and sudden attacks have often been, though they should not, a provocative of bad treatment from those paid to take care of them. During the period of excitement which in almost every case occurs in the course of this disease, greater attention is needed than in other forms of excitement. More impulsive actions, more utterly hazardous and unreasoning attempts at doing impossible feats, are perpetrated by general paralytics actuated by their delusions of power and grandeur, than we find during the excitement of other diseases. Realizing the fatal issue of this disease, less compunction need be felt in keeping the patient under sedative influence during an acute paroxysm. During the five years ending 1884 I admitted forty general paralytics, and during that time thirty-six died without having sustained any grave injury during their asylum life. I must say I feel a source of danger past when patients of this class lose the power of walking, and I do not regret when such patients become bedridden. I probably differ from many in thinking the habit of propping up weak general paralytics in wonderfully-made chairs is not for their good

or comfort; it is said to prevent bed-sores, but patients at this stage should be kept clean in bed. With 547 patients, 40 of whom are bed ridden while I write this, there is not a bed-sore in the Carlisle Asylum.

8. In senile insanity I sum up the treatment in a sentence: Nursing, feeding, warmth, the judicious use of malt and spirituous liquids, and an occasional hypnotic. I use chloral with wire. Many public asylums have too few artificially-heated single rooms, and night-nursing has not till lately been well enough attended to. Pneumonia and bronchitis, the result of a night's restlessness and exposure, frequently complicate such cases, and no doubt have ended many. A treatise could be written on any of the subjects I have touched on; but as I have to keep within limits, I conclude with some remarks on out-door exercise and treatment by sedatives and hypnotics.

Out-door Exercise.—I believe in this we have a natural remedial agent which in the majority of recent cases will subdue excitement and produce sleep, and at the same time reëstablish the normal functions of different organs in the body, which too often are in abeyance during the stages of an attack of excitement. Maniacal excitement in chronic patients may be called into and kept in existence by injudicious asylum treatment. I have seen an asylum in which the female chronic element was for several years notably excited, where broken windows in the wards and black eyes among the patients were common, where noise in the daytime was incessant, and even night was made hideous by patients raving and hammering at their shutters, and where all attempts at making the airing-court into a flower-garden had failed owing to the destructiveness of the patients, and this in spite of the free use of many sedatives. By separate treatment of the excited by exercise and employment, I have seen this changed, and a quietude by day and night scarcely credible take its place.

Sedative Treatment.—During the five years ending 1878 I admitted 576 patients; 276, or 47 per cent., were suffering from maniacal excitement. Continuous sedatives were given for periods in 28, or 10.1 per cent. During the five years ending 1883, 677 patients were admitted; in 274, or 40 8 per cent., maniacal excitement was the prominent feature. Sedative treatment was used in 17, or in 6.2 per cent. In the first five years I used sleep-producers in 101 cases, or 36.1 per cent.; in the next five years, in 50 cases, or in 18 per cent. of the excited patients. I have gone carefully over my records, and my experience is that I give less sedative treatment than I did at one time, that I have to give fewer sleeping draughts, that my patients do at least as well as they did, and that the asylum, as a whole, is quieter than it used to be. I think that if a patient is continuously treated by sedatives, and kept so under their influence as to keep quiet during an attack of acute excitement, such a case tends to run a longer course than if the excitement were allowed to expend itself. I have noted periodic cases treated with and without sedatives, and during several periods of excitement. I believe most sleep-producers given at night for any length of time produce an irritable mental state, and frequently stomachic discomfort. I am satisfied, however, that even extreme treatment by bromide of potassium, if it stop short of poisoning, produces no permanent bad effect, physically or mentally. I have been limited in my use of sedative drugs lately, principally having used bromide of potassium with tincture of hyoscyamus, and chloral with wine or spirits as an hypnotic. I have used counter-irritation to the head on several occasions without result. My experience of the use of hot baths at high temperatures in acute excitement has not been great, but it has made me question whether the result was worth the risk. I hope to hear from others their experience of sedatives, the Turkish bath, rest and massage, cold to the head, and other remedies which have proved efficacious. Had the results of my practice not been favorable, I should probably not have been so limited in my modes of treatment.

Is Craniotomy upon the Living Foetus Ever Justifiable?

Dr. Robert B. Dixon thus answers this question in the *Boston M. and S. Jour.*, September 17:

1. It is our duty to save the child as well as the mother, when in each individual case it is practicable and possible.

2. Craniotomy should be performed when the child cannot be extracted by forceps or version; the woman is in a state of exhaustion, the pelvic diameters are above $2\frac{1}{2}$ by 3 inches, the case has dragged along for many hours, or perhaps for several days, and it is the wish of the woman and her husband that the operation should be done. In a case of this kind, it would be wise to attempt version first, and then, if necessary, perforate. If the woman's health is not sound, her pregnancy is complicated by heart disease, phthisis, or uterine cancer; then it is a very difficult point to decide whether craniotomy or Cæsarian section should be performed, and this question can only be decided upon the merits of each case.

3. When the conjugate diameter is below 2 or $2\frac{1}{2}$ inches, or there is some organic obstruction that cannot be pushed out of the way or removed by tapping, as an ovarian tumor, then, especially if early, Cæsarian section or one of its substitutes should be performed. The results from Porro's operation and laparo-elytrotomy are so encouraging, that in many cases one of them might be selected instead of the old Cæsarian section.

4. When the antero-posterior diameter is above $2\frac{3}{4}$ inches, forceps may be tried, and, if unsuccessful, then version should be attempted; and if the operator is unable to extract the after-coming head, he should perforate it. If in any of these cases the malformation is recognized sufficiently early, then the induction of premature labor is called for.

5. Under the most extenuating circumstances only, should craniotomy be attempted when the antero posterior diameter of the pelvis is less than $2\frac{1}{2}$ inches.

6. Craniotomy upon the living fœtus is justifiable when the practitioner is not familiar with abdominal section; when he is remote from help, and has not trained assistants, or the proper instruments required for the latter operation; in those cases where it is the desire of the woman that it should be done in preference to abdominal section; when the woman is unconscious from

disease or drugs; when the child's life has been imperilled by forceps or version, or the child is deformed or not viable; in cases where the use of the forceps has been delayed, the soft parts have become badly swollen, and the head is impacted; when the uterus is in a state of tonic contraction, so that version cannot be done, and so much force is necessary in the application of the forceps that the life of both the mother and the child will be greatly endangered; when there is uncertainty as to whether the child is alive or dead, and longer delay will expose the mother to great peril; when there is but slight narrowing of the pelvis, after forceps and version have been tried, for the woman may have a live child afterwards, at term or prematurely; when the child possesses a hydrocephalic head; when there are locked twins; in certain cases of face presentation; and in those cases of version where by the assistance of the forceps it is impossible to deliver the after coming head of the child.

Senile Change in a Young Man.

Prof. Rossbach thus writes in *Deutsches Archiv. f. klin. Medicin*, xxxv., 3-4:

The patient, 18 years old, had, in the course of two and a half years, acquired the look and appearance of a man sixty years old. No hereditary, no predisposing cause could be made out for the "illness," which had commenced when the patient was fifteen. A "thickening" of the skin of his face was first noticed by his friends; this thickening is said to have increased gradually, and, finally, numerous folds and wrinkles had formed in the skin of his face. The process had spread gradually from the skin of the face to the neck, then to the chest and the abdomen. In the upper as well as in the lower extremities, which latter had still an almost normal skin, the process had only commenced. Otherwise, the patient had felt completely well. The patient was a well-developed, strong, muscular man, and he presented, with the exception of his skin, nothing abnormal. The skin felt velvety soft, dry, or moist, according to external conditions. It had a peculiar, highly disagreeable odor, in spite of frequent baths. The face of the young man had assumed a thoroughly senile expression, giving him the appearance of a man sixty to seventy years old. Still, the color of his face was healthy and rosy, and he seemed rather inclined to blush. Particularly remarkable were the large, deep folds and wrinkles of the skin of his face. The upper eyelids were prolonged, and had sunk down, the conjunctiva itself seemed also too wide and formed folds, so that the lid stood ectropically from the eyeball, and this was caused simply through an enlargement, not through a thickening of the conjunctiva. Around the eyelids were numerous folds; the eyeball itself looked fresh and clear. The nose was broad, and the skin covering it loose, the lips large and broad, their mucous membrane also enlarged. The external ears were large, their lobules prolonged and folded. From all parts of the face the skin could be lifted up into folds, in a length of 1 cm. over the forehead, of 0·5 to 1·5 cm. over the nose, and of 4·5 cm. over the cheeks.

The mucous membrane of the nose and the mouth, the teeth and the hair, showed no alterations; the beard had just commenced to grow. The skin over the rest of the body, excepting the legs, was everywhere loose, and, apparently, too wide, and was laid up into folds, folds forming around his shoulders, and over his abdomen. These folds could be lifted up in heights varying from 3 to 6 cm., and they remained standing some time before going back spontaneously. Sensibility seemed normal, the point and head of a pin were distinguished, differences in temperature were made out to half a degree, and there was no paræsthesia. The skin and subcutaneous tissue appeared everywhere of normal temperature, excepting for their loss of elasticity. But the skin seemed to have grown too wide for the body which it had to enclose, or it appeared as if it had grown alone, and the rest of the body had remained too small for it.

Rossbach supposes that the cause of this peculiar alteration of the skin has to be sought in the central nervous system, thinking that the centres which preside over the growth of the skin were in a state of increased activity.

The Treatment of Rhachitis.

Dr. Henry N. Read thus writes in the *N. Y. Med. Jour.*, August 29:

The treatment may be divided into the hygienic and the medical. Under the first head comes the supervision of the child's whole life. If the patient be at the breast, it should be immediately weaned if possible. The food should be personally inspected, both as to quality, quantity, and times of administration, no hearsay evidence being admitted; nor should the attendant confine himself to the giving of directions alone, but should see that they are properly carried out. If the starchy foods are given in excess, this should be corrected; if the variety of starch given be one difficult of digestion, another should be substituted for it, or a small quantity of malt added to the food, as is done in the Mellin's food. Finely chopped beef, fresh eggs, and peptonized milk, should be added in suitable quantities to the child's diet. Saccharine matters should, as a rule, be avoided, as large quantities of sugar encourage fermentation and acidity, and provoke diarrhœa, to which the patient is already too liable. Mutton-, chicken-, or clam-broth, with stale bread and fresh butter, may be allowed. The alvine discharges should be carefully inspected, and diarrhœa corrected by a small quantity of the bicarbonate of soda, administered in peppermint water with a few drops of spirits of chloroform. This will also relieve the flatulency which is apt to occur. The clothing of the patient should receive the utmost care. Flannel should be worn next the skin winter and summer; in the latter a broad flannel bandage over the bowels is usually sufficient. The child should be bathed twice a day, and the body rubbed well with cod liver or olive oil. The profuse perspiration may be checked by applying the tincture of belladonna—a teaspoonful to half a pint of water—several times daily to the skin. The patient must be taken into the open air regularly twice daily, no matter what the season is, provided it does not storm. It is far better, in my opinion, to take the chances

of the child's taking cold than of his staying indoors; very young or weakly children in cold weather can be wrapped up warmly and a bottle of hot water or a hot brick can be placed in the carriage with them, and they can be trundled about for an hour or so with safety on the score of getting cold. In the case of those who live in basements or northernly exposed rooms, a change of residence is desirable. After indigestion has been corrected and the stomach gotten into good condition, we may commence the exhibition of therapeutical agents. Cod-liver oil and the ferruginous tonics are the chief remedies to be employed. It is well to begin with a small dose of the oil, fifteen to twenty minims, as the power of digesting the fats is small in rickety children. This can be gradually increased. Iron, quinine, and the bitter tonics may be employed afterward as occasion demands.

Milk Curd.

Before the Obstetrical Society of Edinburgh, May 13, 1885, Dr. James Ritchie showed several specimens of milk curd, which he had curded under various conditions, and he had found the results so interesting, and in some cases so unexpected, that he thought the Fellows might like to see such specimens, even although the experiments are very crude and not to be compared with what we see done for us by nature in the stomach of the child. All the specimens of milk had, after mixture with various substances, been treated in the same way, viz., they were heated to 98.0°, a small quantity of common salt was added, then essence of rennet, the mixtures were stirred, then left in the water-bath at about 98.0° for half an hour. After some hours the curd was broken down, and when the whey separated it was filtered off. Pure milk showed a very hard curd in large masses. The dilution with water causes the curd to be considerably softer, and specimens diluted with an equal part of water show a softer curd than those which had only a third of water added. The acidulation of the milk and water with 0.02 per cent. of dilute hydrochloric acid causes the curd to be much harder. If, therefore, a child's stomach, in an irritable condition, secretes very acid gastric juice, the curd of milk and water will be a hard one. The addition of farinaceous gruels (oatmeals, barley-water, and rice-water) in the proportion of one-third, causes the curd to be in small soft flakes, and it is very noticeable that if such mixtures be acidulated, the curd is not much harder. The effect of boiling the milk is very marked—the curd is in very small soft flakes, so small that it is difficult to remove the whey. But when boiled milk is acidulated, the curd is much firmer than that produced in acidulated specimens having gruels added. The addition of one-third of lime-water causes the curd to be in small soft flakes, not so soft, however, as those produced in boiled milk. And it is worthy of note that a very hard curd is produced in milk with one-third of lime-water, if it be rendered faintly acid. The curd of mother's milk is very soft and in small flakes. The amount of essence of rennet added to the specimens of cow's milk caused them to have an acid reaction to litmus paper, but a larger proportion had to be added to mother's milk before the acid reaction was obtained. These specimens confirm the results obtained in practice, viz., the measure of advantage gained by dilution of the milk, the great benefit of boiling it, the marked improvement in quality of the curd if it be kept open by mechanical means, as by the addition of gruels or of lime-water. But they show that this benefit is lost in the case of lime-water mixtures if much acid is present, and that under such conditions a softer curd is obtained by mixture with gruels than by boiling only, or by addition of lime-water only.

Auscultation of Vessel-Wounds.

The *Medical Chronicle* says that Dr. Düring, after expressing his admiration for the very interesting work of Prof. v. Wahl, says that, after many experiments, he cannot fully corroborate two of the results which are laid down in the *Deutsche Zeitschrift für Chirurgie* by that observer. Wahl states that in complete division of the artery-tube, when the cut ends have retracted and closed the vessel, no sound is heard, but the condition is safely diagnosed by the absence of the pulse beat below the place of injury. He also says that if the ends of the divided vessel yield again to the force of the blood stream, a "pulsating hæmatoma" quickly forms which is perfectly soundless, the only exception to this rule being in the instances where the companion vein also suffers injury, so that there is an intermingling of the arterial and venous blood-streams.

Düring relates a case of subcoracoid luxation of the humerus, where violent attempts at reduction were followed by the rapid formation of a traumatic aneurism of the axillary artery. On cutting into the tumor he found the vessel was completely torn across; the aneurismal sac was formed of layers of blood-clot, the axillary vein remaining uninjured. In this case there was a well-defined whirring murmur as well as failure of the radial pulse, though the artery was completely severed and the vein intact.

Several experiments, made upon dogs to determine the constancy of the symptoms, showed there was decided variation in this respect; and he believes that quick retraction and occlusion are not inevitable consequences of the division of a vessel. His experiments, he thinks, justify him in concluding—

First, that in the process of clot-formation the pulsation in the tumor very rapidly vanishes, excepting where the clot is very yielding in texture.

Secondly, that the sound very quickly disappears in cases where, through previous ligature of the vessels, the lumen intima is wounded and thrombosis favored.

Thirdly, that the lumen of the tube often remains free; that in these cases, as well as in recent hæmatomata, a whirring sound synchronous with the pulse is heard, and that this is often accompanied by pulsation in traumatic aneurism, whilst pulsation may be absent in hæmatoma.

—The Cincinnati *Lancet and Clinic* says that the superstition that thirteen at a table is unlucky has a real basis of truth. Quetelet, in his work on "Probabilities," says that out of thirteen persons of different ages one death will occur within the year.

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THE NATURE, PREVENTION, AND TREATMENT OF MALARIAL AFFECTIONS.

The greatest living investigator in this line of work gives us a hint, when, instead of using the word malaria, he employs the term *malarial affections, i. e.*, affections produced by bad air, rather than the confusing and meaningless word so commonly used, *malaria*, the use of which is calculated to substitute a cause for an effect.

No one has done more work in this particular line than Professor Tommasi-Crudeli, of Rome, and some of his more recent observations he gives to us in the course of two articles in the *Practitioner* for July.

As to the nature of the causative element, he tells us that all his arguments, which he says admit of easy verification, tend to show that the malarial poison is due to an organism which multiplies in the soil.

Many observations made lately in Rome tend to show that this parasite does not always assume the perfect bacillar form described by Klebs and the author. This, he says, does not concern the hygienist, for whom the essential point is that he has to deal with a living ferment which will thrive in soils of the most various composition, and without which neither marshes nor foul stagnant water are capable of producing malaria.

It is a mistake to suppose that all soils containng this ferment poison the superjacent atmosphere, for it is known that outbreaks of fever occur when soil, malarious in ancient times, is stirred up by cultivation or excavation. From this he argues that the ferment can remain in a latent state, or state of inertia, for centuries. The long time during which the seeds of plants may lie dormant is used by the author as an argument in favor of the possibility of this latency or suspended activity.

The conditions necessary for the development of the poison are thus stated:

1. A temperature not less than 20° C.

2. A moderate amount of permanent moisture in the soil.

3. Ready access of oxygen to the strata which contain the ferment.

Natural causes tend to diminish or suspend the activity of the ferment.

In winter, condition No. 1 is wanting, though a few very hot days have often been known to be followed by outbreaks of fever even in winter.

In summer, condition No. 2 fails if the heat be sufficiently prolonged. This, he says, occurred in the Agro Romano in 1881–2, though a single heavy shower of rain causes the reappearance of the disease with even greater force.

Condition No. 3 is affected favorably for man when—

1. The malarious soil is covered by natural top-dressing (*colinate*) formed by alluvial deposits, or

2. By the felting together of the roots of the grass on a strong pasture. Both these circumstances prevent the access of oxygen to the soil which contains the ferment.

In reference to the prophylactic power of eucalyptus plantations (so much vaunted of late), the author says that he knows of no case in which such plantations have done any good, either by draining the soil or by exhalations which are destructive to micro-organisms. He quotes Liversidge to the effect that malaria is common in the midst of vast blue-gum forests, and concludes that eucalyptus plantations are utterly useless from an economical and scientific point of view: that it is often necessary to drain the soil in order that the young trees may grow, and that with every care large numbers die.

The use of top dressings (*colinate*) combined with subsoil drainage is more likely to be of service. As an example of the effectiveness of this method, he cites the part of the Janiculum near the Palazzo Salviata della Lungara. This year there have been no cases in the new military college in this palace, whilst in the Palazzo Corsini, on the same side of the Lungara, but overlooking land on the Janiculum still uncovered, there have been several cases, some fatal.

Some soils (be they marshy or not) seem to possess the properties necessary for the propagation and development of the malarial poison, while others do not; the why and wherefore we cannot as yet definitely determine.

To reclaim the malarious regions, we must so modify the physical conditions and the chemical composition of the soil as to render it incapable of producing the malarial ferment.

It is supposed that this can only be accomplished by the constant and complete cultivation of the soil; but as the time for cultivation is also the period of the greatest activity of the malarial ferment, the laborers are rendered unfit for work by the influence of this poisonous atmosphere, as was abundantly demonstrated by the experience of the Trappist monks at Tre Fontane (near Rome) in 1880.

These monks determined to endeavor to eliminate the malarial ferment from a very malarious region by special cultivation of the eucalyptus. In order to facilitate this experiment, a colony of convicts was established close to the convent, *i. e.*, in that part of the estate which every one believed to be already made healthy by the eucalyptus.

The hygienic conditions under which the convicts were placed, as regards hours of work, housing, and food, were better by far than those under which the agricultural population of the Roman Campagna usually live.

Despite this, hardly had the fever season of 1880 begun, than almost the whole of the members of the penal settlement fell sick of malarial fevers more or less grave. The notion then rooted in the public mind, that it was possible to live at Tre Fontane in the bad season without risk—thanks to eucalyptus and the liqueur prepared by the monks from it—caused the founders of the colony to neglect many of the ordinary precautions which should have been taken; hence one had to deplore a number of victims even among the prison guards.

Tommasi-Crudeli then turned his attention to discovering some means by which the system could be rendered insusceptible to the influence of the malarial ferment.

An experiment on high cultivation is of necessity a long affair, and cannot, under the best circumstances, be fairly carried out unless one can secure the presence of the laborers on the spot

during the whole year, they being protected from the malaria during the bad season.

After many attempts to obtain a mode of preserving man by means which shall cost but little, be harmless, and easy to use, Tommasi-Crudeli concluded, as the result of many observations made in 1880, that we ought to give preference to arsenious acid and the alkaline arseniates. In a preliminary note presented by him to the Academy, he set forth his intention of pursuing these observations in succeeding years—and this has been done by the intelligent coöperation of Cav. dott. Ricchi, chief medical officer to the southern railways, and of some great proprietors in the course of the years 1881 and 1882. The results obtained in 1881 were satisfactory enough, but he did not attach much importance to them because in that year the development of malaria in almost the whole of Italy was at a minimum, and it would have been easy to attribute the immunity claimed to have been obtained from the use of arsenic, to the general feebleness of the specific infection. But during the summer and autumn of 1882, in many places in central and southern Italy endemic malaria was serious, and facts were obtained which seemed to justify the hope expressed by him in 1880 that arsenic was a preservative both useful and easy of application.

The body-weight of those treated with arsenic was found to be always increased, and the anæmia, when it existed, as constantly diminished. The dose began with two milligrammes of arsenious acid a day, and in some cases was increased to eight, to ten, or even twelve milligrammes, care being always taken to avoid the cumulative action of the drug.

Quinine seems to increase the anæmia that is always present in malarial affections.

Dr. Maglieri has found the following, in use among the peasantry, very efficacious:

Cut a lemon, skin and all, into small slices, and boil it in three tumblers of water until the fluid is reduced to one-third; strain and squeeze the residue thoroughly, and allow it to cool, and drink the resulting decoction fasting. This popular remedy has been found to be of the greatest use in all stages of fever, even in acute cases.

SPECIAL FEATURES IN THE REPORTER THIS WINTER.

It gives us pleasure to announce that we have completed arrangements for the introduction of some interesting special features in the MEDICAL AND SURGICAL REPORTER during the fall and winter. Of these we may name a series of articles by a number of the most eminent physicians and surgeons on subjects with which their names have been most prominently connected; also a number of collective studies of prevailing diseases by physicians of large practice, their observations being presented on a new plan: regular clinical reports from the most celebrated teachers in Berlin, obtained especially for this journal; and correspondence from several medical centres heretofore not represented.

With the beginning of the next volume we shall print the REPORTER in entirely new and somewhat larger type. The increase in the size of the type has been requested by many readers, and we shall compensate for it in amount of matter by adding several lines to the length of the page. With this change the REPORTER will, we are persuaded, look handsomer than ever before, and be in all respects improved.

As these alterations cannot be effected without considerable outlay, we trust our friends will lend us their assistance in extending the subscription of the journal. We shall be glad to send specimen copies free to any address named. We shall be grateful for the kindly assistance of all our friends, and hope they will not only continue with us themselves, but bring the REPORTER to the notice of their professional brethren.

A CAUTION ABOUT COCAINE.

It would truly seem that there is no rose without its thorn, for just as we are congratulating ourselves on the wonderful addition to our materia medica that we have received in cocaine, we find that this addition is not an unalloyed blessing.

Dr. Jerome K. Bauduy sounds the tocsin in the *New York Med. Jour.*, September 26, and tells us that the cocaine habitué is infinitely more debased, and is a much greater object of pity, contempt, or

solicitude (according to how we view such persons), than is the slave to opium or alcohol. After depicting the cocaine debauchee, he concludes that the drug should be administered *hypodermically, and this by the hand of the physician himself.* This he particularly insists upon. The drug should not be known to the patient, nor the amount of the alkaloid which is being given. If these precautions are not adopted, there is great danger—nay, a certainty—that a *cocaine habit* will be formed, more disastrous in its results than alcoholism or morphinism.

Notes and Comments.

Œdema Neonatorum.

Dr. Letourneau (*Gaz. Hebd.* 2, ser. xx., 45, p. 735,) writes concerning the causation and treatment of the above trouble.

The œdema neonatorum, which the author does not desire to confuse with the sclerema neonatorum, is generally observed only in lying-in institutions, and is in his opinion, in spite of many investigations, still considered as a problematic affection. Palletta, of Milan, however, as early as 1823, had paid attention to the etiology. The author thinks himself to be the only one who is able to lay down a rational manner of treatment of the œdema neonatorum.

The symptoms of this so-called disease (the author does not consider it as a primary disease) are the following: In premature children it begins immediately after birth. They are in a condition of numbness, and cry without ceasing, and will not take the breast. The face, as well as the extremities, takes on a livid color. The pulse is weak or fails entirely. Auscultation finds only weak respiratory murmurs. At the base of the lung the percussion note is mostly somewhat lowered. The pathognomonic symptom of œdema neonatorum is the rapid sinking of the temperature, which is from the beginning subnormal. In one case this showed only 68° F. in the axilla. By and by the whole body takes on a blue color, the œdema extends itself in all directions. The child dies generally in two or three days. The autopsy shows the tissues and organs stuffed full of blood; especially is this so in the organs of respiration. The lower lobes are thickened and of a dark violet color. The other parts of the lung have a bright-red hue, and show here and there blue-red patches. Placed in water they floated. No inflammation was found in the lung tissue. If one inflated the lungs from the trachea, the hepatization disappeared much more than the dark color.

From this knowledge the author decided that the œdema neonatorum is no disease *sui generis*, but that the causation of this is a slow asphyxia. In consequence of the very feeble condition of such children, strong inhalations cannot be made. The lungs remain, to a greater or less degree, in a fœtal condition. The lungs of infants who have died under œdema are found to be too light. The treatment consists of blowing air into the lungs, through which the atelectatic part of the lung is dilated, and the author thinks the life of the child will be surely saved.

Foreign Body in Left Bronchus Expelled after Five Weeks.

Dr. Samuel West reports this case in one of our English exchanges:

"C. E., aged eleven years, was running along the street with a small piece of brimstone in his mouth. He drew a sudden breath, and felt the brimstone slip down his throat, 'like a piece of pudding.' He felt at the time a little pain at the level of the thyroid cartilage, but did not suffer from dyspnœa. Immediately after this occurred, he began to wheeze, and two hours later to cough, though he had not been troubled with either symptom before. These symptoms increased on any exertion. Fourteen days later, the cough and wheezing having become worse, he was taken by his mother to a chemist, who first of all administered a purge, and a few days later inverted him and tapped his back for some time, but without result. When examined at the hospital he was found to have considerable wheezing over the whole left side of the chest, which expanded deficiently, and into which the air did not enter freely. In himself the lad looked and felt perfectly well, and complained of nothing except a little dry cough and the wheezing. The temperature was normal.

"The boy was kept under observation, without treatment, for a few days, and on the ninth day after admission, while running about the corridor of the hospital, he felt his breath become suddenly short, and began to cough violently, when the piece of brimstone came up into his mouth. All the wheezing at once disappeared, and the lad was well. The piece of brimstone was an irregular wedge, about three-quarters of an inch long and a quarter of an inch in thickness at its largest part. It was unaltered, and when spat

out was quite clean and unstained. It had remained in the left bronchus for nearly five weeks, and had produced no permanent effect upon the lung."

The Physiological and Therapeutical Effects of the Coca Leaf and its Alkaloids.

Dr. William Oliver Moore thus concludes a paper in the *Quarterly Bulletin of the Clinical Society of the New York Post-Graduate Med. School:*

1. Cocaine or any of its soluble salts will produce local anæsthesia of any mucous membrane to which it is applied.

2. Cocaine produces *anæmia* of the parts to which it is applied, with a reduction in the temperature.

3. It dilates the pupil when applied to the conjunctiva, within ten minutes; the effect usually remains for ten hours, the pupil never being fully dilated, but capable of responding to light.

4. It acts on the nerves of sensation by direct absorption when injected near them, and on the vaso-motor system, causing first a contraction of the vessels, and then a dilatation, this latter being more transient than the first.

5. When hypodermically used it produces loss of sensation about the puncture, and also anæsthesia of the parts supplied by the nerve over which the injection took place. *When brushed or rubbed on the skin devoid of its epithelium it acts, but not so promptly.*

6. Cocaine as an antidote to opium stands on a par with atropine.

7. As an internal remedy it is useful as a tonic, anti-spasmodic and stimulant.

The Treatment of Intestinal Obstruction.

Dr. A. W. Mayo Robson thus concludes a paper before the British Medical Association:

1. In chronic cases—that is, where obstruction is the prominent symptom—medical treatment, such as injection, belladonna, massage, galvanism, etc., will often relieve or cure; or colotomy or laparotomy, or some other operation, will be so plainly indicated as to leave no doubt as to what should be done.

2. In acute symptoms supervening on chronic, medical treatment—for example, starvation, rest, and opium—may still often bring about a cure; but laparotomy, as a means of diagnosis, and possibly of treatment, may be demanded.

3. In initially acute cases, delay is often as dangerous as it would be to wait for an external hernia to reduce itself by its own efforts.

believe that laparotomy (which in itself is not a dangerous operation) should be performed early —(*a*) as a means of making a diagnosis; (*b*) as a means of removing the cause of strangulation if such be discovered; (*c*) as a means of giving relief, if no cause can be found, by opening the bowel above the point of obstruction and carefully suturing it to the surface.

Dentist's Leg.

A peculiar sensation of numbness, or "pins and needles," in the extremities is frequently experienced by dentists. This condition Dr. George Johnson (*Lancet*, August 15,) considers to be due to the combined influence of perverted nerve function, directly due to a mechanical impediment to the circulation through the rigidly contracted muscles and their associated nerves, and to direct compression of the nerves by the firmly contracted muscles. This combination is found in dentists who stand fixed and firm in one position for long periods of time. The obvious means of prevention and of cure consist in rest for the over-strained limb, or such a frequent change of position as is equivalent to a certain amount of rest. Standing in one position is notoriously more fatiguing than walking, and for the obvious reason that while in standing one set of muscles is in a constant state of active contraction, the circulation through them being thereby retarded and enfeebled, walking involves alternate contraction and relaxation of the muscles, with an invigorated and quickened circulation.

Effects of Zymotic Diseases on the Teeth.

In the *Independent Practitioner* for September, Dr. F. S. Whitslar thus concludes a paper on this subject: "Now, what are the effects of zymotic diseases upon teeth which bear none of the marks of partial development? We answer, that all febrile conditions or diseases predispose teeth to decay, first, by diminishing vitality, second, by changing the secretions of the mouth so that they act injuriously upon the teeth. In dyspepsia we have not only the predisposing but also the exciting causes of decay, as it not only impairs vitality, but prepares in the stomach an acid that is continually being thrown upon the teeth, which acts upon them with great energy. I need scarcely say that residence for any great length of time in miasmatic regions, inducing unfavorable conditions, institutes a predisposing cause, and in brief, all epidemic, endemic, dietetic, and enthetic diseases derange the functions of the body, vitiate the secretions, impair the vitality, and may be classed as predisposing causes of decay."

Tobacco and Sight.

"Does the Use of Tobacco Injure Sight?" was the subject of a paper read by W. Franklin Coleman, M. D., before the Chicago Medical Society. The question was answered affirmatively by the author.

In the discussion, Dr. Paoli said while the excessive indulgence in tobacco might be harmful, the fact that its almost universal use and continued use, in many cases for years, resulted in no deleterious effects, would seem to show that its narcotic power, used in the ordinary way, was very slight. He had used tobacco for fifty-five years, and felt no ill results. The Germans use large quantities of it, and do not suffer. This seems to be a case of excess of zeal on the part of the ophthalmologists to discover a cause for amaurosis. We ought to be conservative on this point.

Dr. Coleman closed by saying that only in certain susceptible conditions was tobacco liable to cause disorders of vision. But that so few suffered was no proof that it had not this baneful influence when acting with other causes.

Treatment of Cystitis.

An English exchange says that the prevention of decomposition is the most important matter in the treatment of cystitis. Decomposition of the urine increases the vesical inflammation by augmenting the irritation, and the more muco-pus is secreted the more favorable are the conditions for septic organisms. It is the vicious circle once more. The proposal of Rossbach to use naphthaline should receive careful and practical attention. According to him, one or two grains of this substance had a remarkable effect on a severe case of vesical catarrh, so that the decomposition of the urine was arrested in from two to three days. In less severe cases, one or two days suffice to effect a complete cure. Even in tubercular disease of the urinary passages, complicated by disease of the lungs, the daily administration of five grains of naphthaline produced a notable diminution in the number of bacteria, as well as in the amount of deposit, and the sufferings of the patient were lessened.

A Pencil in the Bladder.

In a recent letter from Dr. Beall, of Texas, he writes:

"Twenty days ago I removed from the male bladder, by median lithotomy section, a large, partially incrusted slate pencil. Patient was twenty years old, says that 'a small abscess existed in the meatus, which obstructed the flow of urine,' and for the purpose of relieving the obstruction, he 'plied a tool of his trade' (school teacher). The pencil slipped from the fingers, and the efforts essayed for its removal only caused its rapid retrocession into the bladder. Patient made a rapid recovery.

"I report this case to add another to the list of 'foreign bodies in surgery.'

"Several reasons induced me to make the perineal section instead of resorting to the lithotrite."

Cutaneous Administration of Salicylic Acid.

In view of the fact that salicylic acid will sometimes derange the functions of the stomach, when its use per orem is interdicted, it is well to know that Dr. Randolph and Mr. Samuel S. Dixon call attention in the *New York Med. Jour.* to the fact that when salicylic acid is applied to the uninjured skin, rubbed up in a thin paste with olive oil, the drug is absorbed, and its presence can be demonstrated in the urine. In some of the six cases reported in which this method was used with relief, with one exception, twenty grains of the acid were rubbed into a paste with olive oil, and gently smeared in each axilla. In another case the acid and oil (℥ij. to ℥j.) were spread upon absorbent cotton, and the whole gently wrapped around the knee.

Tincture of Iodine in Diphtheria.

Out of fifty-five cases treated with tincture of iodine (some of them very grave), Dr. Edward Adamson (*Practitioner* for July) says that fifty-three recovered without any troublesome sequelæ. The dose for adults is five to seven minims every hour or two, according to circumstances; and for children of six to twelve years, two to three minims every two hours in syrupus aurantii and water, or in some other neutral syrup. The syrup of quince makes a very good vehicle. Within thirty-six hours a marked improvement *in every respect* is noticeable, which is generally perceptible even to the patient, so that there is often an eager desire to accelerate the frequency of the doses of the iodine.

The Treatment of Cholera.

Dr. R. Pringle, who has had thirty years experience in India, told the British Medical Association that he did not believe in the alcoholic-stimulant, nor the opium treatment of cholera. Along with careful nursing (to be pursued even through the stage of collapse) he uses

℞. Ammonii carb., gr. x.
Æth. sulphuric, gtt. xx.
Æth. nitric., gtt. xxx.
Mist. camphoræ, f. ℥j. M.
S.—For an adult f. ℥ss. to f. ℥j.

He also resorts to hot frictions and sinapisms to restore the capillary circulation, and rejects *iced* drinks, using water at the temperature of the air to allay thirst.

Cocaine in Opium Poisoning.

Dr. Arthur P. Priolean, of Beaufort, S. C., writes us that after experimenting for some time with the new anæsthetic (?), cocaine, he has come to the conclusion that it will be found especially useful given hypodermically in cases of opium poisoning. It acts as a nervous excitant, and also increases the heart's action, and is antagonistic to the narcotic action of opium; besides, it is perfectly harmless, he having injected a hypodermic syringeful of the four per cent. solution without the least bad result. He has not had a case of opium poisoning under his care, but requests this publication, that some of his professional brethren may try it and report results. He has determined to try it on the first case he has.

Poisoning by Oil of Tansy.

Unconsciousness, frothing at the mouth, stertorous breathing, warm, moist skin, and normal pupils, were the symptoms observed by Dr. Alexander Shaw (*Canada Med. and Surg. Jour.* for September) in a woman who had taken twenty drops of oil of tansy. Consciousness returned in about two hours, when vomiting set in, which was encouraged by sulphate of zinc and warm water. She soon got better, but for a day or two the stomach was irritable, there being a little pain and some vomiting. These finally passed off, and she made a perfect recovery.

Cutaneous Poisoning with Rhus Toxicodendron.

Since this shrub is so common in this country, and cases of poisoning not infrequent, it is well to know how to meet the symptoms. In the *Peoria Med. Monthly* for August, Dr. W. H. Tate says that he has used the following with great benefit:

℞. Cupri sulph., ℥ij.
Aquæ, f℥viij.
Dissolved.
Sig.—Apply to the surface of the body with a piece of sponge or soft linen three times a day.

After one or two applications of this preparation, the pain and burning begin to subside, and in a few days all of the alarming symptoms disappear.

Chronic Diarrhœa.

In the *Brit. Med. Jour.*, August 22, Dr. J. Vose Solomon says that he is sometimes consulted by females of nervous temperament, on account of a chronic diarrhœa of several years' standing, and which has hitherto resisted medical treatment. As many as six or eight stools have been reported as passed daily. When failing to discover organic abdominal disease, the following formula has produced considerable mitigation, and sometimes a perfect relief to the symptoms. He is inclined to think the disorder is a neurosis:

℞. Acidi nitrici diluti, ℥ss.
Liquoris opii sedativi (Battley), ℥j.
Tincturæ gentianæ, ℥ss.
Infusi gentianæ, ℥ivss.
Aquam menthæ piperitæ fort. ad., ℥viij.
One ounce to be taken three times a day.

Treatment of Hiccough by Compression of the Phrenic and Pneumogastric Nerves.

To properly perform this operation, Dr. Grognot advises us (*Bull. Gen. de Therap.*) to use the thumb and index finger, one on either side symmetrically, applying pressure sufficiently strong to cause the spasm to disappear. One or two minutes, as a rule, sometimes less, are sufficient; meanwhile the patient's head must be kept immovable. Four or five centimetres of the inferior clavicular portion of the sterno-cleido-mastoid muscle lie directly over these nerves, and it is here that the pressure is to be made.

The Balsam of Fir as a Dressing for Lacerated Wounds.

Dr. A. Livezy gives the following directions in the *Medical Summary:*

Take a teaspoonful of the same, spread it on linen and wrap it round the lacerated part; nature will do the rest.

The torn edges must be placed in apposition and the wound washed in water (warm) and impregnated with a tablespoonful of listerine, or some other antiseptic wash, say, Oj. to ℥iv. of listerine. He thinks that this dressing is worthy of a trial.

CORRESPONDENCE.

The Laws of Maternity.

EDS. MED. AND SURG. REPORTER:—

In your journal of September 12, in an editorial entitled, "The Laws of Maternity," you speak of the inability and unwillingness of women to bear and nurse children. You attribute this deplorable condition to fashion and its follies, and imply at least that women are chiefly to blame. You say that "upon a thorough recognition of her

duties by the mother, rests fundamentally not only the welfare of her offspring, but as a logical sequence the welfare of the state," and "you look with hope to the interest in the science of hygiene which is being awakened throughout the country."

I agree with you that this is our only hope; but when women have been taught the laws of physiology and hygiene, only a part, and that a small part, of the work will have been accomplished. It is the duty of physicians to teach men that self-restraint after, as well as before marriage, is their duty, if they wish to become the fathers of healthy children, or remain the husbands of healthy wives.

I have practiced medicine for sixteen years, and have listened to a great deal of testimony from women on this subject. I have heard their reasons for wishing not to have children, and have listened to their defense for procuring abortions, and while I have not agreed with their conclusions, my sympathies as a physician have been aroused by the recital of their sufferings, and I have recognized the necessity of medical instruction to husbands as to their duties and privileges.

Dr. Thomas, of New York, in his book on Diseases of Women, in the chapter on chronic cervical metritis, gives as the causes of this disease parturition, abortion, excessive sexual indulgence, etc. He says under the head of treatment: "Sexual intercourse during the existence of this disease must be productive of evil, and should be interdicted. There is only one method, as a general rule, by which this can be accomplished, and that is by the separation of husband and wife. If this is impracticable, let an injunction of excessive caution be substituted for total abstinence, which will most certainly be disregarded."

Such a statement as this from a man of such large experience would not be possible if men had been properly instructed as to the need of abstinence at certain periods. Few physicians will deny that this need exists, or that the right of the female in this direction is not usually ignored.

While such abominations are practiced outside of matrimony as the newspapers daily record, men are not likely to be considerate of their wives; selfish indulgence, no matter at whose expense, being too often their only thought.

Many wives who know that their health is being injured by indulgence, hesitate to refuse their husband's requests, lest the refusal should suggest a violation of the seventh commandment. They submit to having their own lives made miserable, and accept chronic invalidism as their condition for life. When the knowledge of physiology is generally diffused, and its laws obeyed, there may be fewer children born, but they will be carried cheerfully and nursed at their mother's breast, as nature intended.

This is a result which science and religion have thus far failed to produce, and it would be Quixotic to expect that this reform can be accomplished in one or two generations.

You say, "It is the diamond-decked, low-necked, and fashionably-attired mothers, who are to be held accountable for the production of a race of non-nursing mothers." On reflection, I think you will consider this too strong a statement. A majority of girls who at their marriage are able to bear children, would also be able to nurse them if their rights as nursing mothers were respected. This fact is indirectly recognized by the profession, who insist that a hired wet-nurse shall not be allowed to see her husband. The fear of impregnation, which would be injurious to the child, is not the sole cause of this prohibition. Physicians know that the reappearance of the menses is hasteneded by intercourse, the secretion of milk diminished by sexual excitement, and that the artificial evolution of a vesicle produced by the "solicitations" of the male destroys the physical and mental equilibrium. (See Cazeaux, page 98.)

Dr. Allen recognizes the purposive interference with the function of conception as another evil. Does he realize how often this interference is originated and insisted on by the husband? Purposive interference is not the extent of the evil. Thousands of impregnated ova are annually destroyed by women who accept the consequences of this crime rather than avow to their husbands that conception has taken place in spite of the precautions observed.

The wife who, knowing that she braves her husband's anger by child-bearing, and that her child, when born, has not more than one chance in five to live a year, even if nursed by a healthy woman, displays great moral strength in bearing to full term the child whose conception was the result of an accident.

When men realize their duties to themselves, their wives, and their unborn children, there may be fewer children born, but there will be less fœticide, less infanticide, and less "physical and physiological disability" in women, and the birth of healthy children will diminish the percentage of infant mortality.

Continue to cultivate in your valuable journal the dawning interest in the science of hygiene, until all shall realize that the physical sins of the parents are visited on the children, even to the third and fourth generation.

M. F. De Hart, M. D.

8 *Paulnier Place, Jersey City, N. J.*

News and Miscellany.

A Corpse is not Property.

The *New York Herald* says that the Supreme Court of South Carolina has recently rendered an elaborate opinion on a question which appears to have been decided for the first time in that case. It was an action brought by an administrator against a railroad company to recover damages for the mutilation of a corpse, caused by the negligent running of a train over it. The referee found for the plaintiff, and fixed the damages at $10,000. The case went to the Supreme Court on the question whether "there is such property or interest in the dead body of a human being as to sustain an action for its willful or negligent mutilation, and, if so, whether the right of action belongs to the administrator of the deceased."

The Court decides that, while the next of kin have recognized rights touching the dead, there is no such property in a corpse as is claimed in this case. It says: "While the remains of the dead should be tenderly protected, their interment

carefully guarded, the mutilation of their bodies and the disturbance of their sepulchre severely punished, and while all laws necessary to that end should be passed and strictly enforced, yet, even for this purpose, to make such remains the absolute property of any one in the sense of objective appropriation would be abhorrent to every impulse and feeling of our nature."

But this view, the Court proceeded to explain, does not apply to the clothes in which the body was clad, and the watch on it. These were articles of personal property to which the administrator had a legal claim, and as they were destroyed he was entitled to maintain an action for their value.

Poisonous Plants.

Prof. Rothrock says that plants may be poisonous by one's proximity to them, by touching them, or by being taken into the stomach. The manchiniel of the West Indies is nearly as poisonous as the fabled upas tree of Java. Plants containing acrid or poisonous properties come largely from the tropics. This is true of spices, also; while, on the other hand, the plants of the polar regions are deficient in these active qualities. One of our most popular groups of plants is the buttercup, but many of these are sufficiently acrid to produce blisters when applied to the skin. The poisonous sumac is probably the most dangerous of all our plants, which poison by proximity.

Avoid all sumac which has not red berries, and you will be safe from poison. The common horse-chestnut fruit is used in Europe as food for horses and cattle, but the small horse-chestnut of the South, the "buckeye," is claimed to be poisonous. The laburnum or gold chain, which grows twelve feet high in our gardens, is exceedingly dangerous, as its roots, which taste like licorice, are apt to tempt children to chew it. On one occasion fifty-eight children were poisoned at the Forest Hill School, in England, by eating it. Among other plants named by Prof. Rothrock as containing, in a greater or less degree, poisonous qualities, were the water hemlock, digitalis, aconite, and the common pokeweed.

Dr. Darlington states that he has known pies to be made of the pokeberry and eaten without injurious results, while, on the other hand, a Southern physician has known evil consequences from eating pokeberries.

A Prize for a New Instrument for the Improvement of Hearing.

Baron Leon de Lenval, of Nice, has offered a prize of 3000 francs for the best readily portable instrument constructed according to the principle of the microphone for improvement of hearing in cases of partial deafness.

This committee of examination consists of the following persons: Professor Hagenbach-Bischof, Ph. D., M. D., Chairman of the Jury (Basle); Benni, M. D. (Warsaw); Professor Burckhardt-Merian, M. D. (Basle); Gellé, M. D. (Paris); Prof. Adam Politzer, M. D. (Vienna).

Instruments of this description, intended for competition, may be sent before the 31st of December, 1887, to any one of the members of the jury. Such instruments only are admitted to compete as are completely worked out; at the examination perfection of mechanical construction, the right application of the laws of physics, and above all the power of improving the hearing, will be taken into consideration. The verdict of the jury and the awarding of the prize will take place at the Fourth International Congress for Otology, to be held at Brussels in September, 1888. Should none of the instruments presented be found worthy of obtaining the prize, the jury reserve to themselves the right of keeping the competition open until the meeting of the next International Congress for Otology.

Tried to Hang His Daughter.

Philip Wenz, a German, living at 1164 Second Avenue, New York city, tried to hang his 9-year-old daughter recently. The girl was playing in the back room when her father called to her and said, "Do you know what this rope is for?" at the same time holding up a piece of clothes-line. "That is what mamma hangs clothes on," the child replied. "Well, I am going to hang you on it; I have got tired of living this sort of life, and am going to kill you."

Wenz then struck her across the face, and threw the rope through the open transom, and in another instant drew the child to the top of the door. She struggled and screamed, and in a few seconds was lowered, when the father said: "Now say your prayers; you had better get ready to die, because you won't ever see your mother again. Say them quick." Before the child could say anything Wenz pulled the rope again, and once more she was hanging in the air. This time she was unable to make any signs, and she was gasping for breath when Wenz let go the rope. She fell to the ground, but had strength enough to run down stairs. The man has been arrested.

Small-pox Near the Border and in the States.

Cases of small-pox are reported at London, Ont., and at St. Catherine's. The latter place is only thirteen miles from the Niagara river. Physicians in Buffalo, N. Y., seem to think it a foregone conclusion that the disease will reach there, and the Board of Health is being urged to take steps to prevent its introduction, but the available fund for the employment of inspectors is so very small that none have been employed. There is a feeling that the United States Government should place inspectors there, as in Vermont. The disease has appeared at Fall River, Mass., and the cases have been traced directly to Canada. Therefore, the Old Colony Railroad has agreed to a request of the Health Board of that city to place all through passengers from Canada in a special car. A physician will be at the station on the arrival of trains to vaccinate all passengers from Montreal and other infected districts who cannot give satisfactory proof of vaccination. All baggage and clothing of passengers will be disinfected.

Small-Pox in Montreal.

A special correspondent of the *World* sends a despatch from Montreal, under date of October 4, stating that there are over 4,000 cases of small-pox in that city. If old Jacques Cartier could come back to the spot that he

discovered, he would see a great city laid low with shame, grief, and suffering—a city in which the plague is rampant, and which is given over to dissensions, in which race prejudices are at a white heat, requiring only a strong breath to blow the latent fire to a fierce blaze. Before one alights from the train in the low, dingy, foul-smelling terminus of Bonaventure, he has seen so many small pox notices pasted on the doors of houses along the line as to cause him to ask if he has just passed through the worst part of the infection. When the answer comes that only about 5 per cent. of the disease is in the districts through which the train has passed, the conclusion is quickly reached that Montreal is a greatly afflicted city. And so it is.

Premature Birth—Fœtus Found in Soil of Closet—Mother Answering Street Door before Delivery of Placenta.

Dr. J. Braxton Hicks reports this case in the *Lancet*, August 15:

In this instance, the mistress, returning home after a short absence, was slightly detained at the door after knocking. After a few minutes the servant appeared, but looking pale; whereupon her mistress inquired the reason, and she said she was losing much. She was told to lie down, but after a little time her mistress, on going up to see her, became suspicious, and ultimately the placenta was found in the bed. On inquiry, she said she had been to the closet, and while there something came away. On looking there, a five to six months' fœtus was found, apparently dead before birth. There was a considerable quantity of blood about the bed room, but otherwise she did not suffer from the transaction. There was nothing to show that she had procured abortion, nor that she had anticipated these events in any way; nor was there any concealment of birth, and she had told at once and correctly what had occurred.

Vaccination in Canada.

Great excitement was caused last Saturday in St. Sauvier when the public vaccinator entered two of the largest French schools there for the purpose of vaccinating the scholars. The pupils became greatly alarmed, owing to previous erroneous statements about the severity of vaccinations, and also that they would be put to the severe test by force if they would not submit. Entire classes rushed from the schools and home to their parents, who consequently became exasperated and proceeded to the schools in no peaceful state of mind. They were met by the Mayor of the municipality, who expostulated with them, and finally got them to understand the necessity of vaccination, when the crowd dispersed without any violence. On Sunday the clergy in the Roman Catholic churches spoke of the necessity of vaccination, and of having the patients removed to the hospital should the dread disease make its appearance in their midst.

Carlotta's Hallucinations.

Recent advices from London state that the Empress Carlotta is possessed by a persistent delusion that Maximilian is alive, and that he is working out a brilliant destiny, and that he will soon be Emperor of the whole world.

She spends much of her time in searching for him in the rooms and gardens of her chateau at Bonchant. In her calmer moods she holds receptions. These are limited to the ladies of the Belgian court, and toward all these the Empress maintains an extremely dignified and imperial mien. One phase of Carlotta's insanity is remarkable. She has conceived a violent passion for making frequent purchases of costly court costumes. She is permitted to indulge this passion, and as she buys with exquisite taste, the costumes are subsequenty sold, generally without loss, and often with great profit, to ladies of high standing in Brussels.

How Small-Pox is Spread.

A correspondent of the *Press* recently visited the dwelling of a poor laundress in Montreal, where he found two children ill with small-pox, and a third, as yet well, playing around the same room. "Why don't you have that child vaccinated?" exclaimed the reporter. "Ah! non, non!" said the mother, and she snatched up the little one in an involuntary fear that the objectionable virus might be surreptitiously introduced beneath the cuticle of her offspring. "Have the Board of Health been around?" "Yes, some one came and put up a notice." "Who pulled it down?" "Ah, je ne sais pas," replied the laundress. "Do you know the child is dying?" "Ah, yes, but I have to do the washing for madame's lodgers." "You don't mean to say that you are washing the clothes of an outside family?" "Oui, oui, certainement."

John McCullough's Condition.

Captain Connor, of the St. James' Hotel, who is settling up John McCullough's estate, went up to Bloomingdale, on Sunday last, to see the demented tragedian. Capt. Connor found a decided change for the worse in Mr. McCullough's condition. For the first time the tragedian failed to recognize his old friend, and sat in his presence nearly half an hour without speaking or seeming to notice that he was in the room. Captain Connor said to a reporter: "He was very much weaker to-day than when I last saw him. He may come out of his present spell of weakness for a while, but the end is undoubtedly drawing near. He didn't recognize me at all at first, but as I was leaving I think he had a faint glimmer of who I was, for a smile passed over his face. He is too weak now to go about alone, and at times he has to be almost carried by his attendants."

Laboratories for State Health Boards.

Dr. Frank S. Billings, in his address before the American Medical Association, very justly says that the State Board of Health of each State should have at its disposal a well-ordered laboratory, with funds sufficient to make continued chemical, biological, and pathological researches and experiments. A place also where any one desiring so to do could go and devote himself to the same kind of work, the State supplying the material, but not paying any such person a salary unless it made use of him. This laboratory

should also serve as the place for the instruction of those desiring to compete for appointments on the health organization, and also as an advanced school of medicine for those desiring special courses in the above branches. The private workers could thereby pay their way and become useful servants to the State as well, at no cost.

Payment of Medical Men by Results.

The *Lancet*, August 15, 1885, calls attention to the fact that the Maharajah Holker advertised last February in the *Times of India*, offering a large reward to any doctor, vidaga, or hakeem who should cure him of an illness he was suffering from. Applicants were to forward certificates of having effected previous cures, and would then, if summoned to Indore, where they might be required for eighteen months, receive six thousand rupees on account, and a further twelve thousand on the cure being completed. Recently it was announced by another advertisement in the same paper that a medical man had been selected. The result of the treatment will be followed with much interest, owing to the distinction of the patient, the novel way of obtaining a doctor, and the introduction into the medical profession of the system of payment by results.

Dregs from Beer Kegs.

In New York temperance advocates are pleased, disinterested persons amused, and injured dealers dumfounded, by a blow at the very bottom of the saloon business. The stale beer dives, so numerous and infamous in the worst quarter of the city, get their beverage by draining the kegs set out in front of other bar-rooms. Their keepers have systematically made morning rounds to fill their buckets just before the removal of the kegs by the brewers' wagons, and this sloppy stuff was subsequently retailed to the most miserable of drinkers at a cent a glass. Now a vinegar manufacturer has contracted with the brewers to get the leavings from the kegs, and wagons, provided with tanks, go over systematically arranged routes every morning. This is going to eliminate a characteristic feature of New York intemperance.

An Athletic Judge.

While Judge Rountree, of Santa Cruz, Cal., was making out the commitment of John Kennedy recently, the prisoner attempted to clean out the court-room. He was seized by a constable, and a desperate struggle ensued. Kennedy was getting the better of the officer, when the judge, having finished the writing of the commitment, descended from the bench, and, removing his coat, took a hand in the row. Judge Rountree is noted for his physical prowess, and soon succeeded in subduing the prisoner, who, at the end of the melee, was in the condition of a knocked-out pugilist. The judge then reascended the bench and imposed an additional sentence of thirty days' imprisonment on Kennedy for contempt of court.

A Very Tough Skull.

Edward Lang, a German confectioner, hailing from Baltimore, stepped behind an engine in the Round House of the Pennsylvania Railroad Company at Trenton, last Sunday, and sent a pistol ball into the centre of his forehead. It struck the frontal bone and was flattened out like a penny. Two physicians probed the wound at St. Francis Hospital and extracted the ball. They said the injury was not a serious one, and that the man would recover.

He said he tried to end his life because he could not get employment and did not have a cent of money. He used too small and cheap a pistol to accomplish his object.

Dr. Shakespeare's Journey to Spain.

Dr. E. O. Shakespeare departs to-day by the North German Lloyd Line on his mission to Spain to gather information concerning the cholera epidemic. He will go direct to Berlin, where he will remain eight days. While there he will gather data in Dr. Koch's laboratory. From Berlin he will go to Madrid, to present his letters and credentials to the American Minister, and will then proceed to Barcelona. Most of his studies will be made in Lisbon. He will remain in Spain altogether about five months. The doctor received a letter from the Spanish Minister in Washington recently, offering any assistance in his power.

Blockley's Course of Lectures.

Preparations for the course of the lectures to be given to the nurses in the training school at Blockley this season are very nearly completed. The physicians selected for the work are Drs. Porter on surgery, C. K. Mills on nervous diseases, James Wilson and Parrish on medicine. Each will deliver four lectures on subjects that were not gone over last year. The first will be given at 4 o'clock on the afternoon of the 14th, and afterward on every Wednesday afternoon one of the lectures will be delivered. There will be fifty new nurses to be instructed. Tickets of admission may be had upon application at the Philadelphia Hospital.

An Eyeball in an Iron Mould.

The Pottsville (Pa.) *Chronicle* says that recently Dr. Charles T. Palmer was called up to attend Thomas Sheean, a young man engaged as a puddler's helper at Fishbach Rolling Mill. While stirring the iron in the furnace he was employed in, at about 2 o'clock, a drop of molten metal splashed out against his right eyeball. The metal chilled so quickly that it formed a perfect mould of the eyeball, and the doctor had great difficulty in taking it out. The eyeball was probably wholly destroyed, and will have to be removed.

How Small-pox Originated in Cap St. Ignace.

A few weeks ago a woman took her child, who was suffering from small-pox, to Cap St. Ignace, forty-five miles east of Quebec, in which place there are now no less than sixteen houses with small-pox in each. It is said that there are forty or fifty cases in the parish. The municipal council have enforced compulsory vaccination and named a health officer. The inter-colonial railway authorities are asked to cancel all trains for Cap St. Ignace.

Money Concealed in a Coffin.

Christian Lindenberger, who was arrested recently for stealing $772 from the safe at the German Hospital, was given a hearing at the Central Station. He has been employed at the hospital as a bell-boy and keeper of the dead-house, and the stolen money was found in a coffin in the latter place. Dr. G. A. Boardman, of the hospital, testified that on a promise of leniency the prisoner had confessed. The confession, under the circumstances, was declared by the magistrate inadmissible, and the prisoner was held in $1,500 to answer at court.

A Small-pox Patient Escapes from a Hospital in Montreal.

Last Sunday night a man jumped from the window of a hospital in Montreal and went running through the streets in his night-clothes. He pounded on the door of a residence. The inmates, becoming aroused, went out and gave him a beating. A constable arrived and produced a light, when, to their horror, they saw that the man had small-pox, and that their hands were covered with blood from the pits on his face. He was carried back to the hospital.

A Physician Dies of Blood-Poison.

About five months ago Dr. W. N. Davis, of Reading, Pa., cut himself slightly while performing a surgical operation. A sore, which soon apparently healed, appeared on the wound, but a few weeks ago carbuncles began to grow on his back. Six in all came, the last being over thirteen inches in diameter. The best medical aid was summoned, but nothing could be done for him, and on Sunday he died, after lying unconscious for thirty hours.

The Fasting Syracuse Woman.

Advices from Syracuse, N. Y., under date of October 5, 1885, say that Mrs. Bulla, who is undergoing a remarkable fast there, completed her fifty-sixth day without food on the 5th. On that morning she swallowed half a teaspoonful of liquor. Prayers were said over the woman. A strange feature of the case is that the woman has become several inches longer since her fast begun. She now recognizes only her daughter.

Narrow Escape from Death.

It is wonderful how great may sometimes be one's danger, and yet they escape, when we realize how slight may sometimes be an accident that results fatally. Last Sunday a twelve-year-old boy was walking across a railroad bridge near Chester, when he missed his footing and fell to the ground, 60 feet below. He fell upon his hips in the mud, and was none the worse for his trip.

Small-pox Patients Abroad.

It is no wonder that small-pox is ravaging Montreal, when we read that on last Monday morning a man was observed sitting on a sack in the corner of the Health Officer, having walked through the streets to this building. *The man had been sick for a week*, and his face was covered with small-pox pustules. How many cases may have originated from this week's wandering no one can tell.

A Cholera Record.

In Palermo, Italy, 146 new cases of cholera and seventy deaths were reported on Sunday last; Parma, nineteen new cases and nine deaths; and elsewhere, twelve new cases and two deaths. In all Spain on Saturday last there were 373 new cases and 175 deaths.

Throughout Spain on Sunday last 275 new cases and 112 deaths have been reported.

Workmen Unearth a Skeleton.

Some workmen in this city recently, while grading the old Fairhill garden, unearthed a skeleton that had probably been in the ground for half a century. The bones crumbled upon being struck with a pick, and were with difficulty gathered up. The only ones that could be removed were the skull, the thigh and shin bones, and part of the jaw.

Scarlet Fever in Northampton.

Advices from Bangor, Pa., state that scarlet fever is raging in Pen Argyl and surrounding districts, and fears are entertained that it will reach Bangor, as communication between the two places is constant. The schools at Pen Argyl are practically closed, and during last week there were ten deaths.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended September 26, 1885.

Austin, H. W., surgeon. To proceed to Burlington, Vermont, on special duty, September 23, 1885.

An Opium Joint Raided.

Last Monday an opium joint was raided by the police in this city. Five Chinamen and two young girls, aged 18 and 16 years, were captured just as they were preparing to light the pipe. The city abounds in such demoralizing institutions.

Struck Dead by Lightning.

While two men were in a barn at Waterford, near Erie, Sunday evening, the building was struck by lightning. One man was instantly killed, and his brother was rendered unconscious ever since. Several horses were also killed.

The Immunity of Bank Cashiers from Small-pox.

Montreal is a festering mass of small-pox, but, with unreasoning caprice, the disease has thus far failed to attack a solitary one of the American bank cashiers sojourning in the place. This is an extraordinary discrimination.

Personal.

—Dr. Charles Meigs Wilson has moved into his fine new house at Seventeenth and Sanson streets.

Dr. Roberts Bartholow has taken possession of his new residence, Locust street, below Sixteenth street.

—Dr. and Mrs. William Pepper are back from Newport, and will spend the month of October at Devon Inn.

—Dr. W. J. Simon, United States Navy, has removed from the Naval Academy at Annapolis to 1118 Pine street.

—Dr. T. Hewson Bradford, previous to his wedding on the 7th ult., entertained his ushers at the Bellevue Hotel. He married Miss Nevin, a niece of Mr. Edward N. Whelen and a cousin of Mrs. P. Fraser.

—Dr. Edward Warren, a native of North Carolina, but for many years a practicing physician in Baltimore, now the well-known American physician of Paris, has been elected a Fellow of Society of the Sciences, Letters, and Arts, of London.

—Dr. Neyron, Professor of Anatomy in Notre Dame University, Indiana, is the Nestor of physicians in the country. He is ninety-four years of age, and was a surgeon in Napoleon's army during the Russian campaign, and at Waterloo. After the restoration, he became a priest and was an early missionary in the Northwest. He is still able to conduct his classes, and few men of seventy, it is said, are so strong and active.

Items.

—Police-Surgeon French thinks that all the policemen should be vaccinated who have not undergone that operation in the last seven years.

—There is said to be very little difference between a man who sees a ghost and one who swallows a bad oyster, so far as looks are concerned.

—A wealthy farmer of Whitewater, Indiana, traveled around with a cancer doctor one day for fun. The funniest thing about it all is the suit which one of the doctor's patient's executors are now bringing against the wealthy farmer for looking at the doctor kill her.

—A club of 4,800 members, in Berlin, recently advertised for six medical officers to attend them at a salary of $375 per annum. This would make the contribution from each member of the club about 75 cents a year for medical attendance. More than 400 doctors applied for the place.

—Dr. Abbott, of the Massachusetts State Health Board, reports the death-rate from consumption as thirty-five in every ten thousand in the decade from 1857 to 1867, and thirty-one in ten thousand for the ten years ending 1883, while it is not expected to be over twenty-nine for ten thousand in 1884.

—In speaking of premature menopanse, Dr. T. Gaillard Thomas said: "When called upon to express an opinion in the early part of a supposed pregnancy, you should always say that up to the end of the third month no one can decide the matter by even the most careful examination."

—Dr. Combes states that there is a peculiar form of caries which attacks the teeth of those addicted to the use of morphine. It appears first on the triturating surface of the large molars, and extends rapidly until a large cavity is formed. The bicuspids, incisors, and canines are then attacked in succession. This form of caries is nearly painless, advances with great rapidity, and is unaccompanied by periostitis. The dental lesions occur usually at the same time with the falling out of the hair.

—At a late meeting of the Chicago Medical Society, Dr. W. F. Coleman declared that he knew no more constant effect of the use of tobacco than the impairment of vision known as amblyopia. The most of the text-books support the idea that the use of tobacco causes impairment of the sight. The more frequent sufferers are smokers of pipes and cigarettes.

—The *N. Y. Medical Journal* tells us that "Nouveaux Remèdes" says: Take a piece of cotton of the proper size, sprinkle it lightly with sulphide of carbon, apply it to the skin, and cover it with oiled silk. In fifteen seconds the revulsive action will be observed, as shown by brisk burning. If the application is continued for more than thirty seconds, the pain becomes intolerable.

—Dr. Geo. H. A. Dabbs states in the *Brit. Med. Jour.*, September 5, 1885, that he has been able to mitigate considerably the pain attending the dilatation of the os in primiparæ by freely painting the os uteri with a twelve per cent. solution of cocaine. He has thus used this drug four times in four successive cases, which happened all to be primiparæ. He paints it on liberally through a speculum.

—Dr. Auguste Reverdin reports the case of a butcher who on parting from an English friend extended his hand for the usual shake of perfidious Albion, whereupon the Englishman squeezed the Frenchman's hand so tightly that the fifth metacarpal of the butcher's right hand was broken. The pain was intense. Dr. Reverdin admonishes all continental races from shaking hands with the English.

—There is a patient in a Scotch Infirmary suffering fron a painful disease in which every person who uses a cane is interested. It is a sore of the hand, brought on by the pressure of a round-knobbed stick against the palm: in this case it has affected the muscles from the fingers to above the wrist. A speedy cure is not probable. The surgeons say that a stick with a handle, instead of a knob on which the palm must press, is the thing to carry.

—According to the Cincinnati *Lancet and Clinic*, the expression, "She has her flowers," so common in the United States, among colored women, especially those in Kentucky and Tennessee, is derived from the Hindus, who did not use the word blood in speaking of menstruation, considering the menses the "fructifying medium." The pollen of a flower and the menstrual secretion have the same appellation. The Sanscrit speaks of the menses as *pushpa*, a flower.

—In his inaugural dissertation (*Revue Med. de l'Est.*, 1885, No. 7), M. Saintin has described several cases of pigmentary syphilide, which appears generally during the second half of the first year after infection. It is much more frequent in women than in men. The pigmentation begins on the sides of the neck, and spreads gradually. The coloration is at first uniformly ash-grey or bistre; later on, whitish patches appear, and the darker parts form a sort of reticulum around them. The duration of the disease varies from five months to three years. No treatment seems to have much influence upon it.

—M. Pasteur has lately been devoting himself to the perfection of the details of his scheme for protecting animals against the virus of hydrophobia. He is now satisfied that the measures to be taken are sufficiently settled for application to human beings, and on his return to Paris from his country-seat in the Jura, the professor will be prepared to put his theory to the test of practice.

—"First impressions are always lasting;" and if your patrons, on their first entrance into your office, find it in apple-pie order and everything well in hand, they will be apt always to have a good opinion of you, even if they afterward observe occasional derelictions. It is of great importance to keep your office and consultation-room, as well as your own person, in good and neat condition.

—Mistress—"Mercy, Bridget, what's the matter with the water? This did not come out of the filter, did it?"

Bridget—"Indade it did, mum."

"That's strange; I'm afraid you have not cleaned it lately."

"I did this very morning, mum, and such a lot of stuff as as I found in it, sure. Why, mum, there was quite a peck o' dirt, mum."

"Dear me! What kind of dirt?"

"Gravel and charcoal, mum."

OBITUARY NOTICES.

JOHN L. ATLEE, M. D.,

One of the oldest and most distinguished physicians of this country, passed from the active practice of his profession into that rest which he had so thoroughly earned, on the first of October. Dr. John Light Atlee, of Lancaster, Pa., who was born in that city on November 2, 1799, was the eldest son of Colonel William Pitt Atlee, and grandson of Hon. William Augustus Atlee. Receiving his preliminary education in Lancaster and Philadelphia, he commenced the study of medicine in 1815 with Dr. Samuel Humes, and graduated in 1820 from the University of Pennsylvania. He thus, by devoting five years to his preliminary medical education, has set an example to those young men whose only thought is to get through the college course as rapidly as possible.

He commenced the practice of his profession in Lancaster, where he remained, actively engaged in his duties, until the Saturday before his death. He was active in the organization of the Lancaster City and County Medical Society, of which he was twice elected president. He was, in 1848, one of the originators of the State Medical Society, became its president in 1857, and was vice-president and subsequently president of the American Medical Association. At the union of Franklin and Marshall colleges, he became professor of anatomy and physiology, and so continued until 1869. He always took an active interest in the cause of education, and was for forty years a school director of Lancaster. He was a trustee of Franklin and Marshall College, as well as of the Bishop Bowman Church Home, of Lancaster. He was president of the board of trustees of the Home for Friendless Children of Lancaster, and at one time held the same relation to the State Lunatic Hospital at Harrisburg. He has been a contributor to many medical journals.

Perhaps the greatest fame of this great man rests upon the fact that he, in conjunction with his brother, the late W. L. Atlee, of this city, were instrumental in the revival of the operation of ovariotomy in 1843; and he was the first to successfully remove both ovaries at one operation. He was married March 12, 1822, to Sarah H., eldest daughter of the late Hon. Walter Franklin, president judge of the courts of Lancaster and York counties. Dr. Walter F. Atlee, of this city, is his son.

Thus, one by one, the reminders of by-gone days, when the *good old family physician* was a power in the household, before the days of specialism, rivalry, ill-will, jealousy, and detraction, are passing away.

Obituary Notes.

Dr. F. M. Musser, of Lancaster, Pa., died September 9, 1885, from the effects of morphia, self-administered to allay neuralgia of the bowels.

Dr. Boyd Emery, one of the best known physicians of Washington county, Pa., died at Dunningsville, September 7, aged about eighty years. He graduated at Jefferson College in the class of 1823.

Dr. Hiram H. James, of Rahway, N. J., died at Saratoga, where he was being treated for liver affection, on September 11, 1885. He was a graduate of the Jefferson Medical College, of Philadelphia, and was forty-six years old.

QUERIES AND REPLIES.

Dr. G., of Mexico, inquires whether the poison of the scorpion has ever been chemically examined, and with what results; also, what antidotes have been proposed for it. He further requests suggestions in cases of tabes dorsalis, so-called.

MARRIAGES.

COX—JOHN.—September 7, 1885, at the residence of the bride's parents, by Rev. P. J. Cox, William C. Cox, M. D., of Jersey City, and Hattie B. John, of Norristown.

CATLIN—WOODWARD.—September 23, 1885, at St. James's church, Brooklyn, N. Y., by the Rev. Charles W. Homer, rector, Arnold Welles Catlin, M. D., and Elizabeth Leverett, daughter of William S. and Mary C. Woodward.

SMITH—WARREN.—September 1, 1885, in Springfield, Vt., by Rev. C. S. Mills, Dr. Frank Smith, of Felchville, and Miss Alice Warren.

DEATHS.

ALEXANDER.—August 7, 1885, at the residence of her husband, J. W. Alexander, M. D., of Canonsburg, Pa., Mrs. Mary Alexander, in the 61st year of her age.

HUNTER.—September 20, 1885, suddenly, Dr. William C. Hunter, at his residence, No. 255 Sixth Ave., New York city.

JAMES.—September 11, 1885, at Saratoga, Hiram H. James, M. D., of pleuro-pneumonia, aged 47 years.

MASSEY.—May 22, 1885, suddenly, at Brownville, Jefferson county, N. Y., while at the house of a patient, William Penn Massey, M. D., entered into the heavenly rest, aged 61 years.

ROWLAND.—September 8, 1885, in Philadelphia, the result of a surgical operation, William B. Rowland, M. D., of Rowlandsville, Cecil county, Md.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TRANSIENT INSANITY FOLLOWING OPERATION FOR CATARACT.

BY M. LANDESBERG, A. M., M. D.
Of New York City.

In the highly valuable work on "The Brain and its Functions," by J. Luys, we find the following passage:

"The important part that optic impressions play in the functionment of mental activity leads to the conclusion that, when they are wanting, there will be a certain disturbance of the general equilibrium, which will have as its consequence special disturbances of cerebral functionment.

"Up to the present time the mental condition of the blind has not been studied in a sufficiently precise manner to permit of our clearly appreciating the modifications which occur in the character or fashion of their ideas, under the influence of the arrest of the development of their optic impressions. Nevertheless, we may say with Dumont, that the influence which optic impressions exercise upon the play of the cerebral functions is most important, and that a certain number of individuals whom he had an opportunity of observing presented, from a psychical point of view, changes of temper and symptoms of melancholy all the more marked because the patients were incapable of discerning day from night.

"As regards such phenomena, Bouisson has observed a most remarkable case. The patient was a young man who had become insane in consequence of double cataract, with incoherence of ideas, complete failure of spontaneity. Bouisson, from the antecedents of the patient, hit on the happy idea of performing an operation. It was simultaneously performed in both eyes, by couching, and a few days afterwards, when optic impressions reappeared to stimulate regularly the sensorium of the patient, and vision was restored to him, he began to utter a few sensible words, his mental state became progressively better, and at the end of a few weeks he left the hospital capable of attending to his wants.

"Baillarger cites from Whytt the case of a patient who, if his eyes were closed by another person, fell into a great disorder of mind. It seemed to him that he was transported through the air, and that his limbs were falling off.

"In a patient of 27, whom he observed himself, he noticed that as soon as she shut her eyes she saw animals, fields, and houses. I several times closed her lids myself, and immediately she mentioned to me a number of objects that appeared to her."

If the arrest of optical impressions should be *per se* a sufficient cause to produce mental aberrations, it would necessarily imply that the material at our disposal must be very great indeed upon which a correct view of this phenomenon in question could be based. Considering the high percentage of blind people who are living in our society, considering the large number of the patients who are obliged, sometimes for a long period, either to remain in a dark room or to have their eyes closed by a compressive bandage, we should rather expect to find *the fact of the intimate connection which exists between the suppression of visual functions and the occurrence of mental disorders* illustrated and verified by such a large number of

instances as to have become an established truth, an axiom brought forward in standard works on psychology and physiology, taught in the text-books on mental diseases, and referred to in the medical literature. In reality, however, just the very reverse is the case. This topic has hardly been touched upon in the medical literature and its allied branches of science. Of all modern writers on cerebral physiology or psychophysics, Luys is the only one, so far as my modest knowledge goes, who alludes to the subject. It has been omitted in all works on mental diseases which I have been able to consult, and the medical literature contains but a few isolated instances bearing upon this fact. Sichel, the eminent German oculist, of Paris, refers, in a short note published in in the *Union Medical*, 1863, No. 1, to a peculiar form of senile delirium without fever, which sometimes develops in people operated upon for cataract. He considers the affection to be very rare, having met with the latter only seven or eight times in the course of his ophthalmic life. It was observed only after operation for cataract, which had been performed by means of the so-called flap-extraction, and exclusively in such people who had passed their sixtieth year of age. In some patients the suspicion of incipient delirium tremens could not be disregarded altogether, but no such suspicion could be entertained in the others. Sichel assumes that the condition is brought about by the closure of the eyelids, by which the patients are in a certain measure excluded from all the influences of the outer world. Gentle persuasion, expostulation, or even threatening and the application of compressive bandage, were the means by which he succeeded to calm down the patients. Zehender, in reporting these observations in his *Klinische Monatsblätter für Augenheilkunde*, 1863, remarks that he has also met with two similar cases in the eye clinic of Professor Jaeger, in Vienna, in which the strait-jacket had to be applied a few days after cataract operation. One of the patients carried with him a considerable amount of money concealed, and it seemed as if the outbreak of maniacal excitement shortly after the operation had something to do with his fear of losing his money. No sort of reasoning or suasion had any effect in these instances.

Schmidt-Rimpler (*Archiv für Psychiatrie und Nervenkrankheiten*, ix. 2, 1879,) relates two instances of maniacal excitement which developed in patients shortly after they had been confined in a dark room. In the first case, a farmer's wife, of fifty-seven years of age, who, in all other respects, was absolutely healthy, had to be kept in a dark room for acute specific iritis. The first symptoms of mania began to show themselves on the second evening after admission to the hospital, when a few leeches had to be applied to the temples. During the night, patient frequently talked aloud, got up, left the room, walked up and down the corridor, but finally returned to lay down again. The excitement increased on the following night. Patient was restless and strange; tried to pull down the stove, which she mistook for a thief, and to throw the bedding from the window, imagining that the house was in flames. Hallucinations and confusion of ideas continued, with short intermissions, through the next day. She had to be removed to the insane asylum, where slight agitation was manifested only toward evening. She could be discharged the next day perfectly recovered. She had never tasted any kind of liquors.

In the second case, a goat herder, nineteen years of age; delirium set in on the second evening after he had been confined to a dark room for irido-choroiditis of both eyes. He had fantastic delusions; he imagined to see the dead body of his mother, asked for light, and tried to get up. But during the following day he gradually recovered his senses, and the excitement did not return any more.

This is the sum of all the information on this subject I was able to gather from the medical periodicals.

With the only exception of Zehender's handbook of ophthalmology, there is no work treating of diseases of the eye, so far as I am aware, which refers to the occurrence of mental alienation as one of the accidents which may happen after operation for cataract.*

During my whole ophthalmic practice, in which I had frequent occasion to keep patients under compressive bandage or in a dark room for many weeks in succession, only three cases have fallen within my experience in which transitory insanity developed after operation for cataract. Of the three cases, I possess full notes only of the following two cases:

*I must do justice to Noyes that he has mentioned in his text-book on the diseases of the eye the occurrence of delirium tremens after cataract extraction, but in a manner which is least adapted to impress the reader with the significance of the fact, and in a place where few readers are likely to look for it. On page 38 of his treatise, after speaking of the treatment of the eye in general, he continues thus: "It hardly need be said that a patient wearing a bandage need not be imprisoned in a dark room; the moral influence on him is bad, and the physical effect on his attendants equally bad. I have known delirium produced by no other causes in old people after cataract extraction."

Case 1. Carpenter L., sixty-five years of age, a steady, sober man, of healthy and robust constitution, came under my care for mature cataract in his right eye. The left eye showed incipient cataract, with vision 10-70. The first two days which followed the operation passed off very favorably. The course of healing was normal, and all functions were in excellent condition. On the third day, after a night of good rest, an unpleasant change was manifested in the temper of the patient, who showed himself morose and quarrelsome, finding fault with every one and everything. After he had hardly tasted his breakfast coffee he pushed it back with disgust, violently complaining of its nasty, bitter taste, for which he blamed his children. He accused them of having taken advantage of his helpless position to mix the coffee with some poison in order to kill him. The cup of milk, which was given him instead of coffee, he also turned away for the same reason. After a little while, he harshly ordered his attendants to keep quiet, to leave him alone and not to disturb his rest by silly and frivolous questions, and he got highly excited when they denied having spoken to him at all. By and by, his excitement increased; he tossed to and fro in his bed, pulled and tore his blanket and pillows, sat up, made threatening gestures, fought in the air, and spoke in an incoherent and violent manner. Suddenly tearing off the bandage from his eyes, he jumped from his bed, flung open the door, and rushed into the corridor, where he crouched in a corner, uttering piercing shrieks. He was only with great difficulty persuaded to return to his bed, after he had been promised that no other should be allowed to remain in his room. There I found him shortly afterwards with a wild, staring aspect, the face flushed, the body covered with perspiration, indulging in complaints that he had fallen prey to his enemies, who had conspired to drive him to madness by their tricks. He knew who I was without, however, being able to recollect my name; he gave me his hand and bade me to order that all the intruders should be driven out, that he might have rest. The pulse was somewhat full, but of normal frequency; the bodily temperature not increased; the pupil of the left eye normal. By gentle persuasion and kind words, I managed to dispel his fears and apprehensions. He became composed and tractable, took his food with apparent appetite, and suffered that the compressive bandage should be applied again. But the condition grew worse towards evening; agitation and excitement increased. Patient had hallucinations of hearing, gave answers and asked questions in a violent, vociferous manner. He tore off the bandage, threw down the blanket, and crept beneath the bed to fight the person who was hidden there. The use of hydrate of chloral had no effect to calm down the patient. He remained awake all night; was extremely noisy, and could not be held in bed. The day brought a slight remission of the paroxysm.

This condition of maniacal excitement with sensorial illusions, exacerbating during the night and remitting during the day, kept on for four days, during which only high doses of morphia in subcutaneous injections, combined with the internal use of hydrate of chloral, succeeded to procure to the patient some rest and sleep.

The improvement began to take effect in the afternoon of the fourth day, when patient seemed to be more at his ease, and to appreciate better the kind services of his family. There was no trace of hallucinations of hearing in the morning of the fifth day, when I found the patient taking his breakfast in the usual quiet and placid manner. He had passed a very comfortable night—soundly asleep most of it. Recovery was complete and permanent. Patient knew that he had been very sick the past days, and asked to be forgiven for his foolish and improper conduct.

As regards the eye, which had been operated upon for cataract, the forced interruptions in the course of after-treatment, and the exposure to the many injuries incident with patient's disease, had the effect to cause exudative iritis, which ultimately led to closure of the pupil. The final result, however, was favorable. After iridotomy, vision became 10-50.

Case 2. C., grocer's wife, 57 years of age, of good health, and correct and temperate habits of life, came under my care with mature cataract of both eyes.

Operation for cataract I performed first upon the right eye, and four days afterwards upon the left one. Patient behaved, during the course of either operation and in the interval between them, in the most sensible manner, bearing the annoyance of the compressive bandage with great patience, and exhibiting a cheerful disposition and the most sanguine temper. On the day following the second operation I found everything in best order, but when I called on the next day I was met with the startling news that the condition of the patient had badly changed since the last night. She had slept but little and by starts, had complained of the unbearable noise (ringing the bell, drum-beating, etc.,) which the people were making in the house with the intention to

disturb her rest, and had wept a great deal over her misfortune to have become a useless creature, a burden to her family. Her temper became irritable and peevish, and she greatly tormented her attendants by caprices and whims she had never shown before. She frequently asked for food and drink, but returned it without any apparent cause the very moment it was given her. She desired her husband and her children to be near her, tenderly hugged each of them, suffused with tears, and ordered them out shortly afterwards with great bitterness of feeling. I found patient sitting in her bed in an indolent posture, with a gloomy expression of the face, in a state of deep melancholy. When I addressed her she seemed to rise from a stupor, and answered my questions in a monotonous manner, the voice wanting in modulation. She showed no defect of memory, knew very well that she had been operated upon for cataract, but despaired of being cured, and expressed her belief that her family had conspired to send her to the poor-house, to end there her life. Every noise made her start, fancying that the police officers were coming with the carriage to take her away. And then she would wring her hands and sob in the most heart-rending manner. Neither the conviction I brought upon her that she could see with either eye, and the kind reasoning from my part, nor the filial affection bestowed upon her by the family members, had any effect to alter somewhat the condition of profound melancholy and depression of spirits in which patient was. There were no other changes in the general constitution. The eyes did well.

I instructed the attendants to watch her carefully, and ordered for her a solution of hydrate of chloral, with the intention to produce sleep. Towards nine o'clock in the evening, about four hours after my last visit, I was hurriedly sent for to see the patient, who had in the meanwhile become maniacal and uncontrollable. She had been raving for two hours, and could hardly be constrained by two men. She had refused the medicine; took it when given her in tea, as I had instructed for the emergency, but could not be prevailed upon to take a second dose. She slapped the face of her daughter when she began to reason with her, tore off the bandage, jumped from the bed and ran in her nightgown to the door with the purpose to go to the police station to find there safety and protection. They had to use force in order to bring her back to the room, after she had aroused the whole neighborhood by her shrieks and lamentations.

I found the patient in a state of maniacal excitement and restlessness, clenching her fists and frowning, and violently abusing her people for plotting against a poor, helpless, blind woman. Any reply or objection only made matters worse. Her features were distorted, her look bewildered; the pulse was quick and small, the skin clammy.

I ordered Merck's crystallized hyoscyamine in a solution of one grain to two drachms, with the intention to give the patient internally at first ten drops (one-twelfth of a grain), to watch carefully the action, and eventually to increase the dose cautiously until the desired effect had been produced. But the patient stubbornly refused to take the medicine, and every attempt to persuade or to force her to do it remained ineffective. In this emergency I betook myself to administer the remedy hypodermatically, in which I finally succeeded after much trouble. I pushed the needle into the subcutaneous tissue of the neck, leaving it in place after the injection had been made, in order to be ready for further use. When the first dose of four drops of the solution, equal to one-thirtieth of a grain of the remedy, had totally failed to influence in any way the general condition of the patient, I repeated the injection after an interval of twenty minutes, increasing this time the dose to five drops. The effect was instantaneous and striking; but I must confess that the impression it produced upon me was of anything rather but pleasant nature. Just five minutes after the last drop had been injected, the patient, who had made the night hideous by her screams and shrieks, suddenly stopped in her wild excitement, as if subdued by a magic power, made a heavy stertorous inspiration and fell back into the pillows. The face became deadly pale, the lips livid, the respiration became heavy and retarded, and the pulse diminished in frequency. There were some spasmodical contractions of the arms and legs and of the muscles of the face. Patient lay there motionless, with eyes wide open, uttering now and then, with a husky voice, some unintelligible words. After this desperate condition had lasted for a few minutes, the pulse suddenly made a start and rapidly went up to 98 per minute, becoming full, persistent, and hard. Simultaneously respiration also increased in rapidity, and the face became congested. The heart beat with great violence. The acme of the paroxysm was of ten minutes' duration, after which pulse rate, respiration, and action of the heart gradually returned to normal condition. Patient looked around in a state of bewilderment, tossed to and fro in bed, closed and reopened the eyelids

in rapid succession, and fell into a deep, heavy sleep. When I left her an hour afterwards respiration and action of the heart was normal, the face slightly flushed, and pulse somewhat full and 73 per minute. When she awoke the next morning, after more than nine hours of sound sleep, she behaved in the most rational manner, took her meals with appetite, had a loving word for her family, and answered intelligently when spoken to. She remained very calm during the day, and seemed to be somewhat benumbed. After a second night of good sleep, I found her the next morning in her usual good spirits. All functions were in good order. Recovery was complete. The final issue of the cataract operation was most favorable.

What is the causation of this strange phenomenon? Sichel's attempts to explain it are but empty words. They do not clear the intricacies of the question; they rather slur over and evade them. All the objections which can be raised against Luy's assertions are also valid in this instance. Besides the scarcity of the observed cases in proportion to the high number of cases annually operated upon for cataract, would *per se* speak against such an assumption. Schmidt-Rimpler holds that the sudden exclusion of the action of light in conjunction with the cessation of all stimuli to the ear and the solitude of the night may be a sufficient cause to produce maniacal excitement and hallucinations in people whose mind has not been normally balanced.

It is conceivable that the mental strain and excitement which are brought about by the cataract operation, associated with the changed condition of life—the absence of the customary external impressions, the unwonted solitude and stillness, and the forced quiet position in bed—may be apt to produce a transitory disturbance of the mental equilibrium in people of neuropathic constitution, or who are otherwise predisposed to mental disorders. But then, the aforementioned moments are but accidental causes, which effect mischief, not by inward necessity, but only under certain conditions and circumstances. The germ of the disease exists, the brain is already pathologically affected, and the operation for cataract, with all its concomitant injurious influences are only the external causes, which kindle the spark into flame. Every other stimulus would have had the same effect. Besides, what warrant have we in all these instances that the mental disturbance has not already existed before the operation, and become only manifested afterwards? But how shall we account for the fact that extraction of cataract is apt to cause mental derangement in people whose brain had not exhibited before the least trace of any morbid taint? And my cases belong to this category.

I have given through the past years many a thought to this question, but I can not answer it satisfactorily. I will not entertain the readers with hypotheses and surmises which, although they may sometimes lead to the discovery of the truth, but too often only cover our ignorance in regard to the matter under discussion. I have brought this subject before the medical world with the intention and the hope to call forth the opinion and the judgment of all those members who, by their special studies of this branch of medical science, are better qualified to throw some light upon one of the most intricate problems of cerebral pathology.

40 *West Thirty-fourth street.*

RARE CASES IN PRACTICE.

BY E. T. BLACKWELL, M. D.,
Of Cedarville, N. J.

(*Concluded from page* 397.)

TRAUMATIC ERYSIPELAS ABOUT THE ANKLE-JOINT.

This designation is chosen for want of a better, in the following case: R. N., oysterman, 45 years of age, suffered an abrasion of the skin over the malleolus of the right ankle-joint from the chafing of a boot while dredging for oysters, in the latter part of the last week of November, 1884. He was hobbling about on November 30, and on December 1; and when I saw him on the day following there was diffuse redness beneath and at the sides of the joint, the evidences of congestion being very marked. There was no œdema. The pain was extreme. With a slender lancet I made a number of rather deep punctures, which bled freely; the deeper cuts spouting for a few moments as if a vein of good size had been opened. A hot flax-seed poultice was applied, to which was added, on the day following, lead-water and laudanum. Morphia was given hypodermically. On the day succeeding, jaborandi was given in addition as per

℞.	Ext. jaborandi fl.,	ʒvj.
	Ext. colchici fl.,	♏xx.
	Aquæ,	ʒvii.

M. S.—A teaspoonful every two hours.

Profuse sweating followed, and continued thirty-six hours. The medicine was omitted at the next visit. It was necessary to let blood in the way indicated every day, and to prescribe quinia, diaphoretics, diuretics, nervous sedatives, and anti-

rheumatics, according as the symptoms seemed to indicate. The interesting point in connection with the progress of the case was the constant recurrence of the congestion for a great period of time.

On December 23, is this note: R. N. Skin and superficial fasciæ appear purple, showing congestion by palpation; made six punctures, which bled freely. The tongue is heavily coated, especially at its root. Great care was taken to keep the tissue emptied of any exudation, to avert injury to the tissues of the ankle-joint; and no pus ever followed the lancet except a few drops on one occasion. He was ordered at this time to take

℞.	Potassii iodidi,		ʒj.
	Hydrarg. chlor. corros.,		gr. ¼.
	Tinct. ferri chlor.,		ʒj.
	Syr., aquæ,	āā	ʒij.

M. S.—A tablespoonful three times a day.

There was applied now, and for some time previous, with the poultice, the following:

℞.	Hydrarg. chlor. mite.		
	Cerat. plumbi. s. acetat.,	āā	ʒj.
	Ung. petrolei,		ʒij. M.

On December 24, the patient had lancinating pain about the fascia lata; the pain about the tendo Achilles was very acute throughout. The local difficulty was unchanged. He was ordered morphia as required. The limb was treated on the same general principles; and at my taking leave, on February 7th, he was able to go upon crutches, and soon after walked with a cane. He still limps at this writing (July 1).

UNDEVELOPED RECTUM IN AN INFANT; ANUS PRACTICALLY CLOSED.

Mrs. S., mother of Mertie S., (page 396) was delivered of a male infant December 26, 1884. No deformity was suspected until attention was drawn to it by reason of protracted absence of alvine discharge, on December 28. Close investigation failed to disclose any anus at first, and only after a very diligent search was an opening found which admitted a pocket probe, but which failed to open a way for any discharge. This opening, which was on the right side of the median line, on the evening of the next day (29) received the smallest male catheter. The slenderest tupelo tent, whittled to half its calibre, was by patience and perseverance made to traverse half its length; its rapid swelling stopping its further progress.

30th, 9 a. m. The tupelo tent was removed, two or three free evacuations, dark and tarry, following. No further interference seemed necessary, and no further application was made. On the night of December 31st, it became restless, passing a bad night. The day following it was quiet, but failed to nurse. The movements were less in amount, though not in frequency. At the suggestion of the nurse, the catheter was passed through the rectal fistula, the discharge following proving that there was no obstruction. It failed in strength, and died at 10 p. m. of January 1, 1885.

SURGICAL CASES.

The following are reported to exhibit the emergencies that an isolated practitioner copes with single-handed, except as he may call upon a bystander for assistance. It may also show the results attained.

—— B., age 30 years, on February 25, 1884, had the fore and two adjacent fingers lacerated and broken beyond repair by a circular saw which he was using. It was several hours after the accident when I saw him, and he was suffering very much, and was extremely nervous. I exhibited a mixture of ether and chloroform, and as soon as insensibility occurred proceeded to amputate at the metacarpo-phalangeal joints. One of the interdigital folds was preserved, and proved a most favorable factor in promoting cicatrization. The surface was kept constantly wetted with a two per cent. carbolic acid lotion, which seemed to relieve the pain, affording comparative comfort. Under its use the cure was completed without any unfavorable symptoms; and the case was dismissed March 28.

J. R., four years of age, had his right arm broken at its upper third, and the soft parts deeply contused at the point of fracture, the bruise extending also to the chest and shoulder-blade. The accident occurred by his entanglement in the wheel of a wagon in motion, September 30, 1884. Binders' boards were applied to the broken part in such a way as to avoid the injured surfaces as much as possible, which were wetted with a cold lotion. He had been previously etherized with the same mixture as the foregoing patient, coming soon fully under its influence without any untoward symptoms at this time, or at any of the many subsequent inhalations.

On the day following, the skin was distended over the lower part of the scapula, and there was fluctuation. A puncture gave egress to a large amount of broken-down cellular tissue and serum. In a few days the surface sloughed from the bruised part over the scapula, and also at the point of fracture, leaving an open wound communicating with it. The boards were removed, the

wound cleansed, and the carbolic acid solution applied, the limb being secured to the patient's chest by a Dessault bandage. Bone deprived of its periosteum was soon detected, and the case seemed a proper one for resection. This, however, was not urged on account of the objection of the friends and the lack of suitable facilities. The daily cleansing and bandaging were conscientiously persevered in for weeks, when the bone was found united, a slight fistula alone communicating externally. An immense amount of callus surrounded the place of repair, and though passive motion was faithfully maintained to the close of my attendance, and its continuance insisted on, yet anchylosis of the shoulder-joint occurred. By reason of the movableness of the scapula, this was, in a great measure, compensated for, and the patient has a useful limb, which he uses as vigorously as its fellow. No fragment of bone has been discharged, and the fistula remains open.

In another case of extensive laceration of the hand, resulting from a crush in coupling cars, the carbolic acid lotion maintained its high place as a soothing application, the wound closing rapidly under its use, and causing only moderate suffering.

JABORANDI IN ERYSIPELAS.

BY CHARLES WESLEY ROOK, M. D.,
Of Quincy, Ill.

In the REPORTER of July 18, 1885, Dr. J. H. More, of Spring Hill, Kansas, relates his experience with jaborandi in the treatment of facial erysipelas, and asks for the experience of his professional brethren, which is my reason for offering the following notes:

February 20, 1885, late in the afternoon, I was called to Mrs. P., who was in age near 25, and claimed a history of excellent health. Five days before she was attacked with facial erysipelas, and at the time of my call was suffering severe pain from the tensely swollen condition of her face and neck. Of her eyes the left cornea only could be exposed to view, while the right eye discharged a very purulent secretion. Mastication was impossible, and deglutition possible only with liquids.

She was given ♏xxx. doses of fl. ext. jaborandi at intervals of half an hour till five doses were administered, which produced free diaphoresis and ptyalism, lessened the painful tension of her face and neck, and checked the further progress of the disease. The following morning she was given four ♏xxx. doses as above, which produced, in addition to the usual diaphoretic action of this agent, free lachrymation, thus cleansing the conjunctivæ of all purulent matter. The swollen condition of her face and neck was greatly diminished by the second exhibition of the jaborandi. One hour after the last dose of jaborandi she was given in one-fourth glass of water, ♏v. of Monsel's solution of iron; this dose repeated every two hours. Between the doses of iron she received one capsule (gr. v.) of quinine. The iron and quinine were continued, in the amount and manner above described, for twenty-four hours, and then three times a day for a few days, and discontinued.

The unpleasant astringency produced in the mouth and throat by Monsel's solution of iron was instantly relieved by a draught of sweet milk after the iron.

In this case jaborandi did not produce emesis. Mrs. P. was sufficiently convalescent to return to her home in Chicago, Ills., on the evening of February 23, 1885, where by letter I am informed her recovery was rapid and complete.

Case 2. Mr. A., age about 50, height 6 feet 2 inches, weight 180 pounds, and of intemperate habits. When called, February 26, 1885, I saw on the left cheek, involving a surface some larger than a silver dollar, the characteristic erysipelatous blush.

Mr. A. was treated in a manner similar to Mrs. P., receiving six ♏xxx. doses of jaborandi at intervals of half an hour. The immediate effects observed were slight diaphoresis, marked ptyalism, frequent emesis, relief of local pain and tension, and what proved to be a final check to the farther progress of the disease. At my second call I found Mr. A. convalescing. Tonic doses of quinine were ordered for a few days, when recovery was complete.

For the occurrence of emesis in case second, and its absence in case first, I offer the following explanation: Practically, I know the salivary secretion produced by jaborandi to be very nauseating, consequently my patient is invariably warned against swallowing the secretion as it enters the mouth, if he desires to avoid an emetic action. The salivary secretion produced in Mrs. P. was expectorated, while in Mr. A. it was swallowed, with results as above noted.

In treating many of the febrile conditions of childhood I have employed jaborandi, and frequently has the anxious mother remarked that soon after her child began perspiring he vomited very freely. Noting this action, I have employed

this agent in the treatment of croup; for reducing the temperature, relieving the local congestion of the pharynx and larynx, and if, as usual, the saliva is swallowed, emesis results, which mechanically aids in expelling from the larynx the croupous material.

Dr. Moore asks information concerning the dose, the interval between doses, and how long they may be continued in the treatment of erysipelas, and how relieve the nausea and vomiting following the larger doses of jaborandi or its alkaloid. In essaying an answer to these questions, let us not overlook the physiological action of the agent, or the therapeutical effect we desire to produce. If pilocarpine be employed hypodermically its action will be apparent within fifteen minutes, or the dose should be repeated. If the fluid extract of jaborandi be given by the mouth diaphoresis will be induced within half an hour, or the dose may be repeated. The amount of pilocarpine that may be administered hypodermically to an adult man or woman varies from one-sixth to one-half of a grain, and of the fluid extract by the mouth from half a drachm to a drachm and a half. Should the pathological condition be such that prompt diaphoresis is indicated, this agent, in the doses above-mentioned, ought to be administered until the desired effect is obtained.

The severe nausea and vomiting, or the extreme depression that may attend or follow the exhibition of pilocarpine or jaborandi can quickly be relieved by the hypodermic injection of an hundredth or sixtieth of a grain of atropine.

Permit me to instance two other cases in which pilocarpine proved serviceable.

On March 31, 1885, Mr. M. was attacked with apoplexy, causing left hemiplegia. Dr. William A. Byrd, the attending physician, administered hypodermically half a grain of pilocarpine. Diaphoresis was profuse, and within six hours Mr. M. had fairly good use of his paralyzed members, and in a few weeks was completely recovered.

On July 29, 1885, Mr. S., while attending his duties as an ice deliverer, was overcome with heat. I was called, and finding patient's skin inactive, gave, as a trial procedure, half a grain of pilocarpine hypodermically. In fifteen minutes diaphoresis was fully established, and in an hour his mental condition was normal. His skin was kept moist for a few days by an occasional dose of jaborandi, when he was discharged cured.

619 *Jersey Street.*

—Oliver Wendell Holmes lives in a house painted a bright yellow with green blinds.

Hospital Reports.

NOTES FROM THE CHILDREN'S HOSPITAL OF PHILADEDPHIA.*

Hereditary Syphilis—Arthritis of Knee.

In this patient, who presented a history of hereditary syphilis, there was a discharge from the middle portion of the left tibia. She was given iodide of potash, poultices at first, and subsequently iodoform ointment were applied to the discharging surface. She was kept in bed for some days, during which there was an increase of the pain, swelling, and heat (in other words, inflammation), about the knee-joint. An extension-stirrup was then placed on the leg to keep it as straight as possible. Subsequently Dr. Ashhurst decided to excise the knee-joint, and when proceeding to operate, he found the bones so much diseased that he was obliged to amputate. The little girl was very ambitious, so much so, that she asked to be allowed to get up after a day or two. There were no bad symptoms, but a steady improvement in health, when this drain upon the system was removed, and in two weeks and three days after the operation she was able to walk about the ward on crutches. She continued to improve, and made a good recovery.

Stenosis of the Larynx.

About ten months before this child was admitted to the hospital, he began to suffer from dyspnœa, which gradually and steadily increased in severity, until, at the time of his admission, tracheotomy was urgently demanded. This operation was performed by Dr. Ashhurst, he making the incision below the isthmus of the thyroid. After a while small abscesses began to appear on various portions of the body, due no doubt to a specific infection. For this he was given liquor arsenici et hydrargyri iodidi, one drop thrice daily. He gradually grew much stronger, wearing all the while a tube, which was removed from time to time for the purpose of cleansing. Seventeen months after the operation hydrocele developed, a month later talipes equinus became manifest, to be followed by a reappearance of the abscesses all over the body, which discharged a most offensive pus. More than a year later, the astragalus, scaphoid, and cuboid bones of the left foot became carious, as did also a portion of the left inferior maxillary bone. In a few days severe diarrhœa set in, which was checked; but the boy continued to "run down," and died ten days after the onset of the diarrhœa.

Arthritis and Anchylosis of Knee.

In this case the limb was bent at an angle of about 45°, and kept in a pasteboard splint for three months, while the general health was improved by tonic remedies. Dr. Ashhurst then decided on resection, which was performed. The limb was subsequently placed at rest on a simple bracketed wire splint with a movable foot-piece (such as is described in Ashhurst's Surgery) and he was given,

℞. Ammon. carb., gr. ij.
Every three hours.

*For the following notes taken from the case-book of the hospital we are indebted to the courtesy of Dr. Nathan P. Grimm, Resident Physician.

Nourishing diet, milk, beef-tea, etc., was given. For a few nights he slept badly, after which he was comfortable. He was also given one grain of quinine every six hours, and one teaspoonful of whisky-punch every six hours. This splint was kept on for nine weeks, when it was removed, newly padded, and put on again. After about five weeks more, it was finally removed, and a paste-board splint substituted, which in turn, in a month, was supplemented by soap-plaster. There was some swelling and redness below the wound, but not connected with it. He was soon out of bed and able to get about on crutches. More than four years later he came to the surgical dispensary with a fracture of the right nasal bone, when it was learnt that he had never had any trouble with his limb, and that there was only about one inch of shortening.

Paresis.

This child was perfectly well until eighteen months before admission, when he had "scarlet fever," caught cold, and had a "*sore mouth*." He seemed to lose the power of coördinating the movements of his legs, so that he had to be again taught to walk. He never had chorea, or any nervous trouble. Seven months later the paralysis commenced, at which time he had severe abdominal pain, so great as to make him cry out. He also had pain in the back of head and neck, and ever since has suffered much from headache. His knees commenced to "*give way*," and there was marked retention of urine, so that the catheter had to be used, but ever since there has been incontinence, the urine dribbling away, and causing much annoyance, as well as so much irritation as to induce phimosis, for which he was circumcised. He continued intelligent, even very bright. Before admission, he had been treated by blisters along the spine and electricity, all to no avail. During the winter before admission, marked progressive paralysis of the extremities set in, both in motion and sensation. In the hospital he was treated with iron, quinine, ergot, and daily manipulation. For a time there was marked improvement. After two months bronchitis set in, for which he was given three grains of carbonate of ammonia thrice daily, cod-liver oil emulsions, and one and a half grains of sulphate of quinine in suppositories, with beef-tea and milk-punch. The bronchitis disappeared shortly, and bed-sores from pressure supervened on the buttocks and sides until the femur was exposed. The paralytic condition grew worse, and he was taken away by his parents.

Cicatrization Due to Burn.

This child had been badly burnt all around the arm, both above and below the elbow, for several inches, and had been stupidly treated at home for some six weeks. The burn was of the fourth degree. The elbow-joint was much contracted, the limb flexed, and pouting granulations encircled the arm. Ointment of oxide of zinc was applied, over which oakum was placed. There was considerable discharge. The granulations rapidly disappeared under the use of nitrate of silver. At one point the skin of the forearm had grown fast to the skin of the arm. The wound healed rapidly, leaving some permanent flexion of the elbow.

Popliteal Abscess—Contraction.

A girl, aged seven, had a large abscess in the popliteal space, with sinuses extending far up the leg. It had been neglected for several weeks. The leg was flexed at the knee, and forcible extension caused much pain. There was more than a pint of pus discharged from the abscess in the course of twelve hours. She was put to bed, the knee was supported, sand-bags were placed on either side to keep the limb quiet, and extension apparatus, with weight, was applied, and the oxide of zinc ointment used as a dressing. She was much easier at once. She was given cod-liver oil and iodide of iron. The abscess rapidly healed, with the leg nearly straight, though suppuration occurred in another part before the cure was complete. A wash of chloral hydrate was used.

Results of Tubercular Meningitis.

This poor child, sent to the hospital by Dr. Pepper, was much reduced, the head was large and hydrocephalic; eyes fixed and staring; bad, thick, scrofulous pus discharging from sinuses in the neck, from the ears and nose. The body was much emaciated, the extremities trembling. The child was in the position of a triangular decubitus; that is to say the feet were on the bed and the head and elbows on the pillow, the limbs and back forming the two sides, and the bed the base of the triangle, while the buttocks were elevated in the air. This position was maintained against all efforts to change it, and the child was found dead one morning in this position. Drugs were of no avail.

Burns—Death.

This girl, age 6, one hour before admission, fell backwards into a bonfire about which she was playing. The posterior portion of the body on the left side was severely burned, from the ankle to the small of the back, and on the right side from the popliteal space to a similar point. The external genitals were badly burned, and she was in a state of shock. The pulse was 104, and weak. Respiration 28. She was given whisky and laudanum, while the burns were dressed with carron oil. Cerate was subsequently substituted for the oil. There was sloughing and profuse suppuration. She became very weak, the eyes were sunken, features pinched, the bowels regular for two weeks, when a slimy diarrhœa set in, with bloody vomiting and death.

Heart Disease.

Six months before admission, this child, who is nine years old, had pneumonia. He is considerably cyanosed, lips very blue. The action of the heart is tumultuous, the apex beat being noted in the seventh interspace, considerably outside of the nipple line. Cardiac percussion dullness extends from the fourth to the seventh interspace and laterally from the sternum to the inner border of the axilla. There can be heard a loud systolic murmur. The bowels are constipated, but there is no albumen in the urine. Pulse 140 and weak; respirations 43. He was given two drops of tincture of digitalis and one grain of sulphate of quinine thrice daily, with milk and beef-tea. Subsequently, the digitalis was increased to three drops, and he made great improvement. After a while, there was some dropsy, with a puffiness about the

cheeks and œdema of the scrotum. He was then given bitartrate of potash, but the dropsy continued. Pulmonary congestion set in, which was relieved by turpentine stupes. The dropsy increasing, and the face and lips becoming cyanotic, he was given decoction of scoparius. Shortly after this he was taken away unimproved.

Fleshy Tumor Near Anus.

This patient presented a fleshy excrescence near the anus, which had been once removed five months previously, but had returned. It was removed, with no hemorrhage, and the patient was discharged.

Strumous Abscesses.

One abscess on the vertex of the scalp and one on the right temple showed themselves in a child aged two and a half years. The abscesses rapidly healed, but a small ulcer at the vertex and a larger one at the temple remained. A little more than a month after admission, he was well, and playful on going to bed. At 11 p. m., he wakened up vomiting, with his face red and skin hot, while there were convulsive twitchings of hands. He was given one teaspoonful liquor potassæ citratis every two hours. The next morning he was drowsy and very nervous, but there was no vomiting. Fearing the onset of some contagious disease, he was isolated. In the afternoon there were convulsive movements of hands and arms. The next day these convulsive paroxysms were very frequent, coming on at intervals of not more than two minutes. The eyebrows are corrugated, and screams usher in each paroxysm. During the convulsions, there is almost opisthotonos; his fists are clenched, the eyes roll, he frowns and protrudes his tongue; the face is flushed, but there is no eruption. In the afternoon, after a hot bath, the attacks are less violent and less frequent. Another hot bath was given and he was ordered bromide of potash, two grains every three hours. In the evening he was quieter, when iodide of potash, one grain, was added to each dose of the bromide. The next day he was much quieter than the day before. There is an erythematous blush over the cheeks and upper part of the thorax; he places his hands on the occiput. The head is thrown back during the paroxysms. The next day it is reported that there is not much change, he being rather quiet. It seems that some six months ago he fell down stairs, striking his head, but the abscesses did not appear until three months later. No more convulsive paroxysms occurred, but the temperature remained high, and he complains of flashes of heat, during which there is an erythematous blush over the cheeks and chest. Now, pneumonia sets in, for which he is given tincture of digitalis, two drops every three hours, and sulphate of quinine, one half grain thrice daily. One month later he was discharged cured.

Occlusion of Bowel—Imperforate Rectum.

This baby is only three days old, and is the youngest of nine children. His grandmother notices that he has had no passage since birth, and that there seems to be some difficulty in urination. Upon examination, hypospadias is discovered, the urethral orifice is on the under surface of the penis, and is moderately large, but a probe introduced therein meets with a septum, which gives way on pressure, and a good-sized grooved director can be passed. The anus presents a normal appearance, and the finger can be introduced into the rectum for a distance of about one and a quarter inches, and the pelvis can be felt on all sides. There is no bulging tumor, but the whole belly is enormously distended and tympanitic, the superficial veins being very distinct. Dr. Hutchinson at once performed left lumbar colotomy, and upon opening the colon, a large quantity of meconium was evacuated, after which, the edges of the gut were fastened to the surface of the abdomen with silk sutures and the wound dressed with simple cerate. The mother's milk was drawn with a breast-pump and given to the child in a bottle. By ten o'clock in the evening (the operation was performed at four o'clock in the afternoon), the child had taken two ounces of milk, and he was much quieter than before the operation, though still restless. The temperature was 103⅘°; pulse not felt. He passes a considerable amount of fæces through the artificial anus. At midnight he has taken very little milk since 10:30; his face is dusky; he moans, and at 7:30 the next morning he dies.

Autopsy.—Body emaciated; bladder large, high up out of pelvis, and containing a clot of blood. The upper portion of the rectum, just below the sigmoid flexure, is completely occluded by a septum as thick as the walls of the gut. The appendix vermiformis is thicker than usual. There is no evidence of peritonitis.

Asthma and Bronchitis.

This girl three weeks before her admission was caught in the rain and got very wet, ever since which time she has had a bad cough. Her father was subject to bronchitis and asthma, and there is a consumptive tendency in his family. The girl herself has been in delicate health for two years past. Sonorous and sibilant rales are heard on both sides of chest, and she has paroxysms of coughing with violent dyspnœa. The bronchitis was cured, and she was discharged. Three months later she came back with the same trouble. The chest is full of bronchial rales. Dr. Pepper orders,

℞.	Ammon. bromid.,	gr. v.
	Ammon. muriat.,	gr. ijss.
	Tinct. digitalis,	gtt. v.
	Spts. æth. comp.,	♏xv.
	Aquæ, q. s., ad.,	f. ℥j.
M.	S.—F. ℥j. ter die.	

She did well, and after two weeks the above formula was discontinued during the day, giving it at night only, if required. She was then ordered iodide of potash, two grains thrice daily. One week later it is reported she is but a little if any better. She is then ordered to be rubbed twice daily with a coarse towel; iodide of potash to be taken between meals and at bed-time, and emulsion of cod-liver oil and lacto-phosphate of lime thrice daily after meals. Three days later there is still no indication of improvement. The iodide of potash is increased to four grains thrice daily, and she is rubbed with cod-liver oil in lieu of the coarse towel. Two weeks later she has improved very much. The same treatment is continued, save the cessation of the bromide of ammonia mixture, and she recovers, and is discharged cured.

Valvular Disease of Heart.

This little boy, six months before admission, caught cold and had rheumatism. Two months ago he had dropsy. His family history is good; no specific taint can be elicited. On admission, there is great puffiness about the eyelids, marked œdema of the lower extremities, genitals enormously swollen, and the penis so infiltrated that it is curved almost like the letter S. The color of the face is fairly good, and there is no cyanotic appearance. Upon inspection, we notice a tremulous heaving of the whole præcordia. Palpation reveals the apex beat in the seventh interspace in the line of the anterior margin of the axilla. There is also great enlargement of the liver, which extends down to the umbilicus. Percussion elicits cardiac dullness from the middle of the sternum to the line of the posterior margin of the axilla, and from the third to the eighth ribs. Auscultation gives us a strong systolic murmur. Four days later the œdema in the extremities is much less marked, the superficial veins now showing very distinctly. He is taking calomel, squills, and digitalis, with liquid diet and stimulants. The urine is slightly albuminous, but there are no tube-casts. Two days later, the pulse is 105 and stronger, it was 136 and weak when he came in. The bowels are open naturally once daily, and he urinates without difficulty. The genitals have returned nearly to their normal size. Three days later, he is reported as still better; the face is not so puffy, though there is still some œdema of the ankles. The genitals are normal in size and appearance. The calomel is stopped, and in its stead is ordered tartrate of iron and potash, in combination with squills and digatalis. There is no dyspnœa, and the patient is comfortable. One week later, he is reported as still doing well; the liver lessening in size, but there is still some œdema of the ankles. The mitral murmur is not now so distinct. The bowels are open twice daily. From this on he continued steadily to improve.

Fracture of Skull.

This boy, seven years old, fell from a shed and struck the right side of his head on the ground. He was brought to the hospital immediately, and his mind was clear when seen by the Resident. There was some hemorrhage from four scalp wounds, which were superficial. There was marked contusion of the upper lid of the right eye, and over the right temple there was an effusion beneath the scalp that was so extensive as to practically render it impossible to say positively whether there was a fracture or not. He was put to bed, and the head shaved over the injury and an ice bag applied. He was given

℞. Hydrarg. chlor. mitis., gr. $\frac{1}{10}$.
Pulv. ipecac co., gr. j.
S.—To be given every four hours.

Diet to be liquid. He passed a quiet night. Passes his urine voluntarily; bowels not moved since admission. He takes nourishment and medicine well, and his mind is perfectly clear; there is no paralysis. Temperature 99°; pulse 92. The next day he complains of some headache, and when asked to protrude his tongue the point inclines a little to the side of injury. The contusion of the eyelid is disappearing, but there is marked conjunctival ecchymosis in the outer angle of the right eye. Three days later there is very little headache, the temperature and pulse are normal, and the bowels are moved by enema. Two days later the effusion beneath the scalp has almost disappeared. It is sufficiently absorbed to render possible the diagnosis of depressed fracture. There is now no headache, and the tendency to deflection of the tongue has disappeared. The calomel is stopped, and he is given one-half grain of sulphate of quinine every four hours. Four weeks later he is allowed to get out of bed, and is discharged cured a month subsequently.

Concussion of Brain.

Just before admission, this child, two and a half years old, fell from a second-story window, striking the right side of his head on the pavement. He was brought into the hospital at 11:30 a. m., in a condition of stupor. He soon vomited profusely, and there was considerable hemorrhage from the ears and nose. Temperature was 97$\frac{1}{2}$°; pulse 140; respiration irregular and difficult to count. At noon he had a convulsion. He was wrapped in a blanket and put to bed; the head was shaved, and an ice-bag applied, and he was ordered:

℞. Hydrarg. chlor. mitis, gr. j.
Pulv. ipecac. co., gr. viij.
M. et ft. chart No. xvi.
S.—One every four hours.

At 2 p. m., he had a second convulsion. At 7 p. m. the temperature was 100$\frac{1}{2}$°, pulse 120, and respiration 42. He had no more convulsions. The hemorrhage has ceased, but he does not seem disposed to notice surrounding objects. He lies on one or the other side, and if a limb be touched, he draws it away. Cerebral irritation is well marked. The next morning it is reported that he slept well all night; there is no paralysis, and he passes his urine voluntarily, and takes nourishment and medicine well. The next day he is given one teaspoonful of brandy every six hours, and heat is applied to the extremities. On the succeeding day he is much brighter, sits up in bed, and takes hold of the cup when it is handed to him. Twelve days later he is discharged well.

Specific Ulcerations.

This boy, thirteen years old, has an ulcer on that portion of the gum near the incisor tooth and on the inner side of the upper lip, to the right and left of the frænum, which it has eaten through, extending up to the nares and involving the nose, of which there is but little left. He was etherized and the ulcers thoroughly cauterized with acid nitrate of mercury and oil dressing applied. After a week, he was discharged with ulcerating surface healed, save a small area around a projecting canine tooth. Three months later, he was readmitted with ulcers as before and spreading. The alveolus is now affected. One week later, he was etherized, the projecting canine was removed, the diseased part of the alveolus scraped, the edges of the fissure freshened, when the upper lip was divided and the two edges brought together by harelip pins. The consecutive bleeding was controlled by a large harelip pin passed very deeply, and holding a compress of lint against the inner aspect of the wound. Three days later,

the large pin, last described, was removed. The next day two of the three small pins were removed. At midnight, the hemorrhage commenced again, when the wound was opened and the left coronary artery tied, and the wound again closed with pins and sutures. Four days later, the pins were removed, and the wound remained closed. It was touched with nitrate of silver and dressed with oxide of zinc ointment. Two weeks afterwards, he was discharged with the wound healed.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

Stated meeting, September 21, 1885. The president, C. T. Parkes, M. D., in the chair.

"Special *vs.* General Study in Medicine" was the title of a very interesting essay by Dr. Charles F. Sinclair. The following is an abstract: During the seventeenth and eighteenth centuries there existed several schools of medicine founded upon medical investigations stimulated by the discovery of the circulation of the blood by Harvey. These schools were founded upon theories. One school explained the processes of life as due to mechanical laws; another, as due to chemical laws; still another, as due to molecular movements; and finally, schools were founded who respectively promulgated the doctrines that life was due to an ether or a spirit existing in the grosser material of the body. Thus we see that medical thought and investigation began to divide. This subdivision in thought led to separate investigations, and specialism was the result. This tendency, which is becoming more marked each day, may be called, perhaps, the distinguishing characteristic of recent medical study. The more clearly defined and generally recognized specialties to day are surgery, diseases of the eye, diseases of the ear, diseases of women, diseases of children, diseases of the skin, diseases of the nervous system, diseases of the genito-urinary tract, including syphilis, diseases of the throat, heart, and lungs, obstetrics, and forensic medicine. The rapidity with which the tendency of special study is being developed is seen in the fact that five years ago one of our oldest medical schools gave special notice of only two of the special subdivisions I have mentioned. However, within three years this school has added a fourth year for the study of the branches mentioned. But it is objected that the student of a specialty should become practically conversant with the details of so called general medicine. But it is a disastrous step for the young practitioner to try to cultivate a special practice from a general, if the old adage, "Once a general practitioner, always a general practitioner," is true. On the other hand, the specialist gains a footing more readily by confining himself to a specialty. It is further objected that the specialist is apt to forget that there are other important organs in the body besides the one to which he has given his attention. But this objection is puerile, when it is seen that the successful specialist must, of necessity, study the relations the different organs of the body hold to each other, and remember that any departure from the normal in one organ may be the result of disease in a more remote organ. The medical profession should look with favor upon this subdivision of medical work, because we see such vast accumulations of material in all the various departments of medicine that few would care to undertake, or have the ability, to even peruse our medical literature, much less master all the knowledge collected. In this day of rapid interchange of thought, none can be found who can keep abreast of all the discoveries in the various departments of medicine. Another reason for the existence of the specialist is the fact that very few men can secure the expensive instruments necessary to be used in the treatment of the various diseases, nor are there many physicians who could skilfully use them were they so fortunate as to possess them. Many cases cannot be successfully treated without these instruments. In our city, specialties should receive further development, because as they are clearly defined and faithfully adhered to in practice, proportionately does the city rank as a medical centre.

Dr. F. M. Weller opened the discussion by asking why the subdivision of the practice of medicine into the special treatment of diseases of the various organs should not be carried further into specialties for various specific diseases? Let us have physicians whose respective specialties shall be catarrh, ague, diphtheria, etc.

Dr. W. F. Coleman said that while he agreed with the author in the main points of his paper, he thought it should rest with each individual whether he shall confine himself to special practice or emphasize it in general practice. It is advantageous to specialists that they should confine themselves to their chosen fields. But we should not judge of the benefits to be derived from specialties by the individual success of each practitioner, but by the extent each practitioner enriched our literature by the record of his investigations. It is thus that the eye and ear specialist, the specialist in throat and lung diseases, the laryngologist, and others have done most to advance medicine.

"The Treatment of Syphilis" was the title of a paper read by Dr. L. T. Potter. He said that the treatment of syphilis must be threefold—hygienic, tonic, and specific. By the latter is meant the administration of mercurial and iodine preparations. The profession seems to be greatly divided in opinion in regard to the methods of using these remedies and the length of time they should be employed. In scanning the literature on this subject, the reporter was surprised to find that those high in authority differed as to these points. The reporter advanced two propositions: first, that neither the iodine preparations alone, nor mercury alone, can always be relied upon as effective in the treatment of syphilis, but that *both* are necessary to eradicate the disease; second, that the duration of treatment must be at least two years, faithfully carried out, no matter how mild an attack. In support of his first proposition the reporter quoted Bartholow, Ringer, Jonathan Hutchinson, Keyes, Bumstead, and Taylor, as saying that mercury should be given in the primary and secondary stages of syphilis, and iodide of potassium in the tertiary stage. They all agree that both must be used to effect what is called a cure. In support of his second proposi-

tion, he quotes Van Buren, and Keyes, Fournier, Bumstead, and Taylor, as insisting upon the treatment extending over a course of two years or more. Diday says the minimum time for treatment is twenty-two months. The two-year course of treatment does not mean the continual administration of mercury or iodine, but at intervals the remedy may be discontinued for a short time, if it seems to have a debilitating effect on the patient. In the light of such unanimity of opinion of eminent authorities upon this question of duration of treatment, it is surprising that intelligent physicians will positively assure their patients that they are *cured* of syphilis at the expiration of a course of treatment lasting from four to six months!! A physician who does so is certainly criminally negligent, and is a misanthrope of the worst type. Then it becomes all to impress upon patients the importance of carrying on the treatment for at least two years.

Dr. E. L. Holmes commenced the discussion by saying he considered the paper very valuable, because the author lays so much stress upon the importance of thorough and long-continued treat ment. One of the most important lessons he had ever received was to treat syphilis according to the plan the gentleman has advocated. Many years ago he had been taught this lesson by sad experience. It had been his lot to see many patients suffering from specific diseases of the eye long after they had been discharged by their physicians as cured. He could not understand how any physician can believe it possible to cure syphilis without carrying out the treatment a long time. In many years' practice in this city he cannot remember of having seen but three primary syphilitic lesions, and these all occurred on some portion of the eye. He saw one man who had on the upper eyelid a sore which resembled and was treated as a burn, until its course decided it to be a chancre. The man would not tell how he obtained it, but it readily disappeared under specific treatment. A great many diseases of the eye occur thus, and the physician is unable to find out how they arise. Many years ago it was taught that iodide of potash, if given in large doses, would effect a sure and speedy cure. But Dr. Holmes thought the treatment by large doses of iodide dangerous, as it ameliorates the symptoms so quickly as to cause the physician and patient to abandon the remedy too soon. In this country we do not have so good an opportunity to study syphilis as the Europeans. In Vienna and Prague, where the people live and do not pass from the observation of physicians, their statistics are more valuable and reliable than ours can be. He thought it best to give the patient all the mercury he can bear in the primary and secondary stages. Rub it in the skin and give it internally. Follow this up eighteen months or two years, and then give iodide of potassium later. Every three or four months give a course of treatment for years after. You will have no trouble impressing upon intelligent people the importance of long continued treatment.

Dr. R. Tilley said he wished to refer to one point not touched in the paper, and that is, patients treated for syphilis are often told by their physicians of the importance of long-continued treatment, but they will not heed these warnings, and do not return. This fact will excuse the physician many times, as it is not in his power to carry out the treatment when he wishes; and thus physicians should often be relieved of the blame of not having treated their patients long enough. He did not think any intelligent physician would advocate treatment under two years, and he believed Keyes, in his last edition, extended the time of treatment to four years. Dr. Tilley was of the opinion that we cannot do without mercury, and yet some in high places teach this doctrine. Those who try to treat syphilis without mercury are certainly responsible for later developments.

Dr. J. Zeisler thought the present treatment of syphilis is not scientific, and that there had been little advance in this direction in the last century. Cases are known in which, after seven years' treatment, symptoms of the disease returned. Take the case of Prof. Zeissl, who died last year. He was infected while opening a bubo several years ago. He certainly knew how to treat himself, and yet he died of cerebral syphilis. This does not look as though the treatment of syphilis is yet founded on a scientific basis. If the discovery of the bacillus of syphilis proves to be correct, it may prove the means of enabling us to treat syphilis scientifically.

Dr. G. C. Paoli said he is by nature a cosmopolitan, and always selects the best from the writings of all nations. A great many books have been written on this subject, among which Ricord's stands first. Ricord was a man of great talent, experience, and powers of observation. He had unexcelled opportunities for study in the Paris Hospital when he was the chief physician. In regard to treatment, all agree that mercury must be administered for a long time. There are syphilitic cases in which mercury is contraindicated, namely, phthisical patients, and in albuminuria, unless we believe syphilis is the cause of the albuminuria.

Dr. R. Tilley referred to one point introduced by Dr. Zeisler, who referred to Prof. Zeissl as having died of cerebral syphilis, claiming that no one would doubt Prof. Zeissl's ability to cure syphilis. But the question is not whether Prof. Zeissl knew how to treat syphilis, but how did he treat himself? Cooper, in his book on syphilis, if he (Dr. Tilley) were not greatly mistaken, cites Professor Zeissl as a type of those who used mercury sparingly. If that is so, and Zeissl used it only sparingly on himself, then the death of Zeissl from cerebral syphilis is a very important lesson, and bears materially on the subject under discussion.

Dr. J. Zeisler said he knew that in the case of Prof. Zeissl mercurial inunctions were made, but to what extent he was unable to say.

Dr. L. T. Potter closed the discussion by expressing himself as gratified at the amount of discussion which had been aroused; however, he was surprised at the statement that there had been but little or no advancement in the treatment of syphilis. In this day of elegant pharmaceutical preparations and easy administration of mercurials and iodides, he thought there had been a great advancement, for pharmacy and chemistry have stepped in and given us preparations we did not use many years ago. Mercury should not be given when it is producing a debilitating effect.

The President, Dr. C. T. Parkes, presented to the society a specimen, with the following remarks: "I hardly know whether you would call this a pathological specimen or not. But you see a mass which was removed from a uterus, and it proves to be a sponge. A short time ago I was called to see a lady who had been treated by a physician who introduced a sponge-tent into the cervix uteri, and instructed the lady to allow it to remain two or three days, and then pull it out. She attempted to do so, but the string broke and the sponge was not obtained. After three weeks of suffering, with a discharge per vaginam, I was called to see her. By digital examination I could not find any evidence of the sponge, the external os being closed so as to merely admit a probe. But I could not find any sponge by probing, so I introduced an Ellinger dilator, and soon seized the sponge with a forceps and brought it out. The symptoms present soon passed away, and the patient is now well. The point to be learned is, that when a physician introduces a sponge-tent, he himself should remove it."

The Society then adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Treatment of Acute Rheumatism.

Dr. W. R. Thomas spoke thus before the British Medical Association:

"Our knowledge of the treatment of acute rheumatism is making rapid strides day by day; but still we frequently meet with cases which are most unsatisfactory to treat, because, I believe, our knowledge is in its infancy. In medicine, we are all apt naturally to follow fashion. Certain remedies are recommended highly, and we are inclined to take it that all cases of rheumatism can be cured by the same remedy. Given a case of acute rheumatism, all we have to do is to give salicylic acid, or bicarbonate of potash, or nitrate of potash, or a certain other remedy at the time recommended, and attend to the ordinary directions given as to diet and hygiene, and the patient gradually, or often rapidly, is sure to improve. That is what we expect. Now I have tried each one of the remedies recommended on a large scale in both hospital and in private practice, and have come to the conclusion, after noticing carefully, and I think without prejudice, the effect of each one, that there is no one grand remedy for the disease we call acute rheumatism. The bicarbonate of potash, which has always been a favorite remedy of mine, I have seen act like a charm; so also have I the nitrate of potash; and then again, other cases I have met with where the remedy has entirely failed to have any effect whatever upon the disease. During recent years I have given, time after time, salicylic acid in large and in small doses, and have been delighted at the immediate good effect, thinking that, at last, we had met with a certain remedy; then again, other cases have occurred where the salicylate of soda has had no appreciable good effect whatever, even when given in large doses, until certain symptoms were produced by the medicine.

"I do not think the remedies in these cases are at all at fault. When we prescribe a certain medicine in a certain case, we find that the patient derives immediate and surprising benefit; and then we give the same remedy in another case, which to us appears to be similar, and are surprised at the patient not receiving any benefit whatever. Now, why should this occur? Simply, I believe, because we have separate and distinct varieties of rheumatism, each one of which requires a treatment of its own. In one case, the salicylate will act well; in another, it will not have any effect at all.

"In hospital practice, we naturally attribute all the improvement that takes place after admission to the medicine which has been prescribed. A patient is admitted; his temperature may be very high, his pulse very frequent, and the joint-signs may be severe; in two days he is in a comparative state of comfort. In many of these cases, no doubt, the removal of a patient from a miserable hovel in a back lane, where the surroundings are of the worst kind, to a comfortable bed in a well-ventilated ward, where cleanliness is predominant, where warmth, proper food, and constant nursing are supplied, may have much to do with the rapid improvement which has taken place; and I do not think that we are justified in attributing all the improvement which takes place—at all events, during the first few days—to the medicines prescribed.

"In practice, I generally find that we have at least three distinct varieties of rheumatism:

"1. The sthenic.

"2. The asthenic.

"3. That variety caused and preceded by other diseases, as gonorrhœa, scarlet fever, etc.

"The first kind I have generally found among the well-to-do classes; sometimes among the poorer. The patient, perhaps a commercial traveler or merchant, has always been exceedingly well, and until lately has enjoyed very good health. For some months he has suffered from dyspeptic and hepatic derangements; his urine has generally been very high colored, and a large amount of sediment has been noticed daily in it. He has complained of frequent headache, backache, and aching of limbs. He is florid, and probably very stout, and has found that he has not been able to go through the same amount of work as he formerly could. Evidently he has eaten and drunk more than his body has been able to use and burn up daily; and the several excreting organs, having had too much work thrown on them for a considerable time, are not now able to perform their functions properly.

"I shall not deal with the pathology of rheumatism at all; but in this patient there is a ten-

dency to inflammation of certain tissues, and to the accompanying fever. He now sleeps in a damp bed, or catches cold in some way, and now comes on the attack. These are the cases where salicylic acid, salicylate of soda, and the bicarbonate of potash, are beneficial. Of the two, I am inclined to think that I have seen more benefit derived from the salicylate than from the bicarbonate; but I frequently begin by giving the salicylates, and then go on with the potash. Attention to little details we all find in rheumatism, as in all other complaints, of great importance; for instance, covering the whole of the front of the chest with a layer of cotton-wadding has often, I am sure, prevented an attack of pericarditis from coming on, and I have found a night-shirt of very thin wool very useful, as these patients, perspiring much, are very apt to catch cold; in fact, I now recommend all my rheumatic patients to wear it regularly, and many have been very thankful for the advice. With regard to the joints, I have found wrapping the affected bones in cotton-wool all that is, as a rule, necessary; but when pain has been very excruciating, hot fomentations, with solution of belladonna sprinkled on the flannel next to the skin, have given relief. For pericarditis, my patients have generally seemed to be relieved by turpentine-stupes, followed by linseed-poultices; but unless it seem to be severe, I think it is advisable not to take away the cotton-wadding or to apply anything else, for I feel sure that the less these patients are exposed the better. If possible, I avoid giving anything to procure sleep, but, when obliged to do so, I find our old friend Dover's powder the best. These patients generally require something to act upon their chylopoietic viscera; and I must say that I find nothing equal to five grains of pilula hydrargyri, followed by haustus albus, which draught has often to be repeated. As to diet, there is nothing better for them than milk; and when the fever begins to subside, we can afford to be more generous.

"The asthenic patient is thin, pale, and weak, to begin with, from some cause or other; perhaps an over-worked and over-anxious young man, who in his desire to get on in the world has always neglected himself, and has taken his meals (and of them but little) irregularly; or a young mother, with one or two children, living on little else than tea. These patients have the same local signs and the same fever as the other patient had; but although there is the same tendency to inflammation of certain tissues, and the same fever, the tendency has, I believe, been produced by different causes entirely; and to obviate this tendency, or to remove the cause, we must, I think, adopt a very different mode of general treatment from what we do in the other class. These patients require plenty of support from the beginning, and we cannot give anything better than milk to begin with. Soon this patient will require beef-tea and other foods. As an internal remedy, I think we have none to equal quinine, given from the beginning. Occasionally we may have to give other remedies when called for, but quinine is the remedy upon which we have to depend; and later on, I invariably find that the addition of iron to the mixture is beneficial. The same local treatment is required in these cases as in the other. As aperients, colocynth and aloes are preferable to the mercurial and haustus albus.

"My object in speaking to-day is to express my candid opinion that we should not treat all cases alike, but first of all should take into consideration the class of the patient we have to treat, and then to decide what remedy or treatment to choose—in one case it may be potash or salicylate, in another quinine. Of course, the treatment of rheumatism following other diseases will be different, as such disease will have to be taken into consideration."

Gouty Pneumonia.

Dr. W. R. Thomas thus writes in the *Lancet*, August 29, 1885:

I shall direct your attention to a case of gouty pneumonia—of pneumonia occurring in a gouty patient. The fact that gout suddenly appeared one night in the big toe, and that the pneumonia from that moment rapidly disappeared, makes the case, to my mind, more interesting still. I feel confident that many of the cases of pneumonia we meet with are local exhibitions of gout, accompanied by the febrile symptoms met with in such cases, and this should certainly be remembered in treatment.

The patient whose case we are considering had always been a very free liver and drinker, and had frequently suffered from gout. I found that he had been taken suddenly ill one night, having previously been in apparent good health, but very irritable. He had suffered from cough, expectoration, and other symptoms. As he rapidly got worse, the friends became alarmed, and sent for me. I found the pulse was 130, full; respira- 40; temperature 102°; cough troublesome; phlegm abundant and rusty. The patient complained of pain in the chest generally, and had the other symptoms present in cases of pneumonia. The urine was scanty, and slightly albuminous. He had no cardiac mischief, but the lower third of his right lung behind was dull and crepitating. I shall not weary you by telling you how he progressed day by day, but simply say that he steadily got worse for about eight days. On the eighth day of my attendance I found that the lower three-fourths of the right lung was as dull as a board; distinct bronchophony was to be heard both in front and behind, and crepitation in the lower part of the left lung. He coughed up incessantly night and day the ordinary rusty-colored sputum. Respiration 44; pulse 140; temperature generally 102°; tongue dry and red. The urine was still very high colored, full of urates, and albuminous, and he was very delirious. I certainly thought that I was going to lose my patient. The next night he was very delirious, and insisted on getting out of bed. In spite of the entreaties of his nurse, he was determined to walk about, and continued to do so for a considerable time. He then went to bed and fell asleep; when he awoke, he complained of excruciating pain in his right big toe, which was very red and swollen. It evidently was a severe case of gout. On the second day after the toe had been attacked, on examining the lungs, I found that dullness and crepitation had taken the place of bronchophony. On the following day very lit-

tle dullness could be heard, the crepitation had almost entirely gone, and air entered fully into every part of the lung. The toe was very painful for three days longer, and then quickly got well. The general symptoms rapidly disappeared.

We are all apt to look upon pneumonia as an inflammation of the lungs, which must be treated by certain remedies. Years ago it was the custom to bleed or leech in nearly all cases of pneumonia, and antimony used to be given sometimes in large and depressing doses. More recently stimulants in large and small doses have been strongly recommended, and I know that many have been in the habit of giving stimulants in almost all cases. Some give quinine or bark. What I wish to impress upon you is this, that we are all too apt to treat a name, and to forget that there are pneumonias and pneumonias, depending upon entirely different causes. In one case you may have to support your patient from the beginning; in another quite a different mode of treatment may be required. Pneumonia is not always a disease accompanined by debility and requiring tonic or stimulating treatment. In each case you will have to consider hereditary predisposition, which always has an influence upon local disease accompanied by general symptoms. In each case you will also have to take into consideration the habits of life of the patient, the surrounding circumstances and exciting causes. In this case I had to treat a gentleman who had lived too freely, who had a strong gouty tendency, and I looked on the pneumonia as a local sign of gout. When the gout appeared in the big toe the lung symptoms all seemed to go at once, and in a very short time all the physical signs of pneumonia had disappeared. I believe that if I had treated this patient by giving stimulants in large doses with bark or quinine I should have interfered with nature, and done more harm than good.

A New Method of Treating Tinea Tonsurans.

Having come to the conclusion that the unsatisfactory results in the treatment of this affection are due to the almost seeming impossibility of bringing any active parasiticide into contact with the tinea fungus—the epiphyton or trichophyton tonsurans, whose conidia revel and run rampant in the secure nidus of the hair and hair-bulbs—a soil so congenial that it seems to be in some cases ever fertile and fertilizing, Dr. A. J. Harrison (*Brit. Med. Jour.*, Sept. 5,) tried to devise some means of reaching the parasite. He thinks he has succeeded, and the report of the following case well illustrates his method:

"On the 28th of March last year (1884) I admitted such a case (A. C.) into the hospital, and commenced the treatment at once. She was naturally a healthy child, nine years old, rather pale, with clear complexion, and brownish-black hair. Nearly the whole of the head was affected; but here and there she had fairly good masses of hair. These latter, at first, were not cut much shorter. For the first few days No. 1 solution, containing iodide of potassium in liquor potassæ, was applied. Pledgets of lint were dipped in the solution and applied to the head, about one-third of the head being operated upon at a time. I may here remark that, by applying this solution carefully, I very seldom find the potash solution irritate much. If it do, as has happened, a weaker mixture can be tried. Then No. 2 solution, containing three grains of mercuric chloride in each ounce of spirits of nitre, was used; and so on, until the whole of the head had been operated upon several times with the two solutions. The scalp and the lower parts of the hair were turned of a yellowish tinge. At the end of a week, hairs were examined microscopically.

"April 8. Conidia were found in abundance. Glycerine of carbolic acid was applied to the parts not being immediately operated upon, and as the child was looking paler than when she came in, most likely from the confinement in hospital, she was ordered to take some syrup of the phosphate of iron. The hair was now cut shorter, nearly close to the head, and this plan I now always adopt. I do not care about shaving the head, as I consider that a little hair is beneficial in allowing the solutions better scope for their action and reaction to take place. The treatment, such as I have indicated, with the two solutions, was now persevered with; the conidia became more difficult to detect microscopically, and on May 17, 1884, or fifty days after admission, she was discharged, apparently cured. She continued to attend as an out-patient for a long time, and I could never find any conidia. The hair grew naturally again, and everything looked well; but towards the end of September the hair began to come off in bald patches, especially at the back of the head, but no evidence of fungus existed. Stimulating applications soon put this all right. I have noticed this falling off of the hair in many cases of tinea, and I do not associate it with my or any treatment. The complaint must weaken the hair-bulbs; and the great point is, not to permit the hair to grow long for some considerable time—use the scissors frequently. From time to time I have seen her. My last note is that on June 30th last her head showed a luxuriant growth of hair, which was as healthy-looking as possible."

The great feature which he contends for in his plan is that, by softening the hairs with liquor potassæ, the iodide of potassium is conveyed to the very hair-roots and bulbs, the spots where the conidia flourish and germinate in profuse abundance, and hitherto in comparative security. There, whilst the hairs are in a softened condition, the mercury-solution can penetrate, and then, coming into contact with the iodide deeply down, an important chemical action is set up, and biniodide of mercury is formed, just where it is most especially wanted.

A New Method for the Restoration of the Cessation of Respiration Under Chloroform.

Dr. R. Milne Murray thus writes in the *Edinburgh Med. Jour.* for September, 1885:

This process, which I may term "perflation," I carry out in the following way; Disconnecting the rubber tubing I take the end of the T tube attached to the tracheal cannula in my mouth, and closing the branch with the finger, I make one or two aspirations of the lungs, compressing the chest gently at the same time. This removes a considerable quantity of vapor from the upper

passages. Then opening the branch, I make a series of deep inspirations. The air rushes in by the branch, and no doubt the greater part passes into the mouth; yet some of it enters the lung, and a current is thus established by which a very large quantity of the chloroform is rapidly expelled, as can be proved by the taste of the air coming through the tube. After two or three such inspirations the taste of the vapor becomes fainter, and as soon as this is noticed, I reverse the process, now blowing air into the tube, with force just sufficient to cause the chest-wall to move in the slightest possible degree—the branch tube being open all the time. Generally, after one or two such perflations, the heart shows signs of vigorous action, and shortly thereafter breathing commences and continues in a perfectly natural manner. Should it not return so rapidly, and after I am assured by the absence of taste or smell in the expired air that the chloroform has been almost entirely removed, then I close the branch tube and commence gentle inflation of the lung in the ordinary way.

By such a method I have resuscitated animals as often as ten times after cessation of respiration, and in these I have little or no indication of the production of the pink froth to which I referred.

Of course, in order to accomplish resuscitation so frequently as eight or ten times, it is necessary in the later stages to lose no time between cessation of movement and commencement of the effort; but the mere fact that it can be effected under any conditions so frequently, speaks strongly, I think, for the efficacy of the method. In the earlier resuscitations we may safely wait thirty to sixty seconds before beginning the attempt, provided the animal has not been for a long period under the influence of the vapor. The time occupied in the operation is much less when we begin before the heart has ceased to beat, but I have repeatedly waited until all indications of the heart's action had ceased, both as indicated by the apex beat and the pulsation in the carotid. But in such cases it has been an invariable experience that the heart resumed beating a considerable time before breathing commenced.

Speaking broadly, as regards the difficulty of resuscitation as indicated by the time required to effect it, I have observed that *the time required to restore respiration varies inversely as the concentration of the dose, and directly as the time required to stop respiration.* That is to say, the more concentrated the dose the easier was the reanimation, and the longer respiration continued under the action of the vapor the more difficult was the reanimation.

Periodic Paralysis of Limbs, with Loss of Electric Excitability.

The *London Med. Times*, August 29, says that a remarkable case of periodical paralysis of all the extremities is recorded in a paper by Professor Westphal, *Berliner Klinische Wochenschrift*, Nos. 31 and 32, 1885. The patient, a boy of 12 years, was under close observation for several months, during which he was subject to occasional attacks of absolute loss of power in the limbs, coming on almost always at night, lasting for a few hours, and disappearing with a period of quiet sleep before the morning. His general health was good, and no signs of nervous disease could be traced in the case. During the periods of paralysis, however, the remarkable fact was observed that the nerve trunks and the individual muscles in the affected limbs had completely lost their electric excitability, even under the irritation of a very strong current. At other times, the reactions were quite normal, but slight differences between the two sides persisted for some time after the complete return of voluntary movement. There was no sign of rigidity or contraction in any of the muscles during the attacks, nor was the general sensation disturbed. The plantar reflex was absent, but the cremaster and abdominal reflexes and the knee-jerk were normal. The latter was at times unequal upon the two sides. The fullest particulars of each seizure are given in detail in Dr. Westphal's paper. The progress of the paralysis of the limbs could be clearly described by the patient, who remained quite sensible throughout. In the early history of the case, there was reason to believe that scarlatinal nephritis had formerly been present, but the renal and all other functions remained normal throughout the period during which the patient was under observation. The onset of the attacks was attributed to exposure to a draught, the boy having complained the day before of indefinite sensations in the limbs, and pains in the feet. He became quite powerless in the following night, and suffered from great thirst, a feeling of extreme heat, and profuse sweating. At first the attacks of paralysis recurred at intervals of four to six weeks, but became more frequent, at last sometimes appearing many times in one week. In his remarks upon the case, Prof. Westphal cites three other published cases as bearing some relation to this apparently unique form of paralysis. In all of them there were points of resemblance to it, although none could be said to be identical. Especially with regard to the periods of recurrence, there was a marked difference, as in two of them the attacks followed a regular quotidian or tertian course. In all the cases the paralysis began in the lower extremities. The muscles of the face and of the eye remained unaffected in all, nor was any affection of bladder or rectum observed. The loss of electric contractility and its rapid recovery are conditions apparently quite peculiar to Westphal's case. In relation to it he says: "We know of no disease, either of the spinal cord or of the spinal nerves, in which anything similar to it has ever before been observed; and as regards any explanation of it, physiology leaves us completely in the dark." The sensations of heat and the extreme sweating experienced by the patient suggest the possibility of some profound alteration of the vascular supply, and hence of the nutrition of peripheral nerve endings, but such an explanation is of necessity purely conjectural.

The Surgical Treatment of Gall-stones.

Mr. Lawson Tait thus writes in the *Lancet*, September 5, 1885:

I have now performed the operation sixteen times, with uniform success, whilst the variations from the proceeding I am about to describe have been disastrous to the extent, in the hands of others, of between fifty and sixty per cent.

Having felt the position of the hepatic notch, I make an incision from the margin of the ribs over it directly, or almost directly, downwards, cutting carefully through the various textures until I reach the peritoneum. This is carefully seized by two pairs of forceps and pulled backwards, an opening having been made between the two pairs of forceps large enough to introduce my forefinger. With this I search for the gall-bladder; and sometimes I have experienced considerable difficulty in finding it. Generally speaking, the stones can be felt in the bladder before it is opened. In two cases out of the sixteen I have not found any gall-stones; in one case a mistake had been made, and in the other the disease was in all probability malignant. Having found the gall-bladder, I cautiously bring its fundus towards the wound and seize it by a pair of forceps. If it is distended, it is first of all tapped and emptied; if it is not distended, or if it has been emptied, I lay it open by scissors or forceps to an extent sufficient to get a finger in; the edges of the wound in it are then seized by forceps, and any bleeding points secured. My finger then explores the bladder, and by means of forceps or scoop all the stones within reach are removed. A continuous suture is then applied so as to accurately close the peritoneum by uniting the edges of the wound of the abdominal wall to the edges of the wound of the gall-bladder, the two peritoneal surfaces being carefully adapted to each other. An India-rubber drainage-tube is then placed in the wound, and this is kept in for six or seven days, until it is possible to remove the stitches. If the stitches are removed along with the drainage-tube, the wound speedily heals; and if all the stones have been removed, the patient is already cured. If the wound reopens and bile discharges, or mucus from the gall-bladder, the remaining stone which occludes the passage must be dealt with, either by crushing from the outside of the duct or in some other way, as circumstances or the ingenuity of the operator may suggest. I certainly vouch for this, that so far as my cases have gone it is not known that they have any tendency to the reproduction of the gall stones. Certainly they have not given any indication of it so far. I would point out that even if this did happen, an incision through the skin, probably only half an inch deep, over the site of the old scar, would reach the gall-bladder without opening the peritoneum at all, and any reaccumulation of gall-stones might be removed without the slightest difficulty or danger. I need not point out that in the event of the operation being performed which is suggested as the alternative to that which I have described—namely, cholecystectomy—after an accumulation occurred in a case of numerous gall-stones, as actually did occur to myself where a small gall-stone lodged beyond the junction of the hepatic and cystic ducts, the operation in which the gall-bladder was removed would be of necessity fatal, because all the secretion of bile would find its way into the peritoneum. The detailed results of this operation of cholecystectomy have not been published, and what I know of them is only by hearsay, but I have a strong suspicion that the deaths in two of the cases are to be attributed absolutely to this cause. At any rate, the mortality of cholecystectomy is fifty per cent.; the mortality of cholecystotomy has not yet appeared.

The Use of Carbonate of Ammonia in Cerebral Hemorrhage, Thrombosis, and Embolism.

Dr. R. C. Van Wyck thus concludes an article in *Gaillard's Medical Journal* for August:

The advantages I claim for the carbonate of ammonia in the treatment of cerebral hemorrhage, thrombosis, and embolism are as follows:

1. As a diffusible stimulant to the general circulation, relieving the anæmia which is present in the brain, increasing the cutaneous circulation, and inducing perspiration—relieving in this way intercranial pressure.

2. By its direct action in dissolving the clot. The only agents which possess this property are the alkalies, and the most effective of these is ammonia.

3. In œdema and congestion of the lungs, so often seen in apoplexy, the use of this salt will often relieve the existing condition, partly by its stimulating action on the terminal capillaries, and also by its expectorant action on the bronchomucous membrane.

4. By keeping up the alkalinity of the blood, and preventing further thrombosis.

I do not claim this drug as a specific, but only an auxiliary to other remedies. In the treatment of a case of cerebral hemorrhage, the following would seem to me the order of treatment:

1. The prodromal symptoms which threaten an attack of apoplexy, by prompt venesection and catharsis.

2. To relieve the period of reaction after paralysis has taken place by arterial sedatives, preferably aconite.

3. To remove the exudation and all retrograde changes in the clot, anæmia, pulmonary congestion, and further thrombosis, by the free use of carbonate of ammonia.

4. To support the system by nourishing yet unstimulating diet, and by the use of medicines which nourish the brain tissue, such as syr. lacto-phosphate of lime, cod-liver oil, and the phosphide of zinc.

5. To increase the muscular development by massage-frictions, electricity, and strychnia.

The carbonate of ammonia should never be given in cerebral hemorrhage until the period of reaction has fully taken place, say from ten days to two weeks.

It should then be given continually for at least a month or more, or until the retrograde changes in the clot are accomplished.

In thrombosis and embolism if the diagnosis can be clearly made it should be given at once.

The dose used was 5 grs. three times daily in ℥ss. of the solution liquor ammoniæ acetatis.

There is one class of cases in which the carbonate of ammonia has not acted well in my hands, viz., cerebral hemorrhage associated with interstitial nephritis and hepatitis. In these cases I have had good results from the phosphate of sodium, 20 to 30 grs. three times daily, in the infusion of dandelion given after meals, and small doses of corrosive sublimate, $\frac{1}{4}$ gr. three times daily before each meal. I have sometimes combined it in a pill with digitalis and squill.

A Special Form of Numbness of the Extremities.

Dr. Robert Saundby thus writes in the *Lancet*, September 5:

"I allude to a peculiar numbness and tingling, very similar to that produced by pressure on a nerve, occurring sometimes in one, sometimes in both, upper extremities; at other times it is present in both upper or lower extremities, or in the upper and lower extremity of one side of the body. This sensation of numbness and tingling is more or less painful; it is accompanied by transient loss of power; is relieved by rubbing; occurs distinctly in paroxysms; is most apt to occur at night, when it frequently disturbs sleep; is sometimes said to be accompanied by blueness and coldness of the hand and narrowing of the calibre of the radial artery. In its minor forms it is more common in women, but the most severe cases I have seen have been in men; it occurs with about equal frequency in either arm; it is less frequently bilateral; while the paraplegic and hemiplegic forms have come under my notice still less commonly. Most of my patients have been persons past middle life, and I have never met with it in any one under twenty-five years of age. It is, in my experience, distinctly connected with disordered stomach, and readily yields to treatment directed to this disorder."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Lancet*, of London, in its "Students' Number" for the current year, recommends Napheys' *Modern Therapeutics* as one of the most valuable works on the treatment of disease which the student or young practitioner can provide himself with.

——The *Anales del Circulo Medico Argentino*, published monthly at Buenos Ayres, is one of the best conducted and neatly printed of the journals we receive from Spanish America.

——Dr. Thomas J. Mays sends us an article in reprint on the external therapeutics of pulmonary consumption. His suggestions are timely and useful.

——"Hard Chancre of the Tonsil" is the topic of a reprint by Dr. Frank Donaldson. It is a careful review of the literature of the affection.

——Dr. A. Reeves Jackson, of Chicago, in a paper before us, attacks the propriety of vaginal hysterectomy in cases of cancer. What he thinks of it may be judged from the following extract:

"Vaginal hysterectomy has sacrificed the lives of more than one-third of those who have been subjected to it—the mortality of the operation when done by those of greatest skill and experience being over thirty-six per cent.

"Other methods of treatment, attended by not more than one-sixth to one-fourth the mortality of vaginal extirpation, are equally as efficient in ameliorating the symptoms and retarding the progress of the disease; and they have been followed by as good results."

BOOK NOTICES.

A System of Practical Medicine by American Authors. Edited by Wm. Pepper, M. D., LL. D., assisted by Louis Starr, M. D. Vol. iii. Lea Brothers & Co., Philadelphia.

The third volume of this extensive and useful work is devoted to diseases of the respiratory organs and those of the circulatory and hematopoietic systems. The contributors are numerous, and include many of the most distinguished writers and teachers on their several branches. The general tone of the articles is thoroughly practicable, and contrasts strongly and favorably with the writings of the German physicians with which, in translations, our land has been flooded in the last decade. The superiority of medical practice in America as conducted by our most able practitioners is abundantly displayed in this series of volumes, and certainly in comparing it with the similar productions of either French or German writers, no unbiased mind will hesitate to award it a preëminence.

Fowne's Manual of Chemistry, Theoretical and Practical. A new American from the twelfth English edition, embodying Watts' Physical and Inorganic Chemistry. 8vo., pp. 1056. Lea Brothers & Co., 1885.

When a volume grows to have over a thousand pages and nearly two hundred engravings, the propriety of any longer calling it a manual becomes doubtful. And when we remember that this is intended for the use of students of medicine, who in their short course have to study chemistry only as one of half a dozen sciences all equally new to them, the wisdom of so largely increasing the size of a justly favorite text-book becomes more than questionable. The treatise is an excellent one; it is carefully edited and scrupulously brought down to the most recent date; its arrangement is eminently lucid; in manufacture and illustrations it is all that can be asked; yet for all this, we think that for the purpose for which it is primarily intended this edition is inferior to preceding ones. It is an error and unreasonable to swell "manuals" for students to the magnitude of elaborate treatises. To be sure, this volume contains in a sense two treatises in one; but that is no advantage to the student, but

rather the reverse. While therefore we heartily commend this publication to professional chemists, we cannot praise it in its present form as a text-book for medical students.

A Text-book of Pharmacology, Therapeutics, and Materia Medica. By T. Lauder Brunton, M. D., D. S. C. F. R. S., etc. Adapted to the United States Pharmacopœia by Francis H. Williams, M. D. Sheep, 8vo., pp. 1,085. Lea Brothers & Co., Philadelphia, 1885.

A number of years ago the author announced this work as in preparation, and the deliberation with which it has been prepared is a guarantee of its value, and may serve as an example to the many writers who are in such haste nowadays to rush into print with their ill-digested theories. Dr. Brunton has been building up the material for this volume through sixteen years of steady labor, and the result proves that this long toil was well directed. As we might expect, he has produced a work of singular merit, every page of which is marked by the results of original research, judiciously analyzed. We are not saying too much in pronouncing this treatise the most complete and valuable in our own or any other language on the topic to which it is devoted.

We should like to mention in detail some of his procedures and conclusions, but our space will only permit us to give in outline the scope of his treatise. It is divided into six sections, the first of which treats of general pharmacology and therapeutics. This is principally a study of the action of drugs on the human economy and the various methods of applying them. The second section is upon general pharmacy, where the directions are given for the manufacture of the usual pharmaceutical preparations, as mixtures, solutions, etc. In the next section the articles of the inorganic materia medica are considered, the acids, metals, etc. The fourth section is concerned with organic materia medica in a chemical sense, especially the numerous carbon compounds. To this follows a section on vegetable materia medica, the plants being arranged botanically under their classes and orders. The final section treats of the articles in the materia medica obtained from the animal kingdom, which are disposed with reference to the zoölogical kingdom to which they belong. The book is provided with several complete indexes.

It will readily be perceived that this arrangement is eminently scientific and far in advance of any fanciful arrangement of drugs under what is supposed to be their therapeutic or physiologic effects. The author is equally satisfactory in all his details, and his work is certainly destined to rank as one of the most important additions to medical literature of the period.

Von Ziemssen's Hand-book of General Therapeutics. Vol. iii. New York, William Wood & Co., 1885.

The whole of the present volume is occupied with the subject of respiratory therapeutics by Prof. M. J. Oertel, translated by Dr. J. Burney Yeo, of London, who is a distinguished English specialist on this branch. Professor Oertel is a warm adherent of most of the new devices in the therapeutics of diseases of the air-passages, and Dr. Yeo earnestly seconds him. The author, for instance, advocates antiseptic inhalations in phthisis, in diphtheria, and in whooping-cough. He accepts the parasitic nature of these diseases, and urges an anti-parasitic treatment of them. He is always in search of a theory to support his treatment, and appears often ready to adapt his treatment to his theory. Oertel is of Munich, and certainly the Berlin statistics which we have seen do not support these views we have named. Dr. Yeo speaks with some contempt of those who doubt his author's doctrines; but he can find many such persons not only in England but in this country and in Germany itself.

While there is a great deal of learning in the volume, the writer impresses us as one who is too enthusiastic for novelty, and we should advise his recommendations to be well weighed before they are followed.

Index Catalogue of the Library of the Surgeon-General's Office, U. S. A., Vol. VI. Heastie to Insfeldt. Pp. 1051. Washington, 1885.

This enormous work is progressing as fast as one can anticipate, in view of the thoroughness with which it is carried out, and the magnitude of the plan. When complete it will do away with the need of all special medical bibliographies, at least up to the present time. Its title is quite too modest for its merits. It should rather be called an epitome of all medical literature from the dawn of learning down to the present day. Were such a work undertaken for every branch of science, the advantage to students would be incalculable. So much time is lost in the search for what has already been written upon a subject that the labor of investigation is often doubled. If, on the other hand, the investigator declines to assume this labor, he is sure to prepare to that extent a superficial treatise. We trust that funds will be provided by the government for the prompt conclusion of this great work.

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HOW A CHILD BECAME INFFCTED WITH DIPHTHERIA.

It occasionally happens that a case of diphtheria occurs in a locality which has been for years apparently free from the virus. May 11, 1885, the *Medical Age* reported a case where the disease was communicated from a cat. The following, however, may explain the cause of infection in cases where it may seem absolutely impossible to discover the source of contagion:

Dr. H. Schwartz, county physician in Krenz, in Germany, writes to the *Deutsche Mediz. Zeit.*, 58, 1885, that for years there had happened no case of diphtheria in his village. May 22, this year, the eleven-year-old daughter of a respectable citizen was attacked by the disease. She was living in a large, roomy house, surrounded by many acres of woods and of cultivated land. There was no danger from drainage. The child was seriously ill; the fauces and the roof of the mouth were covered by a thick false membrane, and the kidneys became early implicated. Before the physician arrived—but since the outbreak of the first symptom—the young girl had slept with her sister in one bed, and as a consequence this sister also contracted the disease in a grave form. Both patients were at once completely isolated, and other measures were adopted to limit the further spread of the disease. This result was happily also obtained, and both patients made a slow but complete recovery.

Dr. S. tried his best to discover the source of infection, but his labors were in vain, until one day, when mentioning to the mother of the girls that animals may suffer from this malady and convey the poison to the human being, the lady told him that the daughter, first taken, had been bitten five days previously in the cheek by a hornet. A thick grayish-white scab at once formed, and fell off only the day before the first symptom of diphtheria appeared. Dr. S. had seen the sore, and also recognized it as a diphtheritic one, but had believed it to be due to some injury, and to have assumed the diphtheritic character only when the constitutional affection set in. For it is well known that in a patient suffering from

a graver form of diphtheria with decided blood-poisoning, any wound, whether made by a blister or accidentally caused, will at once develop into a diphtheritic sore and be covered with the false membrane so characteristic of this malady.

Insects have so often been proven—if not the victims—the carriers of infectious virus, that the case just quoted ought not to surprise us. We believe that not sufficient attention has been paid to this manner of infection, and that many cases, where an infectious disease seemed to have sprung up *eo ipso*, would have found their explanation in just such a way as the one described. The lesson we learn from cases of this kind teaches us at once to employ locally cauterizing and strong antiseptic measures when a wound, due to the bite or sting of an insect, assumes the least suspicious or malignant character.

THE POISONOUS EFFECT OF URINE.

Bouchard and Pouchet have demonstrated the toxic properties of the normal urine. According to Villiers only abnormal urine contains alkaloids. But that normal urine also is poisonous is no longer doubted, the question is only, what substance is this toxic property due to? Pouchet found, 1880, an alkaloid in the normal urine. Bouchard demonstrated but recently (*Deutsche Med. Zeit.*, August 20, 1885,) that alkaloids are produced in the alimentary canal, are there absorbed by the blood and then excreted by the urine. He injected normal urine into the jugular vein of a rabbit, and observed the following symptoms in consequence of the operation: Myosis, superficial respiration, muscular weakness, decline of temperature, loss of reflex excitability, torpor, and ultimately death by respiratory paralysis. He also observed, that for the purposes of a fatal effect a larger dose of urea is needed than a toxic dose of urine contains, while uric acid and all extractive constituents are innocuous. The potash-salts are neither sufficient to cause death, at least not the amount contained in a toxic dose of urine. Decolorization of the urine by animal charcoal deprived the urine of half of its poisonous effect. The toxic agent is not volatile, for the urine does not lose its poisonous effect by boiling.

Villiers made three series of experiments, one on himself, one on healthy individuals, and one on patients. Five times he found in his own urine, passed while he was in perfect health, no alkaloids, twice, when he was slightly indisposed, he discovered such. Of nine healthy individuals he found twice alkaloids in the urine, while at the slightest impairment of general health they at once made their appearance. In patients suffering from morbilli, diphtheria, pneumonia, phthisis, and cerebral abscess, he invariably met with alkaloids in the urine. The alkaloids belong probably to the class of ptomaines.

THE VACCINATION RIOTS.

The disturbances in Montreal over the introduction of compulsory vaccination have not only been disgraceful to the spirit of civilization, but they are particularly to be deplored, because they were so eminently preventable. If we tell a man that two and two make four, if he has even the slightest knowledge of addition, he will not resent our assertion, but if we ask him to accept some truth that has not been demonstrated to him as a truth, he is justified in declining to accept it.

The dogmas of hygiene are just as clear and as susceptible of proof as this simple sum in addition, but the masses of the people have not been so told. If these French Canadians had a clear and intelligent comprehension of the value of vaccination, they would welcome it most heartily; but they have been taught that disease is a visitation of God, and that when we try to prevent it, we are flying in the face of Divine Providence. Hence it is but natural that they should resent what they deem to be arbitrary and oppressive laws. It should be the duty of all who realize the value of hygiene to talk, and talk without ceasing, about its blessings. The people only need to know the easily-observed and well-established laws of preventive medicine to cause them to be universally obeyed. Let each of our readers constitute himself an apostle of hygiene in his community.

DISINFECTION WITH CHLORINE.

Chlorine is a good disinfectant and is often made use of in the interior of buildings, as in consequence of its gaseous form it may penetrate the easier every corner and cleft. Dr. Kowalsobsky (*Russk. Med.*, 45, 1885), however, has investigated the action of chlorine and made an interesting discovery. He found that chlorine by no means has an equal effect upon every article and every part of the room in which it is used. While, for instance, everything metallic showed the action of chlorine upon it, that part of a key within the keyhole evinced no sign of it. Pieces of metals pushed between books remained unaltered; the same happened with the wires inside of a piano, and a narrow blade of metal partly stuck into the upholstering of a sofa was acted upon by the chlorine only in its outer part. He further found that moths and roaches did not show the least influence of chlorine. It seems, therefore, that this gas does not penetrate into every corner of a room, and that it, therefore, cannot be relied upon as a safe disinfectant, unless the mode and manner of its application be decidedly changed—a very important observation.

Notes and Comments.

Jaundice from Arsenical Wall-Papers.

The following six cases of jaundice due to arsenic taken in by the respiratory organs, reported by Dr. Alfred Freer in the *Brit. Med. Jour.*, are worth recording, if they were only to illustrate the singular uniformity of effects produced by that poison upon the biliary ducts.

On September 20th last, he was called in to a boy and girl, aged 9 and 10, children of a gentleman lately come into a renovated and enlarged house. He found them suffering from vomiting, tenderness at the epigastrium, furred tongues, with well-marked icterus. In a fortnight they had recovered.

On October 30th, he was summoned to another boy and girl in the same family, but a little older. Their symptoms were precisely the same, and recovery soon took place after a week's bed, etc. He suspected the drains of this house (just out of a transition state) might be out of order, but could get no proof of this.

On November 13th, he was again called in to two older sisters, aged 18 and 16. They, too, presented jaundice, and all the symptoms of the other four, but more acute. Convalescence was established in a fortnight. Noticing in the dining-room a little damp on the paper, he examined it more closely. It was a provisional paper of a light blue tint relieved by white figuring. Scraping off some of this white dust, and submitting also a piece of the paper to tests, he found the presence of arsenic in a large quantity. On visiting the airy play-room where the children had of late passed more time than usual, he found the walls covered with a pale paper with white relief, but not the same as in the dining-room. Some of this he also tested, and found in it the presence of arsenic in large quantity. It would have seemed that arsenic respired is very apt to produce icterus, through tumefaction of the ductus communis at its outlet. The papers have been renewed, fresh ones supplied, and the family has continued well ever since.

A Recurrent Vesicular Eruption.

To the Medico-Chirurgical Society of Edinburgh Dr. Allan Jamieson exhibited a boy aged 12, who, since he was three years old, suffered from a recurrent vesicular eruption, affecting solely the backs of the hands, the face, neck, and ears. From October till February of each year he remained free from attacks, and could attend school. In February the crops of vesicles began to appear, becoming larger and more numerous, and the outbursts more frequent as the weather became warmer, again to decline with the diminution of temperature. He felt chilly before an attack, his face swelled and grew red, and on this isolated flat vesicles the size of a pea and larger came out. The centres of these were depressed and dark, the edges clear. Some vesicles dried up into thick crusts, others ruptured, and formed more extensive and black scabs. The usual duration of an outbreak was about three weeks, then there might be a period of intermission, or fresh vesicles might show themselves before the previous ones had finally disappeared. Smooth, white cicatrices were left by all or nearly all the vesicles, which were permanent. The disease caused no itching nor subjective sensation. It was not a lupus, as the lesions were superficial, and each self-limited. It bore more resemblance to impetigo or dermatitis herpetiformis, which recurred, but did not leave scars. No treatment had been of any avail so far. One medical man had recommended poultices of cow-dung, and bathing the

parts with cow's urine. This repulsive method had been persevered in for some time without effect. The boy's father and mother were remarkably healthy, and so were nine brothers and sisters, six older and three younger. One brother, younger, had died of inflammation of the lungs.

The Hygiene of Chronic Bronchitis.

Dr. J. Milner Fothergill thus concludes a paper in the *Med. Record*, August 29 :

"There are some points about the clothes and hygiene of chronic bronchitis worthy of mention. They are a chilly race, from impaired oxygenation and defective heat production. They are scant of breath, and cannot get about. They must be warmly clad ; yet they cannot bear any weight of clothes. Consequently their clothes must be light as well as warm. Furs in the daytime out-of-doors ; down bed-quilts for the night. Warm underclothing in the day, and a flannel night-gown. On cold nights, a fire in the bedroom is good. A respirator is invaluable for preventing fresh attacks of cold. Fifteen years' experience of a respirator has told me its value and entitles me to speak. Never mind its unsightliness ; or the remarks it may provoke on the part of the thoughtless, or even the sympathy of others. Like the gloves, it should always accompany hat and stick. If it had not been for a respirator, the writer would have been a pursy, broken-down bronchitic, instead of a well and fairly preserved man approaching middle age.

"Then, again, remember the position of the liver. Pushed out of its warm nook, thrust down so that much of it is only covered by the thin abdominal parietes, it is liable to chills. Consequently a cummerbund, or broad belt of several thicknesses of flannel, is most desirable. This protects both the liver and the kidneys. Specially is this last matter of moment where there is a gouty element in the case—a very common complication. The food should not be too highly albuminous ; and the patient ought to be encouraged to take fat as far as possible in any and every form.

"By such measures the chronic bronchitic may live on for years—practically on sufferance, *i. e.*, by taking proper care, death being the result of neglect or forgetfulness.

Hereditary Herpes Zoster.

Dr. G. A. Gibson, in bringing forward an instance of hereditary herpes zoster, before the Obstetrical Society of Edinburgh, remarked that his reason for mentioning the case was the great attention which was at present paid to the study of heredity. A gentleman, aged thirty-five, was attacked two successive autumns by herpes zoster affecting only the area supplied by a small dorsal branch of the left ulnar nerve. Quite recently he had seen this gentleman's eldest child, a little girl five years old, who was suffering from the same affection confined to exactly the same situation, and following, therefore, the distribution of the same branch of the left ulnar nerve as in the case of her father. Such an occurrence might possibly be regarded as nothing more than a coincidence, but he was inclined to regard it as being the result of a hereditary tendency. It was new in his experience, and he asked Dr. Allan Jamieson if he had ever met with a similar case.

Dr. Allan Jamieson was not aware of any similar case. Still, knowing the pathology of herpes zoster, which only affected nerves with ganglia, either at their root, or in their course, it might be that a hereditary weakness of this nature could be transmitted.

Dr. Byron Bramwell said the case reminded him of another in which for some generations several members of the same family were affected, all of them at the same age, by blindness, which was shown by the ophthalmoscope to be due to optic atrophy.

Hysteria, Anorexia, Uræmia, and Boulimia.

The Paris correspondent of the *Brit. Med. Jour.* (August 29), says that at a recent meeting of the Société Médicale des Hôpitaux, M. Debove read a memoir entitled "Hysteria, Anorexia, Uræmia, and Boulimia." He states that anorexia is frequent among hysterical patients. Incomplete anorexia provokes dyspepsia, when serious disturbance results from faulty nutrition. This condition can be cured by suggesting (*par suggestion*). M. Debove has also provoked anorexia and boulimia by suggestion. He mentioned the cases of two patients, who had fasted fifteen days without inconvenience. They drank, but did not eat. One of the patients, during the fifteen days' fast, lost three kilogrammes and 200 grammes of her weight, and the other seven kilogrammes. A man, who was induced to fast by adopting the same system, lost fifteen pounds. The urea contained in the urine of the fasting hysterical women was estimated : that of the woman who lost two kilogrammes and 200 grammes contained 7.49 grammes, normally it contained 17.65 ; that of the patient who lost seven kilogrammes contained 6.9 grammes, instead of 21.13 grammes, its

normal proportion. Among the patients who continued to drink, the quantity of the urine was not considerably diminished; but when it was suggested to them not to drink, it fell to twenty-five grammes, and the next morning to seven grammes. Hysterical vomiting has been considered as a result of anuria; but M. Debove believes it is more likely to be the cause, inasmuch as both the liquid and the solid contents of the stomach are expelled.

White Lead Paint for Erysipelas.

As a means of rapid cure, Dr. Daniel Lewis (*Jour. Cut. and Ven. Diseases*, September) thinks that nothing compares with white lead. Pure white lead paint of the shops is likely to dry too slowly, and he tells the painter to add some dryer, as in ordinary painting, which in no way changes the effect of the application.

The paint should be thicker than for ordinary use. It peels off readily when desquamation begins, even from the head, where he has often applied it.

Several instances of especial interest are noted. A man whose right ear was completely involved, was relieved at once of the burning pain, and recovered without a second application. The same rapid results have been obtained in his practice when the disease involved the nose, face, and various other parts of the body.

Being hastily summoned to a patient who was attacked with facial erysipelas, he found that the disease began thirty-six hours previously, and had rapidly spread over the entire face. The temperature was 103° in the axilla, and the pain was severe. The husband was a painter, and had the white lead paint and dryer in the house. It was thoroughly applied over the face, and they were requested to report the conition of the patient on the following day. They failed to do so, and months afterwards, when visiting a patient in the same family, he learned that the single application cured the disease.

Heredity and the Development of the Teeth.

The following are the conclusions of Alton Howard Thompson, D. D. S., found in the *Dental Cosmos* for September:

"The effects of disuse are rated as one of many pernicious influences which cause defective formation through inheritance. When so much dental defectiveness prevails, it becomes us to estimate all forces likely to contribute to it, and the greatest of these we believe to be the malign power that, through heredity, presides over formation. If heredity is strong for normal structure; if physiological perfection is exactness of detail in the copying of the type, then, indeed, must heredity be strong in its influences where there is present any evil power which detracts from or interferes with normal development. If it transmits evil as readily as good—and there is no question of this—then must we charge it with the responsibility of being the medium through which much dental defectiveness is brought down to us. If it would transmit only the good, disease would soon be eliminated in the species, but unfortunately health, unlike some diseases, is not always transmitted, and is never contagious."

Pilocarpine in Tooth Ache.

If we can relieve this distressing suffering by hypodermic injections of pilocarpine, as Mr. A. P. Kürzakoff, of Moscow, says we can, it will truly prove a great blessing. A solution of two grains of the salt in half an ounce of distilled water was used, the injection being made into the temporal region on the side of the odontalgia. In two of the cases one-eighth, and in a third case one-quarter of a grain of the salt was injected. In all the cases pain disappeared permanently in about an hour after the injection; about the same time salivation and perspiration (caused by the drug) also ceased. In one of the cases, in that of a man aged 46, with rheumatic periodontitis associated with agonizing ear ache, the injections (of a quarter of a grain) produced profuse vomiting, with cyanosis, general weakness, and drowsiness, all of which symptoms disappeared in about an hour and a half after taking twenty drops of tincture of valerian. The author thinks that this simple plan of treatment fully deserves a further and more extensive trial.

Antidote for Resorcin.

Especially in the febrile maladies of childhood, resorcin has recently been used most extensively. It is well known that tinnitus aurium, profuse perspiration, etc., occasionally accompany the action of this drug. Investigations have demonstrated the fact that these symptoms are only accidental occurrences, due to an impurity of the remedy, and that they may always he prevented by the addition of an equal quantity of salicylic acid. At times symptoms of poisoning develop after large doses of resorcin. Andeer, in the *Wiener Med. Presse*, recommends as the best antidote in cases of this kind Bordeaux or Burgundy

wine, and is of the opinion that emetics and warm baths, hitherto employed for the same purpose, are only injurious.

Cod-liver Oil Emulsion.

Cod-liver oil emulsions have been in vogue for many years, and those simply made with gum arabic, if a sufficient quantity of the latter substance be taken (℥j. to ℥j. of the oil—generally remain in the state of emulsion for a considerable time); but on the addition of salts the component substances at once separate. The *Journ. de Pharm. d'Anvers*, in a recent numer, published the following recipe for this emulsion, which is said to have been first used in England, either alone or combined with phosphate of calcium, or with phosphate of iron:

℞.	Olei morrhuæ,	620 parts.
	Gummi arab., pulv.,	10 parts.
	Tragacanth,	10 parts.
	Amyli maranthæ,	10 parts.
	Syrup. simpl.,	100 parts.
	Aquæ distill.,	500 parts.

The powders are first thoroughly mixed in the mortar, then rubbed together with the oil, after which the whole is poured into a bottle, which must be but half filled by it. Immediately after, 310 parts of water are added, and then the whole shaken for about ten minutes. Only after the complete formation of the emulsion are syrup and the remaining water added. It is said that even with the addition of various salts this emulsion remains in a good condition for a number of weeks.

Hydrobromate of Hyoscine.

With the view of testing the vaunted merits of this remedy, Drs. Frederick Peterson and Charles H. Langdon have given it an extensive and not very satisfactory trial among the insane patients at the Hudson River State Hospital. In the *Med. Record*, September 19, 1885, they recount their experience with thirty-six patients, and conclude that, as a rule, it increased excitement by continued use. It made the melancholiacs worse. It was no improvement in chronic mania, dementia, and general paresis, on chloral and hyoscyamus. It was of no value in epilepsy, but may not have been continued sufficiently long. It may prove of value in some cases of acute mania if given subcutaneously; but they doubt if it will supersede hyoscyamine.

Paracentesis in Pericardial Effusions.

Dr. D. J. Leech considers (*Med. Chronicle*, September,) that paracentesis is called for—

1. Wherever life is imperilled by the copiousness of the effusion.

2. It should be tried, even if pericarditis be not in itself dangerous, in any cases of considerable pericardial effusion in which the pulse threatens to fail, whether it be due to inflammatory or degenerative changes in the cardiac muscle, or to general debility from severe or prolonged disease.

Dysentery.

Schtechegloff and Kampf have obtained remarkably good results from injections of carbolic acid in dysentery (1:500–98° F.). These injections into the bowel are made two to three times daily, while castor oil and resorcin are administered internally.

Gonorrhœa and Chronic Vesical Catarrh.

The *Courier Medical* recommends in cases of gonorrhœa and chronic vesical catarrh the following injection:

℞.	Iodoform,	gr. xv.
	Glycerini,	♏lxxv.
	Aquæ distill.,	f.℥iij. M.

CORRESPONDENCE.

The Treatment of Pneumonia.

EDS. MED. AND SURG. REPORTER:—

When I began the practice of medicine, more than twenty years ago, pneumonia by most of our authorities was classified as a local disease. Under this teaching, I made much use of antimony, aconite, and veratrum, and I have even bled these patients. Without at present pretending to decide the question of the parasitic nature of acute pneumonia, the fact remains that pneumonia is often epidemic and at times seems to be infectious. Moreover, I have become convinced that pneumonia is a constitutional disease, an essential fever. Under these circumstances, I no longer expect or even attempt to "*abort*" the disease, but limit my efforts to making the patient comfortable, supporting his strength, and "obviating the tendency to death."

Pneumonia threatens life through the heart, whether it is weakened by the intense fever, as Juergensen says, or by the morbid influence of a parasite, as taught by Germain Seé, or both, hence I no longer use any depressing agents.

When called to a patient sick with pneumonia, I order poultices of cornmeal or flaxeed meal to be applied to the chest as hot as they can be borne. I enclose the poultice in a flannel bag, for thus a greater heat can be borne, as the poultice cools less rapidly. I keep up this application as long as they are a source of comfort to the patient; in some cases till the crisis.

I at the same time give Dover's powders to relieve pain and uneasiness, and when the pain in

the chest is severe I use morphine hypodermatically. I also give some sodic or ammoniac salts, believing that they lessen the viscidity of the sputum and facilitate its expulsion.

When the temperature rises above 104° Fah., I no longer give aconite or antimony, for fear of favoring asystolism of the heart, which I think I have seen produced by these agents, but give quinine, as an antipyretic (25 to 35 grains). Quinine guards the heart from exhaustion by reducing the temperature. I repeat the dose of quinine daily as long as needed.

When the heart becomes weak, I give alcohol in free doses; whisky and brandy, or rum, being used as the patient prefers. In children I use strong coffee, and I believe I shall use caffeine hypodermically in the future in extreme cases of cardiac weakness.

In addition to the above treatment I endeavor to support the strength of the patient by the use of hot and cold milk, meat broths, soups, etc., to which, when there is cardiac weakness, I add capsicum.

I keep the patient in bed from the beginning of the attack until convalescence is fully established.

D. N. Kinsman, M. D.

Columbus, Ohio.

The Elastic Ligature.

Eds. Med. and Surg. Reporter:—

Noticing an article in your journal, on August 8th, by Dr. J. Gilbert Young, of Philadelphia, and comments on it by Dr. E. T. Blackwell, on September 5th, and Drs. W. J. Craigen and J. C. Clancy, on September 19th, in relation to tying the navel cord, and hemorrhage therefrom, I would like you to *republish* my article, which covers the ground completely, as follows:

AN ORIGINAL METHOD OF LIGATING THE UMBILICAL CORD.

Dr. Craig details an original method of ligating the umbilical cord by a small band of India rubber, such as the stationers sell for holding papers together. He passes it four times around the index and middle fingers of the left hand; he then seizes the elastic with the index finger of the right hand, stretching it with the index fingers of both hands, and slipping the funis through, withdraws the fingers and allows it to contract upon the cord. I would add that the rubber band used by me is known as Faber's No. 20. It is well to wait until the cord ceases pulsating, before cutting it, using ordinary spool cotton, doubled several times, or narrow tape, after which the rubber band is slipped over.

The above method of ligating the cord was first used by me in the latter part of 1861, or the early part of 1862.

The article was read before the Hudson County District Medical Society, and was published in the Transactions of the State Medical Society, May, 1870.

In the twenty-three or -four years that I have used the rubber band, I have never seen a case of hemorrhage; as the cord shrinks the elastic contracts, thereby occluding the vessels and preventing any possibility of hemorrhage.

James Craig, M. D.

Jersey City, Sept. 30, 1885.

The Treatment of Constitutional Syphilis.

Eds. Med. and Surg. Reporter:—

My experience in the treatment of constitutional syphilis during the past few years has been so very limited that I can scarcely call it anything; but in the few cases that I have treated, I have seen no reason to depart from the course pursued in the twenty years' preceding practice, when my experience was large and varied. The foundation of my treatment was mercurial—using in preference the prot. iodide, as it gave me much better results than the bichloride, inunction, fumigation, etc., all of which I faithfully tested in a large number of cases. The mercurials were alternated with courses of the iodide of potash, which was always pushed to the constitutional limit. Duration of treatment, from one year to eighteen months, and longer, if indicated. Of course, due attention was paid to the tonic and hygienic indications. The results were very happy.

About ten or twelve years ago I largely specialized my practice, and since then have treated very few cases.

My experience both in private and hospital practice, has proved to me that the mercurial treatment in the hands of a man of judgment is perfectly safe, and that without it, syphilis cannot be thoroughly eradicated.

Wm. Varian, M. D.

Titusville, Pa.

News and Miscellany.

Twelve Old-fashioned Beverages.

We extract the following recipes from a curious old work entitled *The Complete Confectioner*, by a "Person, late an Apprentice to the well-known Messrs. Negri & Witten, of Berkeley Square, London, 1789." It will be observed that the processes of making are exceedingly simple and primitive.

Lemonade.—Rasp two lemons and squeeze six; put to them three gills of syrup and the rest water; taste it, and if it is not to your palate, alter it and mend it till it is right. Then strain it through a lawn sieve, and put it in your glasses for use.

Orangeade.—Take eight China oranges and rasp four of them; squeeze the eight and three lemons to the rind; put about two gills of syrup to it and the rest water; taste it, and if you find it not rich enough put some syrup to it, and squeeze more oranges in according to your palate, and if not sour enough squeeze in one more lemon; strain it through a lawn sieve, and it is fit for use.

Currant Water made of Jelly.—Take two large spoonfuls of currant jelly and mix it with a little warm water, then put one gill of syrup, squeeze two or three lemons in, and let the rest be water; taste and make it to your palate, putting a little cochineal in to make it of a fine color; strain it through a sieve, and it is fit for use.

Cedraty Water.—Take a large wooden spoonful of the essence of cedraty, put it in a basin, squeeze three lemons; add three gills of syrup, and all the rest water; make it to your palate; mind

that all the essence is melted, and if it is not rich enough put more syrup in; pass it through your lawn sieve, and it is fit for use.

Fresh Raspberry Water.—Take one pint of fresh raspberries and pass them through a sieve with a wooden spoon; put two large spoonfuls of powdered sugar in, squeeze one lemon in, and let the rest be water; make it palatable, and put a little cochineal in it to color it; pass it through a sieve, and it is fit for use.

Bergamot Water.—Squeeze six lemons, and to that add three gills of syrup, and let the rest be water; mind you make it rich before you put the essence in. When it is to your taste put a teaspoonful of essence of bergamot in; pass it through a sieve and it is fit for use.

Apricot Water.—Take two large spoonfuls of apricot jam, and one gill of syrup; squeeze four lemons, put a handful of bitter almonds pounded, and a little powdered sugar in the jam, so as to make it have the same bitter taste as the kernels of the apricots; let the rest be water, and make it palatable; pass it through a very fine lawn sieve, and it is ready for use.

Fresh Strawberry Water.—Take one pottle of strawberries, and pick the stalks from them, pass them through with your wooden spoon, and put in two large spoonfuls of powdered sugar; squeeze one lemon, and let the rest be water; make it palatable, pass it through a sieve with a spoon, and it is fit for use.

Peach Water.—Take two large spoonfuls of peach jam in a basin; put one handful of bitter almonds with a little powdered sugar; squeeze five lemons, put in two gills of syrup, and let the rest be water; make palatable, pass it through a sieve with a spoon, and it is fit for use.

Pear Water.—Get some large pears, rasp them into a basin; if your pears are large, four will be sufficient; if small, six or eight; squeeze six lemons, put in four gills of syrup, and let the rest be water; make it rich and palatable, pass it through a lawn sieve, and it is fit for use.

Cherry Water.—Take one pound of Kentish cherries, pound them in a mortar so as to break the kernels of them; take the cherries and kernels, put them into a basin, and add four gills of syrup; squeeze four lemons in, and let the rest be water; make it palatable, pass it through a sieve, and it is fit for use.

Orgeat.—Take six ounces of sweet and one dozen bitter almonds; pound them very fine, so that you cannot feel one piece of almond; mix one quart of water with them, strain it through a lawn sieve, and put one gill of orange flower water to it, and it is fit for use.

Man's Natural Tongue.

The *Druggists' Journal*, quoting from the *Chicago Tribune*, tells us that a few years ago a society of eminent men in Paris discussed the question: "What language would a child naturally speak if never taught?" The devout Catholics were of the opinion that the Hebrew language would be spoken in these circumstances.

One scientist was of opinion that some form of the Chinese language would be the natural tongue. Twenty different results were predicted. At last it was decided to test the matter, and a committee was appointed to carry out the experiment. Two infants were procured and put in charge of a deaf and dumb woman who lived in the Alps and made a living by rearing chickens and tending sheep.

The woman was given strict injunctions to allow no one to speak to these children, and, as her cottage was some miles distant from any neighbor, the circumstances surrounding the experiment were favorable.

Years rolled on and many of the members of the society had lost sight of this interesting experiment. Some members of the committee died, and there was great danger of the results of this wonderful test being lost to the world. Fortunately, two members of the committee kept faithful watch on the case, and when the children were six years old, brought them, with their nurse, into a meeting of the "savants." Every member was on tiptoe of expectation as to the result. Not one word could either of the children utter, their only form of language was a wonderfully good imitation of the crowing of a cock, of the coddling of a hen, or the bleating of a sheep. The predictions of science were totally upset by a practical experiment.

Explosive Drugs.

A list has been recently published, in the *Union Pharmaceutique*, of accidents which have recently occurred during the preparation or carriage of explosive substances used in medicine. At Strassburg, a chemist's assistant was changing some lycopodium-powder from one bottle to another; the particles that escaped mixed with the air, a jet of gas was burning, and a slight explosion occurred. The frightened assistant dropped the jar containing the lycopodium, the room was at once filled with the powder, and a violent explosion took place. Chlorate and permanganate of potash are also dangerous. M. Meyet has stated that a tooth-powder composed of chlorate of potash and cachou has been known to explode in the mouth of a person engaged in brushing his teeth. A druggist who dried some hypophosphite of lime in a receptacle containing sand was killed by its explosion. Oxalate and citrate of lime are also explosive, but only at a high temperature. Pills of permanganate of potash have been known to explode spontaneously. A mixture of perchloride of iron and glycerine exploded in the pocket of a patient who carried it. An eminent chemist at Paris prepared ozone with powders composed of equal parts of peroxide of manganese, permanganate of potassium, and pulverized oxalic acid. He took every recognized precaution, and the mixture was corked up in a bottle; a few minutes afterwards an explosion took place, and the bottle was reduced to atoms.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the weeks ending October 3 and 10, 1885.

Balhache, P. H., surgeon. Detailed as chairman of Board for the physical examination of officers of the Revenue Marine Service, September 28, 1885.

Vansant, John, surgeon. Order to New Orleans, La., revoked, to proceed to St. Louis, Mo., October 2, 1885.

Purviance, George, surgeon. To proceed to Louisville, Ky., as inspector, October 1, 1885.

Gassaway, J. M., surgeon. Detailed as chairman of Board for the physical examination of officers of the Revenue Marine Service, October 3, 1885.

Godfrey, John, surgeon. Order of September 16 amended to proceed without delay to Louisville, Ky., September 28, 1885.

Goldsborough, C. B., passed assistant surgeon. Order of September 16 amended when relieved, to proceed to Chicago, Ill., October 1, 1885.

Irwin, Fairfax, passed assistant surgeon. Detailed as recorder of Board for the physical examination of officers for the Revenue Marine Service, September 28, 1885. To examine physically, and instruct crews of the Life Saving Service, 3d District, in the method of restoring the apparently drowned, October 3, 1885.

Banks, C. E., passed assistant surgeon. Detailed as recorder of the Board for the physical examination of officers of the Revenue Marine Service, October 3, 1885.

Bailhache, P. H., surgeon. To proceed to Tuckerton, N. J., as inspector, October 7, 1885.

Austin, H. W., surgeon. To proceed to Albany, N. Y., on special duty, October 6, 1885.

Gassaway, J. M., surgeon. To examine surfmen at Ellsworth, Maine, and other ports of the First District Life Saving Service, October 9, 1885.

Vivisection in Austria.

The London *Med. Times* tells us that the Austrian Ministers of the Interior and of Education have issued a conjoint circular to the medical faculties of the empire with a view to the prevention of abuses in the performance of experiments on living animals. In this decree it is ordered:

1. Vivisection, or experiments on living animals, can only be undertaken for the purpose of serious researches, and exceptionally, when indispensably necessary, for the purposes of education.

2. Such experiments can only be performed in the medical institutes authorized by the state.

3. Only the directors of these institutes or their assistants are allowed to perform vivisections; or these must be performed under their inspection and responsibility, and only by those who have undergone scientific education (as practitioners and medical candidates).

4. The subjects of experiment must always, when it is possible without frustrating the object of the experiment, be kept in a state of deep insensibility.

5. Wherever it is possible, animals of the lower grades must be selected, and no animal of a higher species employed.

The *Wiener Medicinische Wochenschrift* protests against the prohibition of *savants* performing experiments in their own private laboratories, seeing that the character of an experiment is entirely independent of the locality in which it is executed.

Hindoo Time.

In the *Popular Science Monthly* M. L. Barre tells us that the Hindoos employed ages in the computation of time, and these, too, divided into two periods of different durations. The present age is the *kali yuga*, or the age of iron; 4,985 years of it have already passed, but its total duration is supposed to be 432,000 years. The succession of the ages, counting back, is given as follows:

Fourth age—*Kali yuga*, age of iron, or of woe (the present age), to be of 432,000 years.

Third age—*Dvapara yuga*, 864,000 years.

Second age—*Treta yuga*, or age of silver, 1,296,000 years.

First age—*Krita yuga*, age of gold, or of innocence, 1,728,000 years.

These four ages form the *maha yuga*, or great age, of 4,320,000 years. The length of a patriarchate is seventy-one maha yugas, or 306,720,000 years, to which is added a twilight period of 1,728,000 years, making in all, 308,448,000 years. Fourteen of these patriarchates, augmented by a dawn of 1,728,000 years, gives 4,320,000,000 years, which form a *kalpa*, or the *æon* of the Hindoo chronology.

A kalpa is only a day in the life of Brahma, whose nights are also of the same duration. Now, Brahma lives a hundred years of three hundred and sixty days and three hundred and sixty nights. The present epoch is the *kali yuga* of the twenty-seventh grand age of the seventh patriarchate of the first æon of the second half of the life of Brahma, who is now in his 155,521,972,848,985th spring. Yet the whole life of Brahma is only a little longer than a single wink of Siva's eye!

How to Make Gruel.

Miss Parloa's directions we note from *Gaillard's Med. Jour.* for August:

"To make flour gruel properly, you use one quart of milk, three tablepoonfuls of flour, and a teaspoonful of salt. Pour all the milk, except a cupful, into a double boiler. Mix the flour with the milk you reserved, and stir it into the boiling milk and let it cook thirty minutes, putting in the salt ten minutes before it is done. The longer milk cooks the more laxative it is. If you wish to make the gruel especially nutritious, cook a half cupful of raisins cut in two in the milk during the entire time. This drink is very stimulating, and is often given in place of wine to patients. In Indian-meal gruel the meal must always be well cooked, an hour or two being usually required. But it is better to use the very fine meal now in use rather than that milled by the old process, and always, when needed quickly, put it into boiling water at once. To make this gruel, take one quart of boiling water, two tablespoonfuls of medium meal, one tablespoonful of flour, one teaspoonful of salt; mix the meal, etc., with a half cup of cold water, and pour into boiler. Stir while it is cooking and cook not less than thirty minutes. Always keep the saucepan covered."

Testimonial to Professor Koch.

A testimonial has been recently presented to Geh. Med.-Rath Professor Dr. Koch by the practitioners who last winter attended his course of lectures on cholera at the Reichsgesundheitsamt, Berlin. It consisted of an ebony casket richly ornamented in silver, having a silver shield in front bearing

the inscription, "Dedicated to Herrn Geh. Med.-Rath Professor Dr. Robert Koch with thankfulness by his first pupils. Berlin, 1884–85." A silver plate is let into the lid on which, in raised work, is a bust of Dr. Koch, on a pedestal, against which the goddess Hygeia leans, holding in the one hand the staff entwined by the serpent, the symbol of medical art, and in the other a laurel crown. A nude child seeks to conceal itself amidst her flowing drapery, in fear of a haggard woman at the foot of the pedestal, who with a scythe in her hand symbolizes the devastating disease which Dr. Koch has chosen for the special object of his study. On either side of the pedestal are groups of palms. Professor Echtermeyer is the author of the design for this relief. The casket is lined inside with dark blue satin plush.

Typhoid Fever.

Wherever we go at this season of the year, we hear of typhoid fever. In all large cities every fall, when persons return from the country to their homes, the city sanitary officials notice an increase in the number of cases of typhoid fever. The record of typhoid fever in New York for several weeks is given as follows:

Week ending.	*Cases.*	*Deaths.*
August 8	22	4
August 15	25	5
August 22	22	6
August 29	37	8
September 5	37	10

It is expected that typhoid fever will become still more prevalent in the city until cold weather sets in. The members of the Health Department who have given much attention to the disease in other years think that many cases of the fever are imported from country districts where there is bad drainage. Other cases are caused by the condition of the city houses when the occupants return to them. In houses which are permitted to stand empty in hot weather, the water evaporates from the traps of drain-pipes and the rooms are filled with sewer-gas. Bedding and furniture become impregnated with foul air, and they are not properly disinfected when the houses are occupied. It is believed also that many cases of typhoid fever in September and October are caused by over-ripe fruits and vegetables which decay quickly and are often permitted to stand in houses over night after they have become unfit for use.

Mineral Waters of Peru.

The *Cronica Médica* publishes a series of researches by Dr. A. E. Perez-Aranibar on the mineral waters of Peru. Amongst others, he mentions the waters of Briogo, which are situated a league and a quarter from the city of Huaraz, and which contain a large amount of carbonic acid and chloride of sodium. They are recommended as digestive stimulants, also in predisposition to pulmonary affections, in rickets, chlorosis, and leucocythæmia. The author believes they would be of service in amenorrhœa. Another highly carbonated water, which contains, in addition, some iron and a trace of arsenic, as arseniate of iron, is found at Lares, in the department of Cuzco. This is largely used by the inhabitants of the neighborhood as a tonic, and is recommended in menstrual, urinary, and several other affections. Another water in which the inhabitants have great faith is that of Jesus, a league and a half to the northeast of Arequipa. It contains lime, magnesia, and silica, and though its virtues are thought by professional observers to have been greatly exaggerated by the public, they are by no means contemptible, especially in cases of urinary, uterine, and gastric affections.

The Pathological Results of Mimicking Passion.

The *Medical Record* tells us that Mme. Bernhardt has written an interesting letter in defense of the sincerity of actors and actresses, seeking to prove that many of them really enter into the spirit of their parts. She declares that Croizette, after the famous poisoning scene in "Le Sphinx," used to remain for some minutes pale and with chattering teeth; that Beaulevet always wept real tears when performing *King Lear;* and that Mounet-Sully had veritable hallucinations when acting the madness of *Orestes.* Sarah herself seems to outdo all these celebrated examples. She says: "I have never played *Phèdre* without fainting or spitting blood, and after the fourth tableau of 'Théodora,' in which I kill *Marcellus,* I am in such a nervous state that I return to my dressing-room sobbing. If I do not weep I have a hysterical fit, which is much more disagreeable to those around me, and more dangerous for the vases and other things near at hand."

A Curious Formula.

A man who had been doing business in one of the Australian colonies under a company name, engaged in the manufacture of a non-alcoholic beer, went into bankruptcy. His effects were not sufficient to cover his liabilities it appears, and the court ordered him to divulge the formula for making the beer, which resulted in the following curious statement: "Malt, hops, and salt, and made in the ordinary way of any other malt beer, except not containing alcohol. This beer was not a perfect beer at the time it was made, nor did I sell it as such, nor was it matured at the time it was made, nor can it be perfected only by a long study of the man, or gentleman, who first made it, and not by any other man in the world. That is the truth."

Chinese Materia Medica.

Dr. Kate C. Bushnell thus writes in the *Kansas City Med. Record:*

"Some of the articles of the Chinese materia medica are disgusting in composition. 'Night bright sand,' so called because it is dropped by the bat at night, when prepared for use is a dark brown coarse powder, made of bats' fæces, dirt, and other extraneous matter. It is used for a variety of troubles, among them opacities and ophthalmia tarsi. The natives profess to detect the eyes of mosquitoes, upon which the bat feeds, in this fæcal matter, and they administer them internally for eye troubles. The excreta of the common Chinese sparrow is also an ophthalmic remedy."

An Epidemic of Diphtheria.

Despatches from Huntingdon, Pa., say that the borough of Saxton, in Bedford county, is infected with an epidemic of diphtheria, which has thrown its population into a high state of terror and excitement. So many families have been stricken with the disease that vigorous measures have been necessary to keep it from spreading further. The Board of Health has adopted and published resolutions which provide that all the churches, Sunday-schools, and public schools of the borough shall be closed until the epidemic be subdued, that all the houses in which the inmates are suffering with the disease be quarantined, and that persons under the age of eighteen be prohibited from congregating or loitering in stores or public places.

Lactart.

The *Pharmaceutical Record* says that "an inquirer" writes to know what "Lactart" is, and answers, "Did he grow up without the use of the nursing bottle? If a careless nurse or attendant had him in charge, he probably received some occasional doses of a *crude* 'lactart.' 'Lactart,' however, is the purified acid of milk—lactic acid. From milk it would be an expensive process, but the ingenious chemist, Mr. Avery, discovered a way to produce this acid in a large way, and far more reasonable in expense. Its merit and utility is unquestioned, and many uses are being found for it as a medicinal and household adjunct. Several new acid syrups and summer drinks are compounded with it, and it promises to become a necessity to the pharmacist."

Oppermann's Patent Purification of Waste Waters.

The waters from manufacturing establishments are first treated with diluted milk of lime, and the liquors, after separation from the precipitate are treated with carbonate of magnesia, which throws down the lime still in solution, and this precipitate of carbonate of lime, along with the voluminous magnesia precipitate, effects a complete clearing of the water by carrying down all the impurities which are mechanically suspended in it.

Bled to Death from Biting his Tongue.

A young son of Jeremiah Sandt, of South Easton, began to vomit blood early last Saturday morning. He was well when he retired for the night. The bleeding continued despite the untiring efforts of several physicians, and the boy died Sunday evening. About six weeks ago the boy cut his tongue on a tooth by falling, and he bled nearly a week from an apparently insignificant wound.

Dr. Atlee's will.

The will of the late Dr. John L. Atlee bequathes $1,000 to the Orphan's Asylum of Lancaster; $1,000 to the Bishop Bowman Church Home, and $1,000 to St. James' Episcopal church for the support of the rector. The remainder of the estate is given to the direct heirs, Dr. Walter F. Atlee receiving the surgical instruments of his distinguished father. The estate is valued at $250,000.

Attending to New Jersey's Health.

In view of the recent outbreak of typhoid fever at the Morris Plains Asylum for the Insane, the State Board of Health met in Trenton recently to discuss several important questions relating to the disposal of sewage and the internal arrangement of sewer pipes at the institution. Their advice has been embodied in a letter to the Board of Managers.

Do Not Lick Postage Stamps.

The *Druggists' Journal* tells us that a case of poisoning from postage stamps has been reported. It seems that the gum on the back is capable of absorbing foreign matter floating in the air, which may find its way into the system through the mucous membrane of the mouth and tongue of those who lick the stamps before applying to letters.

OBITUARY NOTICES.

RICHARD McSHERRY, M. D.

Dr. Richard McSherry, of Baltimore, died in that city, October 7. He was born in Martinsburg, West Virginia, November 21, 1817. His education was conducted at Georgetown College and the University of Maryland, and he graduated in medicine from the University of Pennsylvania in 1841, He then served in the army during the Seminole war, resigning in 1843. After resigning from the army, he was appointed assistant surgeon in the navy, and served for nine years in the East and West Indies, and North and South America. In 1851, he resigned from the navy and established himself in practice in Baltimore. He was one of the founders and the first president of the Baltimore Academy of Medicine. In 1862 he was appointed Professor of Materia Medica in the University of Maryland, and in 1865, Professor of the Theory and Practice of Medicine in the same institution. He was an extensive contributor to medical literature.

Personal.

—It is rumored that Prof. Matthew Hay, of Edinburgh, has been elected Professor of Pharmacology in the Johns Hopkins University.

—Dr. James A. Armstrong, of 303 Cooper street, Camden, has been appointed district sanitary inspector by the State Board of Health for Camden, Gloucester, and Cumberland counties.

—Dr. Max Landesberg has removed from this city to New York city, where his address will be 40 West 34th street. He will be the American editor of the *Revue d' Ophthalmologie* of Paris, and would like to receive all American ophthalmological productions for notice in the *Revue*.

—Owing to impaired health, Prof. Richard McSherry will be unable to deliver his course of lectures on the Principles and Practice of Medicine in the University of Maryland this winter. His place will be filled by Prof. Chew, and the course on Materia Medica and Therapeutics will be given by Prof. I. E. Atkinson.

Items.

—Of the 697 deaths from small-pox during September, 600 were those of children under ten years of age.

—The whale is believed to live 1,000 years, the elephant 400 years, the swan 300 years, the eagle 100 years, the horse 30 years, the cow 20 years, the rabbit 7 years.

—Prof. Bartholow states that he has better results from the combination of potassium bromide and digitalis in the *spermatorrhœa* of plethora than from any other remedies.

—In cotton yarns dyed with aniline colors antimony is to be found, and, without great care in cleansing the yarn, enough may remain to prove injurious to the skin.

—Salt and vinegar, taken in moderation, promote the formation of the gastric juice, but, taken in excess, they irritate the coats of the stomach and hinder digestion.

—Montreal had dirty streets, neglected sewers, and unclean water—and now she has an epidemic of small-pox unparalleled in the history of the country. One can step from cause to effect in her case without soiling the polish on his shoes.

—The Council of the College of Surgeons, in London, have requested Sir James Paget to sit for a marble bust to be placed in some suitable position in the College buildings as a mark of their appreciation of his revision and completion of the catalogue of the pathological collection of the museum, and other important services.

—Dr. C. E. Clacius reports, in the *Chicago Medical Journal and Examiner*, four cases of diabetes mellitus, in which the administration of syzyium jambolanum (jamboe) produced a marked diminution in the amount of sugar excreted. The powdered fruit stones are to be given in five-grain doses three or four times a day.

—The *Medical Record* tells us that a writer on medical education, commenting on the popular interest in medical topics fostered by medical bulletins from the sick beds of great men, and especially on the fascination which the germ-theory seems to have for everybody at the present time, remarks that in the wilds of the West a cow-boy recently shot another for calling him a d——d microbe.

—The medical officer of the hospital at Nickolaiev, Dr. S. Stratiyevski, has just died of diphtheria, which he contracted from a child, while painting its throat. The patient coughed some of the diphtheritic material in his face. He was only ill for three days. The municipal authorities will provide funds for bringing up the doctor's children.

—An European medical man, in Cairo, who was called into a well-to do house to attend a case of puerperal fever, observed that the hands of the midwife were covered with deep cracks of a syphilitic appearance, and filled up with dirt. The same lady had attended two other labors, in which severe septic fever ensued.

—M. Terrillon's powder in phagedenic chancre is pyrogallic acid 20 parts, starch powder 80 parts. This is to be carefully mixed, used only when fresh, and kept dry in a well-stoppered bottle. In phagedenic chancre with anfractuosities and multiple prolongations, the powder is to be blown, twice daily into the depths of the wound by means of a bellows.

—It is certain that Bismarck's physician, though a charlatan, is no fool. It is related that when first presented the Prince was sick, and peevishly declined to answer questions. "As you like," said the doctor, "then send for a veterinary surgeon, as such practitioners treat their patients without asking them any questions." The Chancellor was captured.

—The *Allegmeine Wiener Medicinische Zeitung* (July 21) announces that a grave-stone exists in the church-yard of Fredericksburg bearing the following inscription: "Here lies Edward Heldon, a medical and surgical practitioner, the friend and companion of William Shakespeare, of Avon. He died after a short illness in the year of our Lord 1618, in the 70th year of his age."

—A Spanish medical journal hopes that, in view of the way in which medical men are sometimes treated by the public, other authorities will follow the example of the Mayor of Valladolid, who has issued a notice informing the people that the medical men are all "agents of authority," and that any one obstructing them will be liable to punishment.

—At a recent meeting of the Academy of Sciences, M. Tayon reported that he had inoculated himself and several of his friends with the microbe of typhoid fever. The general symptoms produced were insomnia, anorexia, pinched countenance, and liquid stools. There were, also, some local symptoms. A second inoculation, practiced after complete re-establishment, produced no effect. No comment was made, but it was left to the Academy to form its own conclusions.

—Hitherto, the course adopted by the police authorities of London for identification of the dead has been to issue a written description of the body, and have it pasted up outside some of the police stations; but instead of this, or in addition to it, it is proposed to photograph each unclaimed body prior to decomposition setting in, and have the likeness circulated and placed outside each station. The many unclaimed bodies which are continually being found in the rivers and canals, and in the streets of London and its suburbs, render some further endeavors to procure identification necessary.

—Dr. George R. Elliott, the microscopical expert in General Grant's case, has had the specimens upon which the diagnosis of "epithelial cancer" was based, carefully prepared for permanent keeping in his office. There are eighteen of these slides, which are placed in a mahogany cabinet, upon which are two silver plates, engraved as follows: "General U. S. Grant cabinet of microscopical slides, reported upon as epithelioma, February 20, 1885, by Dr. George R. Elliott. Consulting staff: Dr. Fordyce Barker, Dr. J. H. Douglas, Dr. Henry B. Sands. Dr. George F. Shrady." This cabinet is placed in a larger one made of cocobolo wood, upon which stands a bronze bust of the General.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

VERTIGO: REFERABLE TO CHANGES PRODUCED BY UTERO-GESTATION; RETENTION OF PLACENTA, A SEQUALÆ.

BY JOHN A. STAMPS, M. D.,

Of Wallaceburg, Arkansas.

C., aged thirty-five years, coarse-featured, above medium size, had given birth to four children. Labors easy; no abortions. Shortly after her fifth conception, she was attacked, while gathering wood, with vertigo so severely that she could not stand without support by clutching some firm object. This was soon followed by nausea and vomiting; then profuse cold perspiration. After one of these attacks, lasting from a few minutes to an hour or so, she would be comparatively comfortable for a period of time varying from a few days to a month (the attacks showing no periodicity), when another attack would make itself manifest, and with each recurring attack there was an increased severity of symptoms. She invariably fell to the ground or floor when not near some object from which to obtain support. This train of symptoms continued till the birth of the child, since which there has been no return of these attacks.

At about the seventh month of gestation, a tolerably copious hemorrhage occurred (the midwife thinking that labor had set in), with one or two labor-like pains. The flooding gradually disappeared, lasting one day, and there was no return of it.

About two months later, labor set in and progressed normally till the child was partially born, when all pains ceased, the midwife having to complete delivery by artificial means.

After waiting a short while for the normal establishment of the third stage of labor to no avail, the midwife proceeded to assist nature by trying the various domestic remedies so rife among them, and finally making traction on the cord, which, with an ignorant midwife, is of no avail, as they, not knowing the axis of the pelvis, render all of their force futile by pulling the cord up against the pubis. But the placenta could not be separated from its attachments, nor the uterus stimulated to expulsive contractions.

I saw the case eighteen hours after the birth of the child; found the mother very restless, with haggard expression of countenance, complaining of pain in her head and back, pulse quick and wiry, skin moistened with a clammy perspiration, and having a peculiar boggy feel. The abdominal walls were very thick from deposition of fat, and somewhat flaccid. The uterus could be distinctly made out through the thick abdominal walls as a hard pyriform enlargement on a level with or slightly above the umbilicus by an examination per vaginam. There was no hemorrhage, and had not been any worth mentioning (the midwife said), no lacerations discoverable, the os was only partially dilated, admitting of the tips of only three fingers so arranged as to occupy the least space possible; nothing more could be made out, so I now attempted expression by Créde's method, and after trying this at intervals for a number of times to no avail, I made slight traction on the cord, at the same time kneading the uterus with my other hand. After giving this a fair trial, with negative results, I gave her one drachm of fld.

ext. of ergot, and after waiting about thirty minutes, I repeated my attempts to excite the uterus to expulsive contractions, but with negative results.

As the patient had by this time become very restless and excited, begging me to do something for her, and being aware of the hemorrhage two months previously, I concluded that there had been such firm adhesions formed as to render operative procedure necessary, so I gave another dose of ergot in order to excite firm contractions in the uterus, and after making the necessary preparations, administered chloroform till she was sufficiently under its influence as to be rendered insensible to pain.

I then introduced my hand (previously washed in a solution of carbolic acid of moderate strength) into the uterus after overcoming a somewhat rigid os, and found the placenta adherent throughout its entirety to the left lateral surface of the fundus and body of the uterus. Beginning at its lower margin, I insinuated my fingers between it and the uterine walls, and soon succeeded in separating it from its attachment, still with considerable diffiulty, leaving three small pieces which were removed immediately after examining the placenta and detecting their absence.

There was scarcely any hemorrhage during the whole procedure, not more than three or four ounces at greatest, and the uterus was found shortly afterwards to be firmly contracted. I put her on quinine and ergot, and she made a rapid and uninterrupted recovery.

The peculiar features of the case are the train of symptoms, beginning with vertigo, then nausea and vomiting, and lastly profuse sweating. Let us now turn our attention to the causes producing these symptoms.

Her generative tract had been enfeebled by several years' indulgence in excessive venery (being a degraded prostitute), and the depraved state of her general system, brought about by an insufficient amount of food and raiment, only aided to lessen her resistive powers to withstand the morbid influences that might occur. Besides, M. Cazeaux has pretty well established the fact in the minds of many that there is general anæmia in connection with pregnancy, and if such a state exists in persons of a previously robust and healthy constitution, we can readily see how a train of morbid symptoms may be produced in one rendered below par by the above degrading influences.

So soon as the ovum becomes fixed in the uterus, there is a very important train of changes brought about for the well-being of the little inhabitant. All the organs of generation become surcharged with blood, this being most marked in the uterus, especially in that part to which the attachment is formed, this congestion continually increasing during the whole term of utero-gestation, stimulating and effecting hypertrophy of the tissues of the uterus. Muscular fibres which were invisible and imperfect in form now become distinctly visible, acquiring all the properties of fully developed muscular tissue elsewhere.

The nerves which before were scarcely demonstrable by any means, are developed into massive plexuses. "The nerves seemed to undergo just as great hypertrophy as the rest of the uterine tissues." [Byford's Obstetrics, p. 61.]

Dr. Lee also holds to the opinion that the uterine nerves increase in bulk, while Dr. Snowbeck says that there is no increase of nervous tissue, the increased bulk being due to enlargement of the neurilemma, which is merely fibrous tissue, and neither a generator nor a conductor of nerve force.

But be this as it may, we know that there is a rapid increase in the size and weight of the uterus, and as a result of this there is an encroachment upon the important vessels and nerves near it, and being partially walled in by the bony pelvis and with the weight of the uterus and its contents rendering all expansive efforts beyond narrow limits out of the question, there must necessarily be an amount of pressure on these vessels varying with the size and weight of the uterus, and spaciousness of the pelvic canal.

Byford writes thus in his "Obstetrics," p. 64: "Enlargement of the uterus also makes pressure upon the vessels and nerves that sometimes gives rise to inconveniences, and even diseases somewhat remote from the pelvis."

Now, as a result of the disturbed circulation, what should we expect to find? There would be (1) a disturbance of arterial tone, leading to (2) changes in the general blood pressure, resulting in (3) a disturbance of the normal flow of blood through the arteries and veins of the body at large.

M. Foster's Physiology, p. 255, says: "The normal general blood pressure, and therefore the normal flow of blood, is in fact dependent on the general tone of the minute arteries. In the second place, changes in the local tone, *i. e.*, the tone of any particular vascular area, have very decided effects on the circulation."

These effects are both local and general, as the following suppositions will show:

As long as there is a normal state of the vascular areas, viz., an equal arterial pressure, peripheral resistance, arterial tone, etc., the amount of blood flowing through one area would be no greater than that of another of equal size. But in this case the internal iliacs, and other vessels lying in close relation, became the subjects of constriction, and as a result there was an increased peripheral resistance and arterial pressure, which tended to cause the blood in the body at large to flow more rapidly from the arterial into the venous system. The constriction of these vessels, however, will prevent any increased flow through them per contra, making the flow less than before, and hence it is plain that an increased flow must take place through other channels. Consequently, we have (1) a diminished flow through these vessels; (2) an increased general arterial pressure, leading to (3) an increased flow through the other arteries.

Thus we see that the arterial tone, both general and local, is a powerful instrument for determining the flow of blood to the various organs and tissues of the body, and thus becomes a means of indirectly influencing their functional activity. We know that this tone is maintained by the vaso-motor system of nerves under the directing influences of the central nervous system. We should accordingly expect to find that the vaso-motor nerves were connected with, and arterial tone regulated by, the central nervous system, in order that the calibre of the arteries of, and the supply of blood sent to, this or that vascular area might be varied according to the needs of the economy.

Mr. Foster writes that division of the cervical sympathetic at any point in its course from the upper to the lower cervical ganglion causes dilatation or loss of tone in the blood-vessels of the head and face."

Hence the inference is that the normal tone of the arteries of the head and face is maintained by influences proceeding from the central nervous system passing through certain rami communicantes into the cervical sympathetic, and ascending to the head by that nerve, or in other words the vaso-motor fibres of the head and face may be traced down the sympathetic to the lower cervical ganglia, and thence by rami communicantes into the spinal cord.

Now, the most natural interpretation, therefore, of the vaso-motor action in this case, is to suppose that the normal tone of the arteries of the head and face is maintained by tonic constrictive impulses of a certain intensity, which pass from the central nervous system along the sympathetic, and that dilatation of the same arteries is due simply to a diminution or absence of these constrictive impulses.

Now to turn our attention to the uterus, we know that the pressure exerted by it and its contents on these vessels was sufficient to interrupt the normal tone of the arteries of the body, and thus interfere with the normal circulation of blood through them, also that the pressure on the veins brought about deleterious effects, by preventing the proper elimination of waste materials, as the following will show:

The return of blood through the emulgent veins is retarded and the renal capillaries distended by this pressure, preventing the functional action of the kidneys, and thus urea and other excrementitious substances are imperfectly eliminated from the circulation, and according to Frerichs the urea is changed into ammonia carb., and this circulating through the nervous centres very greatly increases their excitability. The pressure exerted on the sacral nerves, with the morbid changes that existed in the blood, brought about by the impaired general health and the other changes already spoken of, were sufficient to set up a morbid excitability of the central nervous system.

Byford writes thus in his "Obstetrics," p. 66: "The blood is not as rich in red globules as in ordinary health, and there are more salts, and water, and effete substances in it during pregnancy than in health."

M. Foster also writes, p. 263 of his "Physiology," that "it is more than probable that many substances introduced into the blood from natural or morbid changes affect blood pressure by acting directly on the nervous centres."

Now, as the nervous centres were continually exposed to these morbid principles, when once the requisite amount of irritation was produced, a discharge followed in the form of the symptoms already spoken of.

Thus, the inference is clear that in this case the impulses passing along the vaso-motor fibres, which kept the arteries of the head and face in a state of moderate tonic constriction, failed, and there was a morbid state set up either in the form of dilatation or constriction.

Foster says in his "Physiology," p. 260, that "the condition of the central nervous system seems to determine whether the reflex effects of the vaso motor fibres are in the direction of constriction or dilation."

I am not prepared to say positively which one

of these effects was produced, as vertigo not unfrequently attends anæmia and loss of blood on the one hand, and cerebral congestion and inflammation on the other.

But from the fact that there was a disturbance of the circulation in the lower extremity, which lessened the amount of blood flowing through these vessels, thus necessarily causing an increased amount of blood flowing through the vessels of the upper extremity, and from the fact that an attack was not unfrequently brought on by stooping over, thus encouraging an increased flow of blood to the head, I am led to believe that the vertigo was due in part to temporary congestion. By referring to Byford's "Obstetrics," p. 65, you will find the following: "All this pressure upon the arteries of the abdomen preventing so much blood from being distributed by them, causes more fluid to be sent through the carotid and vertebral arteries to the brain inducing unusual repletion of the vessels of the brain, and the consequences not unfrequent in the latter months of pregnancy, such as vertigo, etc.

Well, now, if this state of affairs could be induced in the latter months of pregnancy from the pressure alone, we can readily see how an amount of pressure not nearly so great would produce the same effects in a subject whose nervous centres were already in a state of morbid excitability due to the blood changes produced by bad hygienic surroundings, etc. The next symptom, vomiting, was certainly of nervous origin, for it occurred only at the times that she had an attack of the other symptoms. The impulses acting directly on its centre, which is situated in the medulla oblongata, or through the central nervous system, excited first nausea, and then copious vomiting of the contents of the stomach. The last of the symptoms produced was copious perspiration, which occurred immediately after the vomiting, and was certainly due to impulses conveyed to its centre, if any exist, and from the following one would reasonably suppose that one exists in the medulla, or it has a marked influence over this secretion.

Nawrocki, who found that the reflex excitation of sweat by stimulation of the central sciatic failed when the spinal cord was divided below the medulla, believed that a general sweat-centre was situated in the medulla; and to still further strengthen his views, Ott found that stimulation of the medulla excited active secretion.

Foster, page 499, of his Physiology, writes: "We are thus led to speak of sweat-centres analogous to the vaso-motor centres, as existing in the central nervous system; and, as in the case of vaso-motor centres, a dispute has arisen as to whether there is a dominant sweat-centre in the medulla oblongata, or whether such centres are more generally distributed over the whole spinal cord."

Besides this, the changes in the arterial tone, bringing about dilatation of the cutaneous vessels and an increased flow of blood through them, would act as a prolific cause of exciting perspiration, for we all know that when the vessels of the skin are dilated, as after some unusual exertion on a warm day, that the secretion of sweat is abundant. Hence, it is clear to my mind that these various phenomena were produced by first a morbid excitability of the central nervous system, brought about by the stimulating effects of pregnancy upon a nervous system already enfeebled by excessive venery, general blood depuration and an excessive indulgence in smoking.

B. W. Richardson writes thus: "That the blood is made thinner and the red blood-cells become oval and irregular at their edges, and instead of having a mutual attraction for each other—a good sign within certain limits of their physical health—they lie loosely scattered; it is impossible to say much in favor of smoking when the disease called vertigo is mentioned. I have undoubtedly known, in examples of extreme indulgence, the confusion of vision and ringing in the ears, accompanied by symptoms of giddiness and unsteadiness, commonly known under the name of vertigo."

But this was only one of the several causes producing these phenomena, as there was a total abstinence from smoking during the last three or four months of pregnancy with the hope of being benefited, but with very slight, if any, amelioration of the severity, and none as to frequency of the attacks.

Mr. Richardson says: "It is marvellous to observe how quickly the blood will regain its natural characteristics on removal of the poison. One day of abstinence is often sufficient to permit the poisons to escape, and to restore the fluid (meaning blood) to its natural conditions."

Besides, she had been an inveterate smoker for years before the conception, and had never suffered from the above symptoms till after the conception.

The hemorrhage which occurred two months before confinement could not be traced to any appreciable violence, as she said she had sustained no injuries whatever, and had not exerted herself in any way, and it had been two days since she

had experienced one of those vertiginous attacks, and being near a chair did not fall, as she succeeded in taking a seat before the attack had reached its maximum intensity. We are consequently led to the conclusion that from some deficiency of attachment a portion of the placenta was separated from the uterine walls, affording a means of escape to the blood, and that the detachment extended over a very limited area, as the hemorrhage lasted only one day, and was very slight after the first few gushes, and ceased spontaneously, and that this was followed by a low form of adhesive inflammation, resulting in the formation of adhesions between the placental and uterine surfaces. Retention of the placenta may be due in part to one or more of the following causes:

1. Atony of the muscular coat.

2. To morbid adhesions between the placenta and uterus.

3. To irregular uterine contractions.

Of the causes, I think two, the first and second, can reasonably be applied in this case.

1. Atony of the muscular coat is due to loss of tone in the muscular fibres.

Thomas, page 51, of his Diseases of Women, writes: "The tone of the uterus, that is its muscular strength and power of resistance, is decidedly affected by the want of sufficient nutritive material," and in this case there was not only an insufficient amount of nutritive material, but she also lacked a good supply of clothing, and her sexual organs were reduced to a low state of vitality by the excessive amount of irritation she had subjected them to.

M. Foster writes thus: "After prolonged artificial excitation of a muscle within the body the exhaustion is accompanied or rather followed by histological changes of the nature of degeneration."

A muscle, even within the body after prolonged action, is fatigued, *i. e.*, a stronger stimulus is required to produce the same contraction, in other words, its irritability is reduced by functional activity.

Now, from these facts and the fact that all pains ceased before the child was born, and the uterus could not be excited to expulsive contractions any more, we would infer that there was a state of atony, and from the fact that a hemorrhage occurred two months before labor, and that the placenta was so firmly adherent to the uterine walls that it required some force to separate it, we would certainly not deny that there had been adhesive inflammation between the two structures.

AN UNUSUAL CASE OF FRACTURE OF THE FOREARM.

BY WALTER H. PARCELS, M. D.,
Of Lewistown, Pa.

On the 4th of September, E. M., a young man æt. 17 years, tried for the first and last time to make a car coupling. The "bullnoses" caught the right arm just above the wrist-joint, while the "deadwoods" secured a good hold just below the elbow. I saw him about two hours after the accident. He had not yet fully recovered from the shock. The hand and arm were cold, having been for an hour or so wrapped in a towel wet with ice water. Much swelling already existed, which greatly interfered with a proper examination, but I persevered in spite of the obstacle. I found excessive mobility and crepitus just above the wrist-joint. Both bones were fractured at this point and somewhat comminuted, but just how much comminuted I was unable to determine. The flesh covering the bones was severely contused. At the junction of the middle and upper thirds of the radius and ulna the flesh was also severely contused, but the bones at this point were apparently uninjured. There was no injury to the arm whatever above. The pulsation of the radial artery was very distinct, but no pulsation of the ulnar artery could be felt. I placed the forearm in splints, and warned by the rapidity of the swelling, applied the bandages much more loosely than I usually do in such cases. Took a look at the arm three hours later, found my dressing already too tight, the arm swelling as rapidly as—I was about to say—a moistened sponge-tent. Re-applied the dressing, allowing room for any continued swelling which might occur. This was late at night. The following morning the arm presented a most unusual appearance. In point of size, it certainly would rival the arm of the fat woman at the circus. The swelling had extended upward nearly to the shoulder. I abandoned the splints, and placed the arm upon a pillow. Saw patient again at noon. Found now that the swelling included the shoulder. The swelling of the forearm had not increased any, probably because the skin could not stretch any more. The following day Dr. Hurlbut saw the case with me, and coincided with my view that the conservative plan of treatment ought to be continued, and in all probability a useful arm would result. Cloths wet with tincture of arnica and whisky had been constantly applied since placing the arm upon the pillow. In a couple of days more, large blis-

ers, some containing possibly half a drachm of bloody serum, formed over the forearm.

On the inner side, large sloughs were forming, the outer side being *completely* covered with these blisters. The swelling now extended upon the trunk, reaching nearly to the sternum. The blisters were punctured, and large quantities of serum escaped, but there was no diminution of the swelling. Five or six days later I felt that a crisis in the case had been reached, and now, what should I do? A great portion of the inner aspect of the forearm was black, while the remaining portions of the entire forearm presented one continuous raw sore from the bursting of these blisters.

Morphia had been given to control the pain thus far, and the whisky and arnica cloths had been exchanged for dressings of carbolized cosmoline. I had the young man also on quinia in good-sized doses and tinctura ferri mur. The pulse was strong and 120, while the temperature was 102° to 103°. The sensation of the fingers was good. The denuded surface of a portion of the outer part of the forearm had a pinkish hue, but there were spots which looked dark—almost black. The color of the hand, which was also swollen to the utmost capacity of the skin, was not very promising. The color of the skin above the elbow was none too good. Was this gangrene? Should I amputate? If so, where? At what point will the line of demarcation probably form? The case had much the appearance of a compound fractured leg which I saw many years ago. This leg was under the charge of a justly eminent surgeon, who said: "While those islands of healthy skin remain, I still have hopes of saving the limb." But the gangrenous tide would not recede, the islands were soon submerged, and five or six days later, Death, with his relentless scythe, severed the last lingering hopes of the surgeon and the earthly hopes of the patient. However, there was nothing for me to do but wait. Two or three days later, I discovered on the inner and anterior aspect of the arm, above the elbow, a spot which seemed very tender and somewhat soft to the touch. Applied flaxseed poultice, and the following day plunged in the lancet. About three ounces of bloody pus escaped. Next day there was much less swelling of all the parts above this point. The tide had finally begun to ebb. The sloughs soon began to separate, and great quantities of bloody pus escaped. From this time on the case continued to improve.

The whole forearm seemed a mine of pus. I promptly opened the abscesses as rapidly as they formed. In about seven weeks I found that union of the fractured bones had taken place. The size of the wrist was enormous, owing to the great amount of callus thrown out. The shoulder and elbow were all right, wrist joint stiff, fingers benumbed and nearly motionless. Pronation and supination were also lost. The abscesses were still discharging large quantities of pus. Massage was soon begun, and also passive motion. At the end of six months the discharge of pus had finally ceased. The proper motions of the wrist joint had been restored, as had also pronation and supination. The arm seemed quite straight, the callus had been absorbed until the wrist was no larger than it should be. The fingers and thumb could all be bent, but not voluntarily. The thumb and first two fingers seemed to be partially paralyzed; the others were all right. Massage was continued.

Now, at the end of a year, the arm is weaker than the other, and there is some little atrophy of the muscles of the forearm. The motions of the thumb and first two fingers are still somewhat impaired, but the trouble seems to be at the extremities only. The grip with the whole hand is good. He has been working for two or three months.

What made this great swelling? Why was there so much pus discharged? I think that a blood-vessel was ruptured, and as there is no pulsation of the ulnar artery now, I think here lies the secret.

A NEW HIP SPLINT.

BY GEORGE R. ELLIOTT, M. D.,

Instructor in Orthopedic Surgery at the New York Post Graduate Medical School.

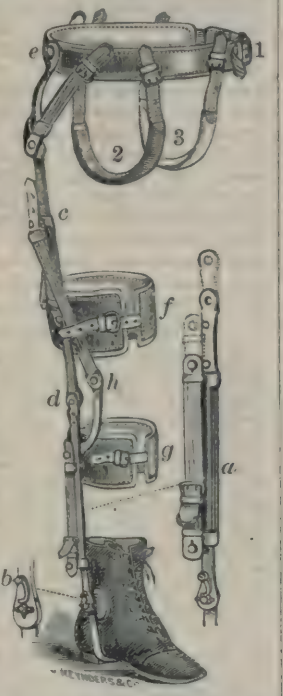
The accompanying cut illustrates a form of splint for treating hip-joint disease, which I have devised with the object in view of permitting a certain amount of motion in the chronically inflamed joint, thus hastening the reparative process, at the same time rendering thorough support and protection to the disabled part, as evidenced in the complete relief of the patient's suffering.

To Dr. Milton Josiah Roberts is due the credit of clearly bringing before the profession this method of treatment, suggested some years ago by the veteran orthopedic surgeon, Dr. Davis.

This instrument is intended to meet the same indications for treatment as Dr. Roberts' long elastic tension splint, which has inside thigh and leg segments, and the mechanism he employs I have largely utilized in its construction. My

aim has been to reduce the mechanism necessary to accomplish the object sought after to the minimum, and to make an apparatus so simple that any one, without any special mechanical knowledge, can use it. Once applied, it will retain its place as perfectly as any fixed appliance.

An abdominal band (Fig. 1) is firmly fixed to the pelvis by means of perineal straps (2 and 3). To this band is attached the main shaft of the splint (at *e*) by a joint permitting flexion and extension within certain limits. The opposing end of the splint is attached to the shoe, and the latter firmly secured to the leg by means of adhesive plaster. Now, any mechanism which will push the attached shoe from the abdominal band will exert traction upon the limb. This is accomplished by thigh and leg segments, each segment being made up of two bars, one of which slides upon the other, the traction agent being adjustable elastic straps acting upon the bars as shown in the cut. Free motion is permitted at the ankle-joint, so constructed that the shoe or splint respectively can be removed without disturbing the other. At the knee, also, free motion is permitted, controlled by elastic straps. Motion at the hip-joint is under absolute control by means of elastic straps passing from the thigh segment to the abdominal band. The joint (*d*) is a stop-joint preventing the instrument from being hyper-extended, and the bands (*f* and *g*) are firmly buckled about the thigh and leg just above and below the knee-joint. The posterior one-half of these bands is composed of steel. By means, then, of the stop-joint (*d*) and the half collars (*f* and *g*), the elastic straps utilized in exerting traction are prevented from throwing the instrument out of the mid-plane of the thigh and leg.



The merits claimed for this splint are :

1. The satisfactory manner in which it meets the therapeutical indications for treatment.
2. The simplicity of its mechanism.
3. Its easy method of application.
4. Ready manageability.
5. Comparative inexpensiveness.

The excellent results obtained by the use of this form of apparatus in the treatment of a large number of cases at the clinic, and the satisfaction reported by several physicians who have used it, I offer as my reasons for bringing it before the notice of the profession.

105 *Madison Ave.*

Hospital Reports.

NOTES FROM THE PRESBYTERIAN HOSPITAL OF PHILADELPHIA.*

Service of Dr. W. G. Porter.

Effusion Around the Knee.

This man, of good habits, with no history of disease, was kicked on the left knee by a mule, since which accident he has had various troubles with the knee; a year ago he was compelled to relinquish his duty for two weeks, with something like his present trouble. Five days before admission, while running, he fell, striking on the left knee. The next morning it was swollen and painful. There is effusion *about* the joint, but not into it. The patella is hard on the condyles, while the effusion bulges up around the patella. Fluctuation is very evident. The joint is painted with tincture of iodine and lead-water and laudanum applied. Twelve days later he is discharged cured.

Fracture of the Sixth Cervical Vertebra.

An Irishman of intemperate habits, when drunk, fell ten feet down a stairway and struck the back of his head, about the apex of the occipital bone. When admitted to the hospital (at 6:30 a. m.) he was still under the influence of liquor, and there was only a slight abrasion of the scalp, no other external evidence of injury. His pulse was 66, respirations 22 and quiet; the pupils were contracted, and fæces passed involuntarily. There was retention of urine so that the catheter had to be used, and some vomiting. He complains of pain in the head and neck when he is moved. Motion and sensation in the lower extremities and in the body, as high up as the clavicle, are wanting. He can move both of his arms, but sensation is here impaired. He lies drowsy and stupid, with the penis semi-erect. The next day his morning temperature is 97⅘°, and in the evening it ascends to 101°. The succeeding day it is 100° in the morning and 101° in the evening, while the pulse is 72. He now complains of great thirst, but is otherwise comfortable; lies most of the time quiet and drowsy. The urine is drawn off four times to day. The abdomen is becoming tympanitic, so much so that ten grains of assafœtida is given in the evening. His diet is confined to milk and beef-tea, and he is given five drops of

* For these notes, taken from the case-book of the hospital, we are indebted to the courtesy of Dr. Greenawalt, the resident physician.

tincture of capsicum as often as he will take it. Motion and sensation is now entirely lost in the parts supplied by the ulnar nerve, while it is retained in those parts supplied by the median and radial nerves. He had one involuntary stool during the night. The next day there are no new developments, and his evening temperature is 100⅘°. The following morning his temperature is 101°, pulse 76, and respirations 38. There is now less power of motion in the arms; the abdomen is very tumid, and he is given an enema of turpentine, which affords some relief; the rectal tube is introduced and a little gas escapes. During the day he has his milk as usual, and at 8:04 p. m. is found dead in bed, four minutes after taking nourishment without difficulty. From the beginning his breathing was solely diaphragmatic. At the *autopsy*, it was found that both laminæ of the sixth cervical vertebra were fractured, the line of the fracture being downwards and inwards; the spinous process and one half of the posterior arch were separated from the body. The right transverse process of the sixth cervical vertebra was fractured at its base, as was also the left transverse process of the seventh. The posterior common ligament was ruptured, together with the inter-vertebral substance between the sixth and seventh vertebræ. The anterior common ligament was ruptured opposite the body of the seventh vertebra; the meninges were engorged with blood, while the cord and nerves were swollen and completely filled the vertebral canal.

Platypodia.

A tank-worker on the railroad first noticed a soreness about his feet coming on gradually; there was then swelling and signs of inflammation about the ankle, with pain on walking. His foot began to be everted, and the plantar arch was breaking down, while both ankles became enlarged, and the external malleoli became unduly prominent, while the internal malleoli could not be seen above the surrounding swelling. The tarsus was loose and joint crepitus could be readily elicited. When walking, the weight of the body was thrown on the outer side of the foot. He was put to bed, and massage and electricity were used. Six days later it is noted that there is less pain. One week later it appears that the right foot does not respond to the electricity as well as the left, but the feet are gradually assuming their normal shape. Four days later we find the muscles on the inner side of the leg stronger, and they respond readily to the faradic current. The next day a wad of oakum is placed beneath the arch of the foot, and he is allowed to get out of bed: the arch is greatly restored when he does not rest his weight on it. Sometime later he is discharged somewhat better.

Paralysis of the Abdominal Muscles.

This man, who is a moderate drinker, had syphilis ten years ago. He was struck with a club on the right side of the abdomen six hours before admission. When standing, it is seen that his body inclines to the right, while his hips remain in their normal position. The abdomen on the right side seems to be distended. When he is placed upright and support is removed he immediately inclines to the right. There is no pain save at a small point in the back, and no wound or contusion. Sensibility is good all over the abdomen. The bowels are regular and urination normal. Pulse 120, temperature 101°. He was discharged cured by electricity and massage after three days.

Gumma of the Scalp.

This temperate man of fifty has a history of syphilis. Three weeks before his admission he had a boil on the top of his head, which was opened. Three days later there was an erysipelatous swelling, the scalp was boggy, and the connective-tissue about the face was infiltrated. His temperature was normal. He was given the tincture of the chloride of iron, twenty drops every three hours, and lead water and laudanum was applied to the scalp. The eyelids were brushed down with carron oil. An abscess having the appearance of a gumma now forms on the scalp. He is given iodide of potash, twenty grains thrice daily. A viscid, colorless fluid is discharging from the abscess, and two weeks later the bone is denuded. An incision is made, and the wound packed with lint. One week later dead bone is removed from the cranium, the wound heals, and he is discharged cured.

Partial Paralysis of Right Arm.

A moderate drinker, aged twenty-eight; eight years ago dislocated his hip, which was never reduced. He has had small pox, typhoid and intermittent fever, and acute and sub-acute rheumatism. Two weeks before admission, he was thrown off a cart, which passed over his neck and arm. He was unconscious for an hour, and when he recovered, could not use his fingers, though he had power in his arm; this defect was most marked in the right hand. Sensation was greatly impaired, most markedly so on the ulnar side. The lower limbs were all right. The muscles of the back of the neck were rigid, more especially so on the left side, and there was a swelling on the left side about the site of the second cervical vertebra. The pupils were unevenly dilated, the left being the larger; he is constipated and urinates frequently. He was rubbed with soap liniment over the injured surfaces, and discharged, cured, after two weeks.

Contraction of the Flexors of the Leg.

Six years ago, in this boy, aged ten, there was some swelling and some stiffness in the right knee. It got gradually worse, and after six months, the other knee became similarly affected. The knees gradually became flexed until they became stiff and fixed at right angles. One year ago he had a great stiffness of the neck, with pain in the head, neck, and arms, which subsequently disappeared. Massage was tried at first, but did not do much good. One month after admission, extension (weight of five pounds) was placed on each leg and continued all day for five days. This produced a marked improvement, but was too painful to be continued, so that the weight was reduced to two pounds. This extension was then given up, for a plaster dressing, which was kept on for a month without any improvement, when forcible extension was again resorted to. The left leg can now be flexed until the heel touches the nates, and the right also, but with greater difficulty. The left leg can be *extended* to an angle of 160°, and the right to 140°. Forcible extension is now applied each morning. Later, he is put to

bed and a weight of one pound is attached to each limb, which is soon increased to three pounds, while the foot of the bed is elevated six inches so as to make counter-extension. After a while the weight is increased to four pounds and is kept on nearly all day, being removed at night. There is now marked improvement, and the weight goes up to five pounds on each leg; then to seven pounds, and he is allowed up and out in the air for a while each day. He gets a headache and some fever (temperature in the evening 102⅔°) which is readily controlled by twelve grains of quinine.

We are passing through March now, and the little fellow gets pneumonia of the lower lobe of the right lung. He is given a jacket poultice, two drachms of whisky in five ounces of milk every two hours, beef-tea thrice daily, and carbonate of ammonia (five grains); mist. pot. citrat. (f. ʒss.) and quinine (two grains) every four hours. After the pneumonia is conquered, the weight is increased to eight poounds, and sand-bags are placed on the knees. Three weeks later, it is noted that his evening temperature is still abnormally high, going up to 99½°; there is dullness over the two lower lobes of the right lung, posteriorly, and there are mucous râles. The chest is painted with tincture of iodine, and he is given iodide of potash, three grains thrice daily, increasing it one grain daily. Under this treatment the lung clears up. He is now etherized and forcible extension of the legs made, which is followed by a straight posterior splint on the left and a Stromeyer splint on the right leg. Massage is daily resorted to. He now walks on crutches; can stand alone, and take one or two steps forward without aid. His recovery is perfect, and about eleven months after admission he is discharged with both legs straight and useful.

Epithelioma of Lip.

This farmer (aged 50) was always unusually healthy. His mother died of cancer, and his uncle, on his mother's side, had a cancer removed from the lower lip, and it has not returned. Fourteen months ago he was cut by a barber on the lower lip on the left side, near the angle of the mouth, ever since which time he remembers that there has been a purple spot there; afterwards he burnt this spot with a cigar. This small lump began to grow; for the first year it grew very slowly, was not very painful, and did not ulcerate; but for the last two months it has grown very rapidly, has become ulcerated, but has not been very painful; it *stings* a little. It covers the lower lip from the median line to an inch beyond the angle of the mouth, down to the symphysis and back to an inch beyond the corner, along the ramus of the inferior maxilla. It is ovoid in shape, like a large hen's egg, and projects one and a half inches above the surrounding surface. The external surface is nodular, bleeds, and is very foul. It has no connection with the bone. It is removed by a triangular incision, the flaps being dissected far enough down to form a lip, and the edges are brought together with hare-lip pins. There is a great deal of hemorrhage in the operation, which is controlled by the pins. Discharged cured.

Rupture of the Spleen.

This man was brought into the hospital at two o'clock in the morning, having been caught between the bumpers when coupling cars. He is rational, but suffering very greatly. There is no external wound, save a slight cut on the back of the head. No contusion of the abdomen and no ribs broken. His pulse is 80, and weak; respiration normal. Morphia was administered to relieve the pain, and a poultice was applied to the abdomen. At 10:15 his pulse is 160, and his respirations are 40; he is in a condition of most profound collapse, but his mind is clear. Temperature is 101°. He dies at 11:45 a. m. The autopsy (seven hours later) shows the abdomen distended, the pleural cavity full of blood; no laceration of the lung tissue, though both of them are congested. Peritoneal cavity full of blood. On the convex surface of the spleen there was a transverse rupture, through the capsule and well into the substance of the gland; the concave surface is disintegrated and covered with blood-clots. The upper third of the spleen is torn completely off, and found lying loose in the abdomen, with large clots all about it.

Fracture of the Olecranon.

This man fell on a railroad track, striking hard on the elbow. The olecranon process of the right ulnar is fractured transversely, but there is very slight separation from the bone. When the arm is extended and the fragment pressed down, crepitus is easily elicited. The arm is extended on a straight splint, adhesive plaster being used to keep the fragment in position. Three weeks later passive motion is commenced, and seventeen days thereafter it is noted that there is good union—if not bony, certainly very firm fibrous union. He is discharged with very good motion.

Necrosis of Sternum and Ribs.

Three years ago a swelling commenced across the chest under the clavicles in this man, aged 53, and in a few months it began to discharge pus, and so continued for a year. It then healed up, and remained so for nearly a year, when the discharge began again. The bone was scraped at another hospital. He denies all history of specific infection. There are three or four sinuses which open externally opposite the upper part of the sternum and the second ribs, and through which can be detected with a probe the denuded periosteum. He is ordered,

℞. Hydrarg. chlor. corros.,		gr. j.
Pot. iod.,		ʒ vj.
Syr. sarsap.,		
Aquæ.	āā	f. ʒ jss. M.

S.—f. ʒ j. thrice daily.

The sinuses are syringed out with carbolized water (1-30), and dressed with iodoform ointment. After four months of such treatment he is discharged slightly improved.

Lacerated Wound of Scrotum, with Retraction of the Testicle.

This little boy, aged eight years, fell astride of a pump handle, tearing open the right side of the scrotum; the tear made two flaps, one turning outwards, the other inwards. The right testicle could nowhere be felt, though the finger could be passed up to the external ring. The wound

was closed with silver wire sutures, lead water and laudanum dressings used, and the boy was soon discharged cured. The testicle could be felt, from the outside, in the inguinal canal.

Compound, Complicated, Comminuted Fracture of the Humerus.

He fell under the wheels of a locomotive cab, and they passed over this man's right arm. There is very little shock. The bone is shattered in the upper third, and the soft tissues are lacerated in many places. Half a dozen pieces of splintered bone, some of them as large as a walnut, could be taken away. The fracture is about in the middle of the upper third, and the laceration of the soft tissues, which encircles the arm, is so extensive that the arm is only held on by skin. The brachial artery is not injured. The arm was amputated (the brachial being first ligated) two inches below the articulating extremity, and upon examination of the fragment left, it was found to be split. There was considerable hemorrhage from the medullary cavity, which was controlled by pledgets of lint. A drainage tube was inserted, and modified Listerian dressing used. Carbolized lint (1-40 or 1-30, after washing with a 1-30 solution carbolic acid). His highest temperature was on the third day, when it reached 103⅘°, but was reduced by sponging with alcohol and water. He was given four grains of sulphate of quinine thrice daily, and twenty drops of the tincture of chloride of iron. At night he was given thirty grains of bromide of potassium, and in two months and a half was discharged cured.

Aneurism of the Subclavian.

This man is a moderate drinker, and he had syphilis four years before his admission. Nine months before, he commenced to experience pains in his arms, but was otherwise well; there was considerable numbness, with aching in the arms. About four months later he first noticed a tumor or swelling above the clavicle, which soon attained the size of an orange. The right arm is colder than the left, and is bluish, especially if held dependent. The only pain complained of is a slight one in the shoulder. He was ordered rest in the horizontal position, and a milk diet. He was also given twenty grains of iodide of potash four times daily, and eight ounces of shot was placed over the tumor. Twelve months later, it is noted that he is very weak, his tongue is coated, and he complains of pain in the stomach and right shoulder. He is given one-quarter of a grain of calomel every two hours during the day, followed by citrate of magnesia. The tissues over the latissimus dorsi are swollen and infiltrated. The iodide is stopped, and he is allowed a more liberal diet: beer, chicken soup, and milk punch, and he is kept quiet in bed. The swelling grows red and he dies suddenly, having been bright and talkative a few minutes before.

Angeio-Leucitis of Right Leg.

This patient was admitted to the hospital with great pain in the groin, extending down to the foot. There is a blister on the little toe, and from this point bright red lines extend across the foot and up the inside of the leg. These lines are tender and painful, while the glands in the groin are swollen and tender. The entire limb is bathed in lead water and laudanum, and in four days the patient is discharged cured.

Swollen Testicle.

One year ago this man was kicked in the groin, and four weeks later his left testicle became painful and commenced to swell, attaining the size of an egg in the course of three months. Five weeks ago he received a fresh injury, when the testicle again began to swell and was painful, becoming as large as an orange. There is fluctuation, but the skin of the scrotum is not red. Under the use of equal parts of mercurial ointment and belladonna, the swelling diminished to below its original size before it began to swell the second time.

Fracture of the Clavicle.

This boy fell six feet from a fence and fractured his clavicle at about the junction of the middle and outer thirds. The arm was placed in position and bandaged, and he was discharged three weeks later with some very slight overlapping.

Contusion of Arm,

While coupling cars, this man's arm was caught between the bumpers. He was brought to the hospital at once, with a greatly swollen and painful arm, but no fractures. An apparatus was arranged by which cold water was constantly dripping on the arm, and he was discharged cured, without the supervention of any complications, eleven days after admission.

SERVICE OF DR. DE FOREST WILLARD.

Fracture of the Base of the Skull.

This man (aged 40), who is of intemperate habits, fell, while drunk, from a hay-loft, fifteen feet, striking head-first on cobble-stones. When brought to the hospital, he was suffering from the combined effects of liquor and shock to such an extent that it was impossible to determine how much of his condition was due to the accident. He was bleeding from the nose and the left ear, and there was an extentensive sub-conjunctival ecchymosis of the right eye. His pulse was slow and regular, respiration normal, and there was apparently no paralysis. The pupils were sensitive to light, and he had perfect control of his sphincters. There was a cut three-quarters of an inch long in the right temporal muscle, two inches above the ear, and it extended down to the bone, but it did not seem to be fractured. There was also another cut, in a line with and one inch in front of the external auditory meatus, but this cut does not go to the bone. He has pain in the left forearm, but there is no fracture. As soon as the effects of the liquor wear off, he becomes delirious, and continues in a state of low muttering delirium for a week. The diagnosis is made of a fracture at the base of the skull. On the fourth day the temperature began to rise, reaching 103⅘°, and for seven or eight days it continued high, after which it gradually fell; the pulse was never over 108, and the respirations were always normal. The scalp-wounds were laid freely open, and counter-openings were made to give exit to a little burrowing pus. In ten days all brain symptoms are gone, and the scalp wounds are healed. An enormous abscess now develops on the right forearm, extending from the hand two-thirds up the forearm. It was opened in sev-

eral places and great quantities of pus evacuated. The scalp-wounds are opened again (they re-suppurated) and dressed with carbolized water, and poultices are put on the arm. The radio-ulnar ligament becomes somewhat disintegrated, so that there is free joint crepitus and almost dislocation on pressure. He is given tincture of aconite and tincture of belladonna, of each one drop, and sulphate of morphia one-thirty second of a grain every three hours. Besides this, he receives iron, quinine, and whisky, with ice-bags to the head. Three months later a piece of one of the carpal bones, that has become disintegrated, is removed, and one month later he is discharged cured.

Compound Fracture of the Astragalus, with Luxation of the Astragalo-scaphoid and Astragalo-calcaneous Articulations.

This young man (aged 24) fell twenty feet from a roof, striking on his feet on a loose brick. He did not lose consciousnes, there was very little hemorrhage and no shock. The external wound was on the inner side, just in front of the malleolus, and was three inches long. The joint was opened, and the end of the tibia projected through the wound. The astragalus was dislocated from the os calcis and the scaphoid, and projected through the wound. The astragalus was removed, as well as the fragments of the other bones; a counter-opening was made on the other side of the foot, and a drainage-tube inserted. The posterior tibial artery was slightly injured, but was not torn across. The limb was dressed with boro-glyceride, and put in a plaster case. The next morning this case was removed, re-applied, and left on for a week. About this time profuse secondary hemorrhage occurred, which was controlled by pressure. On the third day the temperature went up to 103⅗°, pulse 88, and respirations 27; the temperature never went any higher, but it varied a great deal, always being two degrees higher in the evening than in the morning. Four days later there was another hemorrhage, which was controlled by pressure; and still another one week later, when the posterior tibial artery was tied in the wound. He now improves slowly, the pus assuming a more laudable character. The wound is syringed with boro-glyceride, and later on packed with dry oakum. He is given iron, quinine, whisky, and morphia for the pain. Three weeks later there is slight necrosis of articulating surfaces. Two weeks later pus burrows some up the leg, and it is put in a plaster splint. Six days later he sits up in a chair, and four weeks later he is discharged with the wound practically closed.

Spontaneous Dry Gangrene of Toe.

This man (aged 42), who is a moderate drinker, commenced to experience pain in the left side of the left foot, and his little toe became black. The pain grew worse, and the nail was removed. Sharp, lancinating pain then spread over the ankle. The gangrenous portion of the toe was removed, and a laudanum poultice applied. Later the end of the bone became exposed, and the toe was removed at the metatarso-phalangeal articulation. The glands in the groin now became enlarged. Mercurial ointment was used, and after six weeks he was discharged cured.

Medical Societies.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Meeting of September 28, 1885, the President, Daniel Lewis, M. D., in the chair.

The gentlemen filling the offices of President, Vice-President, Secretary, Assistant Secretary, and Treasurer, were renominated.

Gonorrhœa in Women.

Dr. A. F. Currier read a paper on this subject, and referred to an article published in the *New York Medical Journal*, January 10 and 24, 1885, for a fuller exposition of his views. In the paper he expressed the opinion that gonorrhœa in women was more common than the profession supposed, and for this reason he desired to call special attention to it. Regarding the etiology, he reviewed the recent investigations, especially by the Germans, going to establish the gonococcus as the cause of the inflammation. He then named the agents which Oppenheimer had found most destructive of the gonococcus, and also the effects obtained by himself in treatment with different agents. Oppenheimer had found solution of corrosive sublimate one of the best germicides in this disease; but treatment with it had not been so satisfactory in the hands of Dr. Currier as with the use of glycerin and subnitrate of bismuth. Particular care should be taken to reach all parts affected by the disease and which were liable to be overlooked. He thought the urethra was less frequently implicated than was generally supposed. He believed a permanent cure could be effected, for dead germs would not reproduce themselves. But so far as he knew, reinfection was always possible. Regarding diagnosis based on discovery of the gonococcus, it would, perhaps, not be practical in general practice, but would be of important aid in reaching correct conclusions in cases at law.

The paper was discussed by Drs. H. T. Hanks, H. J. Garrigues, H. J Boldt, Messenger, Lyttle, and the author. In general, the speaker thought various agents would prove efficacious in the treatment of the disease, particularly solutions for the ballooning of the vagina, as corrosive sublimate, etc., and cotton-pads containing glycerin, with some medicament. Some thought the glycerin itself was probably the active agent when it was used as a vehicle for another remedy.

The Treatment of Leprosy.

Dr. G. H. Fox read a paper with this title, in which he spoke against the custom of leading the leper to suppose his condition to be surely fatal, and of further depressing his mental state by exclusion from respectable society or by strict confinement. Mental influence had much to do with the cure or prevention of cure of disease. He then related the case of a missionary to the Sandwich Islands who contracted leprosy, and whose symptoms almost completely disappeared under hope of cure and the use of chaulmugra oil.

The gentlemen who took part in the discussion, Drs. Fuller, A. J. Moore, J. C. Peters, and H. G. Piffard, generally expressed the belief that where large numbers of lepers were found the disease

had proved incurable, notwithstanding they had many liberties and a comfortable asylum. But intervals of improvement often took place. Dr. Piffard had found benefit in all cases treated by him by the administration of nux vomica and chaulmugra oil, alternated.

NEW YORK ACADEMY OF MEDICINE.

Stated meeting, October 1, 1885, the president, A. Jacobi, M. D., in the chair.

The president read an address in which he pointed out the work to be performed by the Committee on the Collective Investigation of Disease, appointed by the International Medical Congress at Copenhagen, and requested the assistance of the profession in this country. The tendency shown by some physicians to seek notoriety in the public print was condemned. The explanatory clause concerning the code of ethics of the American Medical Association, framed at the New Orleans meeting, was compared with the article relating to consultations in the New York State Society code; the difference between the two he thought not to be great.

Obscure Cases of Weak Heart.

Dr. R. Van Santvoord read a paper in which he reported four obscure cases of weak heart, and gave conclusions. In none of the cases were there distinct signs of valvular lesion, nor of grave chronic renal trouble; in one there was enlargement of the heart. In one the diagnosis was made of weak heart following a severe attack of pneumonia, which occurred two years prior to Dr. Van Santvoord's visit. In another, the patient was addicted to alcohol in excess, and took but one meal a day. In another case the weak heart and dyspnœa followed an attack of measles. In three of the cases there was reduplication of either the first or second heart sounds. The author regarded the simplest explanation of the many which had been offered for this phenomenon to be, that reduplication of the first sound was due to a synchronism in the contraction of the ventricles, and of the second sound to asynchronism in the closure of the aortic and pulmonary semi-lunar valves. The presence of reduplication of either the first or second sound occurred sufficiently often in grave cardiac lesions to demand a careful study of the case. Reduplication of the second sound might be due either to derangement of the nerve apparatus, or lesions of the muscular fibres of the heart, which causes contraction of one ventricle to be a little shorter than that of the other, or to disturbances of the relative amount of resistance to be overcome by the respective ventricles. As to weakness of the first sound, it was obvious from a study of the sphygmographic tracings in these cases that the peripheral resistance to the circulation had as much influence as had the power of the ventricular contractions. Also, in studying the significance of a strong or weak second sound, we should take into consideration both the arterial tension and the form of ventricular contraction.

As to the treatment, in some of the cases reported caffeine was of benefit, after digitalis had been used without effect. Perhaps this contrasted effect was due to the slighter influence of caffeine upon the vaso-motor apparatus. The greater safety and more rapid action of caffeine would render it preferable to digitalis in heart failure from acute diseases or primary degenerative process of the cardiac muscle. The soluble and stable combinations of caffeine with salicylate or benzoate of sodium he preferred to the insoluble and unstable citrate.

The paper was discussed by Drs. J. C. Peters, L. Weber, E. D. Hudson, J. P. Garrish, A. H. Smith, Fruitnight, and by the author.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Surgery and Pathology of Tenesmus of the Rectum.

Dr. J. Headly Neale thus writes in the *Lancet*, January 10, 1885:

A short time ago, attention was called in a contemporary journal to the treatment of the spasmodic contraction of the sphincter ani by digital dilatation, a *modus operandi* concerning which most of our standard surgical text-books afford but scanty information. Maissonneuve was probably the first to bring it into notice; and Holmes, in the last edition of his "System of Surgery," speaking of an "operation that has lately been recommended in France," condemns it as "unsurgical," at the same time admitting the evidence of its success. So far back as 1877, we find Erichsen, after recommending the trial of belladonna by suppository, which at best could only relieve symptoms without removing the cause for this distressing complaint, writing thus: "Should these means fail, the patient must be anæsthetized, and the sphincter forcibly dilated with the surgeon's fingers." As "nothing succeeds like success," the following particulars of a case I was asked to examine with a view to operative interference may be of interest.

Mrs. F——, wife of a well-to-do farmer, aged fifty-nine, nulliparous, stout, florid, and of a sanguine and neurotic temperament; menopause came on in the forty-ninth year. About eighteen years ago, a tumor, supposed to be ovarian, appeared in the right iliac region, freely movable, and about the size of a fœtal head. It subse-

quently disappeared, and no trace of it now remains. The family history is good. Beyond a dyspeptic tendency, the occasional occurrence of piles, and of slight attacks of bronchitis in the winter months, the patient has always enjoyed good health, until about fifteen months before the date on which I saw her; when the bowels began to act irregularly, defecation becoming both difficult and painful. The abdomen was greatly distended with flatus, which, however, was scarcely ever passed per anum. There was a continual desire to go to stool, sometimes recurring a dozen times a day; the attempt frequently proving abortive. The motions when passed were of a "flattened, tape-like character;" small doses of aperient medicine were constantly required, and the pain and difficulty in defecation increased. The patient's distress from distension, and what she termed a "growing up of the bowel," was so great that she consulted her medical adviser, who resorted to daily digital dilatation, and ordered warm water enemata to be frequently administered. This course of treatment in a measure relieved the condition; but, as the patient began to look forward to the daily manipulation with much dread, a more detailed examination under anæsthesia was recommended; and for this purpose I attended in consulation with her regular medical attendant. I first made a digital examination per vaginam, and found the os uteri normal and of the usual nulliparous character. A most unaccountable fold of mucous membrane high up in the vagina apparently divided that cavity into two compartments, and offered distinct resistance to the exploring finger. Passage of the sound showed the uterine cavity to be normal both in size and axis, thus negativing the existence of a uterine origin for the disease. The patient was then anæsthetized, and a most careful examination of the rectum both digitally and by the speculum was made, but not the slightest trace of either ulcer or fissure could be found. Around the anal orifice, however, and for some distance above were visible numerous polypoidal extrusions of old and absorbed piles.

Anæsthesia being complete, two, three, then four fingers, and afterwards the whole hand as far as the knuckles, were introduced into the bowel. There was free, but at no time alarming, hemorrhage. Soon after returning to consciousness, the patient passed a perfectly natural motion, the result of an aperient injudiciously taken the night before. A warm water enema was then administered and a quarter of a grain of morphia suppository passed into the rectum. Twenty four hours after the operation the temperature rose to 101°, the bowel was then irrigated with a solution of hyposulphite of soda (a drachm to the ounce) and another suppository administered. The temperature speedily fell to, and afterwards remained at, the normal standard, the patient making an uninterrupted recovery.

The points of interest in this particular case were: (*a*) the presence and subsequent disappearance of an abdominal tumor in a highly neurotic female, suggesting the query, Was it of phantom origin, or was it a myoma undergoing spontaneous involution at the climacteric period? (*b*) the absence of any fissure or ulcer, or (*c*), of any uterine mischief to account for the painful symptoms; and (*d*) the presence of the sites of old and absorbed piles. Among the pleasing results of the treatment may be noted the complete cessation of these symptoms; the patient's intense satisfaction at once more being able to pass natural motions without pain; and, lastly, her uninterrupted recovery from the operation.

As regards the pathology of spasmodic contraction of the rectum and sphincter ani, where an ulcer or fissure exists the cause is not far to seek. The peripheral end-organs of a highly sensitive and complex nervous mechanism are exposed by a raw surface to the stimulus (whether mechanical or chemical) of the intestinal contents passing over them, and an inordinate contraction of both voluntary and involuntary muscular fibres is the result: but where no such evident cause exists, and nothing is to be observed save the "reliquiæ" of old and absorbed piles, we have to resort to a hypothesis for an explanation of the condition. The following appears to me to be a feasible one. On the occurrence of a pile, with its extravasation of blood, there is considerable distension of the submucous tissue; and just as inordinate distension of subcutaneous tissue by deposition of fat is followed on the disappearance of the latter by cicatrization and the formation of "lineæ albicantes" (a condition I have frequently observed in nulliparæ of an anæmic or chlorotic tendency), in like manner may not the absorption of the clot in a pile be followed by submucous cicatrization, involving the aforesaid peripheral nerve-endings, and inducing a condition of hyperæsthesia, on the application of a stimulus, such as the presence of fæces in the rectum? We should thus have an explanation of the "flattened tape-like" fæces; for, with the desire to pass a motion, volition is called into play for the inhibition of the sphincter; this is modified by the inordinate reflex contractions, and the balance of power in the combat results in a narrrowing of the orifice, and consequent moulding of the fæcal matter. By dilating the parts we resort to a process of nerve stretching, releasing the peripheral nerve-endings from their constricting environments, thus rendering them less amenable to the action of a stimulus, and leaving the voluntary inhibition of the sphincter to assert its mastery.

Hysterical Ischuria.

Dr. William Frew thus writes in the *Glasgow Medical Journal* for September:

The subject of observation is a married woman, the wife of a coal miner. She is now 34 years of age, and has been married for 17 years. She is the mother of seven children, four of whom are alive. Her father died about middle life, dropsical (cause unknown). Her mother, who is completely blind on account of infantile cataract, is at present the inmate of an asylum. She had one brother who also died dropsical and blind (not from cataract, so that it was probably Bright's disease). She has two brothers alive and well. The patient herself enjoyed good health up to the time of her last confinement in the autumn of 1879. Her mother, who had resided with her till within a short period of the confinement referred to, had for some time been showing signs of mental aberration, which gave the patient a great deal

of anxiety. In some of her previous confinements she had had rather troublesome post-partum hemorrhage, but the confinement referred to passed off naturally, and she appeared to make a good recovery. About three months afterwards I was asked to see her on account of leucorrhœa, and on examination discovered an endocervicitis and endometritis. The uterus was enlarged, tender to the touch, and there was some degree of prolapsus. This condition of matters proving very refractory to the usual remedies, local and general, I sent the patient to Glasgow to see Prof. Wallace. She remained under his care for a short time and returned somewhat better. This improvement, however, proved only temporary, and although by careful attention she could be kept in a somewhat better condition, the tendency was for the disease to become as bad as at first whenever treatment was relaxed. With the return of menstruation, too, menorrhagia set in, occasionally to an alarming extent, and the necessary abstinence from local treatment at these periods (which recurred frequently and were very prolonged) tended to aggravate the disease. The patient was gradually getting into a nervous and desponding state about her condition, in fact, becoming somewhat hysterical. There was also present tympanitic distension of the abdomen, with irregularity of the bowels and ovarian hyperæsthesia. She could hardly be persuaded that the abdominal distension was not a dropsical condition, and was evidently alarmed about it. She solicited to be sent to the Edinburgh Royal Infirmary, where I obtained admission for her to Professor Simpson's ward. She remained under his care for several weeks, but returned very little improved, and was soon as bad as ever. Further symptoms also developed. Hysteroid epileptic attacks occurred generally at the menstrual periods, but sometimes when laboring only under mental excitement. These were preceded by intense cephalalgia, insomnia, and high arterial tension. She complained also of dimness of vision, and latterly, on a particular day, about two and a half years ago, of having passed no urine for two days and of inability to do so. On examination of the abdomen, it was apparent that there was no great distension of the bladder, and being very loth to begin the use of the catheter with such a patient, I encouraged her to try and void it naturally. Next day, however, she complained so much of the pain that I was obliged to use the catheter, and, to my surprise drew off not more than six or eight ounces of very dark-colored urine. (For some time, however, I had been gradually becoming suspicious that she had fallen a victim to what Charcot says is a common failing in such cases, viz., indulgence in alcohol, asserting that it was the only thing which at times induced sleep. I have no doubt but that this had exercised a very injurious influence on the uterine condition, and also accounted to some extent for the non-success of treatment). Since this period (2½ years ago) ischuria, with the retention of urine, has been an almost constant condition with her, and associated with this are frequent attacks of diarrhœa and vomiting. I have never been able to detect any urinous odor in the matters vomited, nor has she ever had vomiting of large quantities of fluid such as Charcot describes. The diarrhœa, when present, however, is of a very liquid character, and is undoubtedly of a vicarious nature. For some time, I was considerably alarmed about the suppression of urine, and thought that some very untoward event must happen as a consequence. I tried all the commoner forms of diuretic remedies with little or no benefit. The only medicine which I thought really exerted some slight beneficial effect was a 1 per cent. solution of nitro-glycerine, given at first in 1 or 2 min. doses, and latterly 5 min. doses, 3 or 4 times a day. Nitrate of sodium was equally beneficial. These were indicated by the presence of very high arterial tension. As time passed, and the condition of the patient did not seem to get any worse, I began to look about for some explanation of this very peculiar state of matters, and almost by chance came upon Charcot's lecture referred to, and which, I need hardly say, relieved my mind greatly. At the present time she is in better health than she was twelve or eighteen months ago, being able to move about a little and attend to some of her household duties, while at that time she was almost constantly confined to bed, and was having hysteroid epileptic attacks very frequently. I have examined the urine again and again, expecting to find some evidence of kidney disease, but up till lately no trace of such could be detected. It is usually, but not always, of a rather high specific gravity and of a dark color, and in one specimen recently obtained I found a slight trace of albumen, but no tube casts. I believe the albumen on that occasion was the result of a period of over-indulgence in alcohol, as it has since entirely disappeared.

Ox-gall in the Treatment of Typhoid Fever.

Dr. George G. Van Schaick thus writes in the *Quarterly Bulletin of the New York Post-Graduate School* for August:

I have for some time past experimented upon the use of ox-gall in typhoid fever, with what I believe to be very promising results, and although the cases I have treated by its use are but three in number, the very pleasing effects I have observed after the employment of this substance, lead me to wish for a further trial, and in other hands.

The idea of using ox-gall in typhoid came from a close study of the symptoms and of their causation, and I am well satisfied that we have at hand a remedy calculated to let the disease run its course in a mild form, and to remove the chief symptoms which go so far towards making the disease the dangerous and severe one we have hitherto observed.

I do not believe that any drug we can give, in any way, in typhoid, is able to modify, to any great extent, the inflammatory processes at work upon the agminated and solitary glands of the intestines, and therefore the treatment upon the whole has been symptomatic, and has aimed at reducing the temperature, at diminishing the rapidity, and increasing the force of the cardiac action; at improving the mental disturbance, and at reducing the amount of tympanites.

The primary cause of these symptoms, I think, is due to the parenchymatous metamorphosis induced chiefly in the liver. Of course such change is known to occur also in the myo-cardium, the

kidneys, and the gastric glands; but I think that the hepatic trouble gives rise to a majority of the disturbances. This change evidently causes a very serious diminution in the hepatic secretion; hence a very imperfect digestion and an absence of the great disinfectant of the intestinal canal. For this reason we get the decomposition giving rise to the tympanites; we get the absorption of its products, giving rise to a poisoning followed by high temperature and mental disturbance.

I do not by any means, therefore, think I am guilty of exaggeration when I say that the chief accessory lesion in typhoid fever is the hepatic derangement, and I think that if we can eliminate this and its results, we will very much diminish the severity of the disease by confining it chiefly to the intestines. These ideas, if correct, would of course lead one to suppose that if so much trouble is due to the absence of a sufficiency of bile, we should replace it as well as possible, and I have therefore employed the best substitute I could find, namely, pure ox-gall. Of course, it is at once objected, that it is impossible to give a patient an amount of bile corresponding with the quantity of its daily secretion; we must, however, bear in mind that the quantity required is very much less than in health, the patient being only fed upon milk and fluid diet, which probably require but a small amount of biliary fluid. Moreover, there is a certain amount of bile secreted during the disease, and a fairly small quantity added to this may make up the desired amount. The drug certainly has this effect to a marked extent in other diseases, and I must say that my attention to its use in typhoid fever was called chiefly after observing the excellent results obtained by Professor Porter, in his clinics, in all cases where it seemed that there was some temporary hepatic trouble, giving a lessened bile-production, and consequent disturbances much less in degree, but somewhat similar in kind to those observed in the digestive derangements of typhoid fever.

He uses pure ox-bile from the slaughter-house, in doses of from 15 minims to ʒj. in gelatine capsule, frequently repeated. He concludes by saying:

I think that I have reason to be fully satisfied as to the use of my remedy in these cases, and am anxious to give it further trial. Of course, it can be combined with the other methods of treatment, and I shall endeavor to try it further in respect to proper doses, to the best time for administration, and so on. I have not used any of the pharmaceutical preparations of the substance, as the "*Fel Bovinus exsiccatus*," but intend doing so, though I hardly expect as good results from its use. In giving the bile, it should be exhibited in divided doses fairly frequently; patients seldom find any objection to its use. In my second case, when I gave large doses, the patient complained a little of some eructations; but, on the whole, this was of no importance.

Of course, I do not expect this mode of treatment to be always successful; I do not even think it may make any very decided difference in the mortality, though I believe it will make some. I, indeed, remember full well the unfortunate proclivities of new remedies, in being far more successful at the hands of their originators than at those of others; but at the same time I think a good deal of good can be done with it. I believe that the temperature can be kept lower, that the heart's action will be more even and forcible, and that many symptoms will be improved materially. I do not doubt that some cases may be found that will not support the drug, and in a few it may prove a failure, but I think its use may do some good in many cases.

An Interesting Case for Diagnosis.

Dr. Herbert J. Capon thus writes in the *Lancet*, August 22, 1885:

On February 5, 1884, I was called to see E. F——, aged fifty-three, a widow, the confidential servant of a family in whose employ she had been for over eighteen years. She gave the following history: Had never been ill before to the extent of requiring medical treatment, but for the past few weeks had had an increased pressure of work, chiefly in superintending and assisting in getting her mistress's town house prepared for an expected accouchement, which had taken place a few days before my visit. On the day above mentioned, however, she had hurried a little extra with her work, which necessitated her going several times to the top of the house (a high one), and had then walked rapidly to the Great Western Railway Station to meet a train. On arriving on the platform she was suddenly seized with a severe pain in the epigastrium, which "doubled her up" and caused her to feel faint and sick. She did not vomit, but was so ill as to require removal home in a cab. The pain increased and extended to her left scapular and clavicular regions. Too ill to walk, she was carried upstairs and put to bed. Her bowels had acted twice in the morning, normally. Her breakfast had been taken in the usual way, and consisted of two slices of bread and butter and a cup of tea. She was of spare build, active in mind and body, cheerful, and, as I have said before, had had no necessity for medical consultation. I found her lying on her back, with her knees drawn up, face anxious, pinched, and pale, with a cold, clammy skin. Pulse 108, small and regular; respiration 24; temperature 97.0°. Tongue clean; perfectly conscious; pupils equal, normal. Complained of much pain in the epigastrium, which was very sensitive to slight, but less so to deep pressure. A well-marked pulsation was visible in this region, and marked dullness extending towards left hypochrondrium, covering a space as large as one's hand. Auscultation revealed a very distinct blowing bruit, systolic in time, heard most plainly immediately over the aorta, diminishing in intensity towards the left side; heard slightly opposite the tenth and eleventh dorsal vertebræ, totally distinct from the heart-sounds, which were normal, as was also the site of the apex impulse; lung-sounds normal. I placed her on ten minims of tincture of opium every three or four hours, and ordered linseed poultices with laudanum to the epigastrium.

February 6. Tongue coated with slimy fur. Thirsty. Temperature 100°; pulse 120, small. Bowels not open since yesterday. The abdominal bruit has disappeared. Great tenderness still ex-

ists over epigastrium and upper part of left chest. Has taken beef-tea and ice. On palpation the dull portion seems to contain fluid. On this occasion she was seen in consultation by Dr. George Johnson. We concluded she was suffering from an undiscovered abdominal aneurism, which had ruptured through a part of its coat and become diffused. The same line of treatment was persevered in. At 10 p. m. the pain was less. Pulse 132, more feeble; temperature 100; respiration 34, shallow. Still quite conscious. Evidently sinking.

The patient died at 8 a. m., on February 7.

An inspection of the abdomen was made on the 8th, when the following condition was disclosed: In the peritoneal cavity was found small portions of ill-masticated orange-peel (we afterwards ascertained she had sucked an orange and eaten some of the peel), with some flocculent particles and brown-colored fluid (doubtless nourishment taken during her illness). On opening the stomach a perforation at the base of an ulcer, as large as a florin, through which one could easily pass the little finger, was observed just below the cardiac orifice on the front surface of the organ, while immediately opposite was another ulcer about the same size, which, however, had no perforation. The intestines and other abdominal viscera were not removed, but were apparently normal. The aorta and vessels were natural.

The Treatment of Cholera.

Thirty years' experience in India, where there is always more or less cholera, and the passing through two terrible epidemics, certainly are warranted to entitle a man to speak with some considerable authority on the question of the treatment of cholera. Dr. R. Pringle thus gave his views to the last meeting of the British Medical Association:

After seeing the sad results of the alcoholic stimulant treatment, and of that by opium, I have come to the conclusion that the action of alcohol on the circulation in the brain interferes with the natural power of rallying from the stage of collapse, and that narcotics, if absorbed at all, only tend to deepen and to lengthen into the sleep of death the stage of collapse. Carbonate of ammonia in full and continuous doses, with sulphuric and nitric ether in camphor mixture, administered in the way alcoholic stimulants are given, combined with hot frictions and sinapisms, to restore, if possible, the capillary circulation, have proved, in my experience and practice, the most successful line of treatment, and one which cannot be charged with interfering with the natural efforts towards recovery; * for in India I have seen, on the roadsides leading to Juggernauth, numbers who have recovered, and have started to continue their journey, without either treatment or care of any kind whatever, after having been left by their companions as dead, or to die. Iced drinks, in my opinion, should never be given, for the body is cold enough from the specific action of the cholera-influence on the system; and when thirst, a constant symptom, is complained of, water at the temperature of the air should be given; and, for the violent retching and ineffectual attempts to vomit, copious draughts of tepid water. All the patients who have recovered, when questioned, alluded gratefully to the quenching of the thirst, and it seems hard to suppose that this is not an indication of the natural line of treatment.

The measure of measures when the disease is present in a locality, is to allay the fear caused by the too generally accepted belief that cholera, like small-pox, is both infectious and contagious. Let this belief be once thoroughly shaken, and we shall then have the most powerful agent possible to aid in nursing the cases of the disease. The only possible source of danger to nurses or attendants arises from the risk of over-work, and consequent exhaustion, and the possibility of thus suffering from diarrhœa or dysentery; in which state of health they should neither nurse nor attend on cases of cholera, as I am convinced, from what I have seen and heard, that, if nurses or attendants be seized with the disease while carrying on their duties, it will be found in most cases to be due to this; and this circumstance should be judiciously communicated to all whose duties require them to attend on cases of cholera.

From all my experience, I am quite satisfied that cholera is neither contagious nor infectious, in the sense in which these terms are applied to diseases such as small-pox and other eruptive fevers generally.

Nursing is the sheet anchor, and should be persevered with in the stage of collapse, till death has, without doubt, claimed its victim. I saw a soldier who had been put into the stretcher with the pick-axe and spade to be buried when the column halted in its march from Saharanpur to Chuckrata in 1879, and who was sitting up when his companions came to bury him.

* Cholera Stimulant Mixture.—Carbonate of ammonia, ten grains; sulphuric ether, twenty drops; nitric ether, thirty drops; camphor mixture, one ounce. Dose for an adult, half an ounce to one ounce; proportionate doses for children.

A Second Case of Pleural Effusion Containing Numerous Crystals of Cholesterine.

Dr. T. Churton thus writes in the *Brit. Med. Jour.*, August 29, 1885:

George J., aged thirty-one, a laborer, only five feet two inches in height, but of square and sturdy build, with deep chest and strong limbs, dark brown hair, grey eyes, of quick and active manner, was admitted into the Leeds Infirmary on May 7, 1885. He complained of some cough and expectoration, frequent chilliness, and slight debility. On examination by the resident medical officer, Dr. Griffith, the usual signs of pleural effusion were found on the left side, and thirty-four ounces of fluid were withdrawn by aspiration. This fluid was of a cream color, was faintly alkaline, specific gravity 1021; it had a greasy appearance in thin layers. It contained a comparatively small number of granular leucocytes, many of them apparently undergoing degeneration; and a very large number of sharply-defined crystals of cholesterine. He had already given the following history: Two years ago, he was in another hospital, with "consolidation of the lung," for eleven weeks. He was blistered under the left shoulder-blade. On leaving the hospital he went to work; but he had ever since been subject to

colds, accompanied by cough; and, though he did not admit that he had lost strength, yet he had not been quite so well during these two years. His present illness began three weeks ago, with slight shivering and chills. In two days, pain in the left side compelled him to leave his work: but he resumed in a day or two, and remained at work until his admission. In reply to further questions, he stated that, ever since his illness two years ago, he could not run up-hill, nor, indeed, at all, without getting very short of breath.

Upon this, I came to the conclusion that the source of the cholesterine crystals in this case was similar to that actually found in the case read by me at the Clinical Society three years ago; namely, that there existed at the lower part of the pleural sac a layer of cells, the product of a former inflammation, undergoing fatty degeneration. I was at first inclined to treat the case by making an incision and scraping the pleura with some blunt instrument of wood or horn, but, after one or two aspirations, the fluid became so much altered in appearance and quality as to make me hesitate to advise this, especially as the man's health remained exceedingly good. The second aspiration was done on May 28, fifty seven ounces being drawn off; the third on July 11, thirty-two ounces of clear fluid, containing few crystals of cholesterine, being then withdrawn; the fourth on August 3, when nineteen ounces were obtained, and in this specimen it was not easy to find crystals. He has now left the town in search of work, which, he insists, he is quite able to do. Certainly no one would suppose from his appearance that there was anything the matter with him; he is, however, somewhat short of breath after any great exertion. During the first month of treatment, his temperature was slightly high, sometimes 100° at night, and 99° in the morning; but during his last stay in the infirmary—July 25 to August 5—it was normal or below, about 98°. But, in spite of this and other improvements in his condition, it is probable that in a few weeks he will be obliged to apply for admission into some other hospital.

Note on Hydro-Bromate of Hyoscine.

Dr. H. C. Wood thus writes in the *Therapeutic Gazette*, September 15, 1885:

Since my last communication to the *Gazette* I have used hyoscine in a number of cases with confirmatory results to those previously reached, and at the same time a more complete outlining of the limits of the usefulness of the drug. The dose by the mouth, which is necessary, is somewhat larger than I had at first supposed, most persons not being distinctly affected unless by $\frac{1}{100}$ of a grain. A new field of usefulness seems to be in cases of spermatorrhœa, and I have only had the opportunity of using it in three or four cases; but the results have been uniform, and much more correct and assured than those I have ever seen reached by any other drug. Thus, in one case in which the discharges averaged about three a week, they were completely arrested by the exhibition of $\frac{1}{75}$ of a grain every night. Unfortunately, the effect is not at all permanent: so soon as the drug is intermitted the tendency appears to recur. Whether long-continued use of the drug will have a lasting effect or not I am unable at present to say. Indeed, the number of cases which I have myself seen is too few to warrant a positive conclusion; but at my suggestion, Dr. Robinson, physician to the Eastern Penitentiary, Philadelphia, has been testing the drug, on the convicts, the disease being exceedingly frequent among them. He informs me that its results have been surprisingly good, and promises a definite statement to the readers of the *Gazette* in the future. It is interesting here to remark that one of the most successful cases of the use of the drug was seen in a female suffering from erotomaniacal symptoms.

As a soporific, the drug is especially successful in those cases in which the insomnia is due to excessive cerebral action—cases in which there is a perpetual and uncontrollable succession of thoughts. Allied to this form of insomnia is the mental condition in which the sleep is excessively disturbed by urgent dreams. This, also, I have seen controlled by hyoscine. In one or two cases of intense fever with delirium the hyoscine has seemed to act very well in controlling the delirium. In two cases the symptoms have been such as to suggest that the drug exerts a paralytic action upon the recurrent laryngeals. One of these cases was in the person of a maniacal female, in whom the hypodermic injection of a large dose of the salt was followed at once by a paroxysm of suffocation apparently paralytic and laryngeal. The second case occurred in a child about ten years old suffering from very violent anginose scarlet fever with moderate laryngeal dyspnœa. Hyoscine was prescribed for the excessive insomnia which had lasted from the onset of the fever, with very good results so far as the insomnia was concerned; but so soon as the child came under the influence of the drug the laryngeal symptoms increased with very great rapidity, and in the course of an hour or two death resulted. Whether the hyoscine was or was not the cause of this increased dyspnœa is, of course, uncertain; but two cases are assuredly enough to arouse suspicion.

On the Occasional Latency and Insidiousness of Grave Symptoms in Connection with the Puerperal State.

In the course of his address before the British Medical Association, Dr. W. O. Priestly said:

"1. Perhaps I may be permitted to dwell on the importance of securing a full and perfect contraction of the uterus after delivery, as a prophylactic measure. In many cases going wrong, it has been observed that the uterus was inordinately large, thus indicating a dilated cavity, in which clots or fluid, which ought to be discharged, are retained, and which may thus become the nidus for the possible development of diseased germs. Further, in an imperfectly contracted uterus, the sinuses or large veins remain full of clot, or of fluid blood, which is more or less apart from the general systemic circulation; and is thus, like the back-water of a stream, stagnant, and ready to become a source of peril. Clots should, therefore, always be carefully removed from the uterus, as they form for some time after delivery; and pressure with other means should be conjoined to promote full contraction.

"2. The occurrence of a rigor at any part of the puerperal period should never be disregarded. It is nearly always the forerunner of some less or greater commotion in the system, although the mischief it portends may not be observed until the suspicion excited by its advent has well nigh died out.

"3. The presence of rheumatic or obscure pains in the joints or muscles, even if they be flitting and transient, should be taken as indicating a possible contamination of the blood-current; and the case should be watched the more closely, if the patient be depressed in spirits, or if she be prone to be apparently hysterical. If, with these symptoms, there be no evidences of deviation in any special organ, the heart should especially be watched, with the view of ascertaining if there be indications of deposits in its valves. The sudden appearance of a bruit with the heart-sounds may be the precursor of embolism either in the pulmonary, or in the general systemic circulation. The temperature should also be carefully recorded, as it is probable that, in all cases of insidious puerperal disease, the thermometer will indicate some rise of temperature.

"4. It should be remembered that patients who are inert in temperament, and who lead inactive lives during pregnancy, are more prone to puerperal ailments than others of more active disposition, and thus require more careful supervision.

"5. The treatment of suspected cases should consist of putting the patient in the best possible hygienic conditions, and improving vitality by the administration of quinine and a good but judicious diet.

"6. As it is probable that all germs of disease are imported from without, and that those of a less virulent character only find an opportunity of developing themselves in the bodies of women whose vitality is below the normal standard, it may be possible in many cases to prevent disease altogether by improving the health of the patient, and by the proper use of antiseptic precautions both during and after delivery."

The Treatment of Hyperidrosis.

Dr. Henry Wile thus writes in the *Atlanta M. and S. Jour.* for September:

In the matter of treatment, one of the first injunctions to the patient is cleanliness. The milder forms, affecting the axillary, genital regions, palmar and plantar surfaces, usually yield to simple measures, such as the use of astringent washes and powders.

Tannic acid ten to thirty grains to a half-pint of water; extract aconite ten grains to alcohol and ether each four ounces; a saturated solution of boracic acid; naphthol ten to forty grains to the ounce of deodorized alcohol, will all be found of value. Painting the parts with pure tincture of belladonna often acts happily. Bulkley recommends for most cases chloral, one ounce to the pint of water. These lotions should be applied freely for three to ten minutes at a time, two or three times a day, according to the severity of the case, each application being followed by the use of some absorbent powder. The following may also be found to be of advantage:

Salicylic acid ten grains to the ounce of starch; burnt alum one drachm to salicylic acid and venetian talc each two ounces. Where the skin is in apposition, as in the groins or between the toes, the powder should be used with absorbent cotton. Sometimes a case will resist ordinary measures, and, being obstinate, will require persistent systematic treatment.

In hyperidrosis of the soles, when the simple means indicated above fail to effect a cure, the diachylon ointment treatment, as originally recommended by Hebra, will give satisfaction. Diachylon ointment is composed of litharge and olive oil, in the proportion of one part to four. They are mixed, and allowed to boil slowly to the consistency of an ointment, after which oil of lavender is added in quantity one-tenth the amount of litharge. The ointment is spread on linen and applied to the soles of the feet, which should be previously washed and carefully dried. The plaster may be kept in position by means of a thin gauze bandage or socks. The application ought to be made twice daily for fourteen days, each time the surface of the skin being rubbed gently with dry, absorbent cotton. It is better for the patient to keep a recumbent position during the treatment or walk as little as possible. Water is also to be kept from the parts during the treatment. The old and diseased epidermis gradually exfoliates, and new, healthy surface is exposed. The use of some absorbent powder should be kept up a few days longer. Occasionally the procedure may have to be repeated, but by this means a thorough cure can be effected.

The internal treatment of hyperidrosis consists in the administration of tonics, where these are indicated for the correction of any debilitated condition of the system. For its direct inhibitory action upon the secretory apparatus of the skin, atropia in gradually increasing doses has been recommended.

A Case of Acute Idiopathic Partial Spinal Myelitis.

Dr. Henry T. Tomlinson thus writes in the *Brit. Med. Jour.*, August 15, 1885:

The subject was M. A. S., female, married, aged twenty-eight, of a family with marked neurotic tendency. There was no history or evidence of injury to the spine, caries, etc. The onset of the disease was ascribed by the patient to slight chill. On June 28th last, while walking about the house, she felt a pain come in her back and shoot down the legs. This pain continued during the next seven days, during which time she felt that power of movement and sensation was gradually leaving her legs. On July 6 (eighth day from the onset), I first saw her, and found complete loss of power of movement in both legs. Sensibility to touch and to pain was lost as far up as the knee; there was coldness of the lower extremities. In the left leg, there was complete loss of patellar tendon-reflex; it was diminished in the right. On tickling the sole (very rough), she said it felt as if it were touched, and caused in the left leg no reflex contraction; in the right, very slight. There was severe pain in the lumbo-sacral region, and a difficulty in commencing defæcation and micturition. On July 11, in the lower extremities, movement and sensation to touch and pain were completely lost. The bowels

had not acted for six days. There was total inability to pass urine, and extreme distension of the bladder gave rise to very slight uneasiness and no pain. The passage of the catheter was not felt. There was severe "girdle" pain round the lower part of the abdomen, in frequently-recurring and intensely painful paroxysms. Trophic changes were now becoming well marked. The erythema, which for several days had existed in the lumbo-sacral region, marked the site of a developing bedsore, equilateral, and with slight vesication. Subcutaneous hemorrhages had also appeared on the hips, groin, and lower part of the abdomen, livid blue in color, resembling bruises in an early stage. There was also fever. The temperature was 101° Fahr. The tongue was moist, and coated with a soft creamy fur. The legs had recovered their natural warmth. On July 12, the temperature was 103.4° Fahr.; the pulse 143, soft and compressible. There was free perspiration. The urine, drawn off by the catheter, was very ammoniacal, and contained a large quantity of blood and pus. On July 14, death occurred by asthenia.

Maggots in the Ear.

Dr. Alexander Shaw thus writes in the *Canada Med. and Surg. Jour.* for September:

J. B., male, aged forty-one, type-setter, came into my office hurriedly, and looked excited. He informed me in a somewhat hesitating manner that he had maggots in one of his ears, and to prove his assertion, showed me several which he had removed by means of a match. He suffered no actual pain, but a peculiar sensation as if something were moving in his ear, which made him feel nervous. Has had a purulent discharge from the ear for about twenty years. He said that a few days ago a fly got into his ear, and remained there some hours. Taking the ear-mirror and looking into the ear, I found the auditory canal fairly alive with maggots. I at once resorted to syringe and water, and removed forty-five maggots, each about one-eighth of an inch in length. All were alive and moved actively in the water. I again looked into the ear and could see the whole length of the auditory canal, but did not discover any more maggots. I now dried out the canal with cotton, and thinking I had removed all the maggots, sent my patient away, telling him to return the following day for further treatment. He returned in three or four hours and said he thought there were more of those animals in his ear, as he felt the same peculiar sensation he had felt before. While he was talking, he put his finger in his ear and brought one away. I again used syringe and water, and removed thirty-four more. I now discovered how they had previously escaped my notice. At the inner end of the auditory canal there was a small piece of necrosed tissue which had not become wholly detached, and also a narrow rim of the destroyed membrana-tympani; behind these the maggots would crawl, and give a good deal of trouble in getting them away. The following day, with a good deal of difficulty, I succeeded in getting one more away. It would no sooner come into view than it would again disappear. This one proved to be the last. I thus removed eighty in all, the patient himself taking away at least ten or twelve. It is an enormous number of maggots to have in the ear, although they were small. Had they been allowed to remain a few days, they would, no doubt, have set up more symptoms of a marked character.

Aneurism of the Common Carotid, Cured by Rest, Iodide of Potassium, and Compression.

Dr. George D. Mackintosh thus writes in the *Lancet*, August 15:

Mrs. T. P., aged thirty-five, was first seen by me on March 27, 1883. I found her to be suffering from a pulsating tumor on the right side of the neck, opposite the upper border of the thyroid cartilage. On palpation the tumor was found to pulsate in an expansive manner—that is to say, the pulsation was equal all round as far as could be felt. On pressure the tumor could be completely emptied, and when the fingers were removed slowly refilled again by several successive pulsations; it was evidently in connection with the common carotid artery. On auscultation a distinct bruit was audible. The patient suffered considerable pain, both at the site of the swelling and in the face, of a neuralgic character. Mr. Henry Summerhayes, who saw the case with me on this occasion, fully confirmed my diagnosis of aneurism of the common carotid at its point of bifurcation into the internal and external carotids. We prescribed in the first instance considerable doses of iodide of potassium, with complete rest in the recumbent position and a spare diet.

On April 23, there being but little improvement in the symptoms, and the pain being so severe as to necessitate the frequent hypodermic injection of morphia, I determined to try partial compression by means of a firm elastic collar with a cork pad attached, so arranged as to lie completely over the tumor and to empty it of blood, whilst the circulation was not greatly interfered with; at the same time the previous treatment was persevered with. After a week's use of the collar, the patient professed herself greatly better, the pain being much less severe; but there was considerable pulsation to be felt through the pad; I therefore somewhat tightened the lacing of the collar, and this had to be done again and again at intervals of a few days. At the end of three months I removed the collar completely, as there was no longer any pulsation to be felt over the tumor, which had completely solidified, and has since given the patient no more trouble. She is now (May, 1885) going about her work as usual. Mr. Summerhayes again saw the case last summer, and was greatly surprised at the cure effected, which he acknowledged to be complete.

Reviews and Book Notices.

BOOK NOTICES.

Applied Medical Chemistry; a Manual for Students and Practitioners of Medicine. By Lawrence Wolff, M. D. Cloth, 8vo., pp. 174. P. Blakiston, Son & Co., 1885. Price $1.50.

The knowledge of chemistry that the average

medical student acquires is superficial and merely theoretical. The object of the writer of the present treatise is to introduce the student to a number of practical applications of his knowledge which will fix it in his memory, and render it useful to him in his future.

These applications relate to the chemistry of poisons, to the examination of the principal physiological secretions, excretions, and concretions, to the testing of the purity of the more usual articles of food and drink, and to similar matters of daily interest. The plan is an excellent one, and the author has carried it out in a manner which will give his readers satisfaction.

The Science and Art of Midwifery. By William Thompson Lusk, A. M., M. D., etc. New edition, revised and enlarged. Illustrated. Pp. 763. New York: D. Appleton & Co.

This American treatise on the subject of midwifery has attained so excellent a foreign reputation that it has been translated into several European languages. The profession at home also received it with cordiality, and the author now issues his second edition with the careful revision which such a reception of the first demands at his hands. A number of new illustrations have been added, and the work in general brought up to the times and made a representative of the rapidly-growing art of midwifery. In the short space of three or four years many changes have taken place in the management of labor, especially in the employment of disinfecting procedures, and to these a close attention is awarded.

While in some directions the originality of the author may not find many converts to his views, all who study his treatise will acknowledge that he has adopted such only after long and careful study of the subject and a wide range of observation.

The volume is handsomely issued by the publishers, the paper being excellent and the illustrations carefully printed. We cannot doubt that this new edition of the work will meet with a yet more cordial reception than that which preceded it.

Alpine Winter in Its Medical Aspects, with Notes on Davos Platz, Wiesen, St. Moritz, and the Maloja. By A. Tucker Wise, M. D., etc. Second edition. Cloth, 8vo., map. London, J. & A. Churchill, 1885.

The fact that a cold climate is often more salubrious than a warm one is familiar; but that in diseases of the lungs, especially in commencing phthisis, that a winter spent in the intense cold of a high elevation is the best possible treatment of the patient is as yet not sufficiently recognized. Dr. Wise gives abundant testimony on this point, and describes several of the most popular winter resorts in the high Alps. His description of the life there is attractive, and the comforts of the hotels he names would seem to be ample. It would have been better if he had been more specific about prices. Many an invalid will be deterred from following his suggestions, lest the expense of the journey and treatment should be too great. In other respects, his volume contains all the information which it should present.

Letters from a Mother to a Mother on the Formation, Growth, and Care of the Teeth. By the Wife of a Dentist. Paper; pp. 106. Welch Dental Co., Philadelphia.

These letters, originally contributed to the pages of the *Southern Dental Journal*, are now reprinted in a neat and handy form for general circulation. They give in clear and familiar language the most important rules for the care of the dental apparatus, especially in infants and children. The perils of dentition, which are such a terror to many mothers, are set forth, and the means of lessening the risks attending upon it are explained. It is a very useful and pleasantly-written household manual.

Milk Analysis and Infant Feeding: a Practical treatise on the examination of human and cows' milk, cream, condensed milk, etc., and directions as to the diet of young infants. By Arthur V. Meigs, M. D. Cloth; pp. 102. P. Blakiston, Son & Co., Philadelphia.

The author maintains that the methods of analysis heretofore applied to milk are faulty, and suggests others. He describes the most appropriate food for infants as used by himself and his father; and adds a number of valuable practical suggestions as to the artificial feeding of infants, and points connected therewith.

The Essentials of Histology, Descriptive and Practical. For the use of students. By E. A. Schafer, F. R. S., etc. 8vo., cloth, pp. 240. Lea Brothers & Co., Philadelphia, 1885.

The microscopical examination of healthy tissues is an indispensable preparation for the study of pathology and for the more recondite problems of anatomy. This work is designed to aid the student in this branch. It explains to him the use of the microscope, the action of reagents, the character of blood corpuscles in man and the lower animals, the appearance of connective tissue, muscular fibre, glandular and nervous structure, and, in short, all the portions of the animal economy usually subjected to histological examination. The explanations are clear, and the pages are amply illustrated.

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Dr. J. Maximowitsch (*Deutsche Med. Zeit.*, 64, 1885, p. 727,) has also investigated the action of this quinine preparation, and he administers it in all cases where quinine is indicated and a special sedative effect is besides desirable. He says that the hydrobromate of quinine presents yellowish-white minute crystals, which are easily soluble in water. The solution of it has an acid reaction, and assumes within a few days a greenish tint, without the latter fact having any deteriorating effect on the remedy. Its easy solubility makes this preparation specially adapted to hypodermic medication. M. employed a solution of 0.18 to 0.3 to 1.0 aq. dist. (2½-5 grains in 16 minims of water). To obtain the solution as rapidly as possible, it ought to be heated and filtered. Internally the remedy is used in about the same doses, and best administered in wafers.

ANTIPYRIN AS A STYPTIC.

That antipyrin is a reliable antipyretic remedy nobody can doubt, who has read the many reports which the MEDICAL AND SURGICAL REPORTER published during the last six or ten months. Reliable authorities have fully determined this antifebrile action of the drug. Dr. Thuchard (*Bullet. et Mém. de la Soc. Ther.*, 1885,) has of late investigated the new remedy with a view to discover any possible other effects, and he found it a reliable styptic. The bleeding extremity of a rabbit,

when placed into a solution of antipyrin (1:20), continued to bleed for four minutes; while in ergotin it was checked in within seven, and in Monsel's solution within nine minutes. Soon after this experiment, the opportunity offered itself to test the hæmostatic action of the drug on the human being. A large abscess, having been opened by the knife, gave rise to considerable hemorrhage. A cotton tampon, thoroughly saturated with a solution of antipyrin, was brought in contact with the bleeding surface, and the hemorrhage ceased at once. Later, bleeding from the nose and from the rectum—in the latter case due to hemorrhoids—was stopped in a similar and rapid manner. In both cases the antipyrin was added to ol. theobromæ, and administered in the form of suppositoria.

During these observations it was also discovered that under the effect of antipyrin all purulent discharge ceases, so that it seems that antipyrin has also strong disinfecting and anti-putrid properties.

AN INTERESTING CASE OF PNEUMOTHORAX.

A man, aged twenty-one, was seized last January with right-sided pleuro-pneumonia and brought to the medical clinic of Prof. Mering in Kiew (*Wratsch., Russ.*, 25, 1885). The ninth day a critical sweat ensued followed by a decline of temperature, but no convalescence as yet set in. Moderate fever and a slight dullness on percussion continued until February 13, when suddenly after a severe attack of coughing, dyspnœa and cyanosis occurred, while the patient experienced an intense, sharp pain, and heard a peculiar whistling noise in the right side of the chest. The examination revealed right-sided pneumothorax with decided displacement of the heart towards the left side. At the same time a swelling was noticed on the right side over the false ribs; fluctuation was discovered, and the liver seemed greatly enlarged. February 27, by aspiration, four pints of a frothy exudation were removed, whereupon the patient felt greatly relieved. The pneumothorax gradually disappeared altogether, and so also the exudation after aspiration had been performed once more. But what was peculiar, about the middle of April, symptoms of pneumothorax once more developed themselves and then slowly again ceased. In literature, the author could find but sixty cases where pneumonia caused pneumothorax. At the medical clinic of Kiew, amongst 422 cases of croupous pneumonia only two of pneumothorax were observed.

HYPODERMIC MORPHIA.

The use of morphia and the hypodermic syringe is now so common, the relief from agonizing pain, that it brings so quickly, is so tempting, its convenience of administration so enticing, that we are apt to go to an extreme if we are not very careful. The effects produced by hypodermic injections are very rapid, and in some cases very startling, and it is well that we should occasionally halt and ponder.

There can be no doubt that many lives have been unintentionally sacrificed by the use of this little syringe, and this is a consideration that should make us very cautious in its use. Such an authority as Dr. H. C. Wood has seen death from the injection of $\frac{1}{8}$ of a grain, and Dr. Talfourd Jones considered the matter of sufficient importance to discuss it minutely before the British Medical Association.

The great point is that we are too apt to administer too large doses before we have ascertained the susceptibility or tolerance of our patient, and this danger seems much greater in hypodermic than in oral medication. To be on the safe side, it is agreed that the first dose for an adult should not exceed the $\frac{1}{10}$, and for a woman the $\frac{1}{12}$ of a grain of morphia.

Notes and Comments.

How to Treat Wounds of the Fingers.

Every physician, no doubt, feels satisfied that he knows perfectly well how to treat finger-wounds, yet Dr. John Kent Spender seems to think that he knows enough original about the subject to warrant him in publishing an article in the *Bristol Medico-Chirurgical Journal* for June. He believes in properly dressing such wounds,

and then *letting them alone*, and the prime element in his proper dressing is the *absolute exclusion* of air. To illustrate his method, he relates the case of a man whose third and little fingers were cut by machinery; the last phalanx of the third finger was almost separated. The flow of blood was checked with circular pledgets of lint; next he fastened the arm and hand to a board, and suspended the whole limb in a sling; and the last step of these preliminary proceedings was to send the patient home to recover from the shock, with the help of warm food and a little sleep. Four hours afterwards he visited him, and dressed the injured fingers in the following way:

Firstly, the pledgets of lint, stiffened with dry blood, were soaked in water and gently removed. No foreign body of any kind was found. The fingers were thoroughly cleansed, the nearly separated portions were brought into juxtaposition and retained *in situ* while a circlet of boric lint was applied. Each finger was laid upon a bed of absorbent cotton-wool tissue, which just met on the dorsal side; then a lilliputian bandage of thin, soft calico was put around, with moderate pressure, and the turns of bandage were brushed over with the gum acacia mucilage of the *British Pharmacopœia*. Finally, each finger was put into a cradle of gummed paper, which was moulded while soft, and then dried in the gradual heat of an oven. These light and simple shields kept the fingers apart, and guarded them from further accident.

The wounded fingers were not undressed until eleven days had elapsed from the date of the accident;* and when exposed to view the healing was found to be complete, and the fingers were of their natural size (though, of course, a little shorter than before the injury). The tender cicatrices were protected for a few more days with ordinary plaster, and the work was finished.

The Relation between Diphtheria and Scarlet Fever.

More than once cases have been reported wherein it seemed strongly indicated that there was a close relationship, if not an actual identity, between the materies morbi of these two diseases. The latest instance, that reported by a contributor to the *Brit. Med. Jour.*, September 5, we reproduce in his own words:

"A little boy, aged 4 years, began to feel rather out of sorts, and to complain a little of his throat, but was not, for some days, ill enough to be confined to bed. When I first saw him, which was some days after he began to complain, he was not in bed, but his throat, on examination, was seen to be slightly sore, and he was feeling languid, and had lost his appetite; but there was scarcely any increase of temperature, and there was no rash. A few days later, however, he was a good deal more prostrate, slightly more feverish; the gland under the angle of the jaw was more swollen, and the characteristic deposit of diphtheria had become well estabiished, while a sanguineous discharge by-and-by appeared from the nostrils, and the breath became very offensive. The throat and nasal symptoms became very severe, and remained so for several weeks. Then dropsy made its appearance, being confined chiefly to the face; and the urine was found to be highly albuminous, while there was considerable drowsiness, with catarrhal symptoms. He recovered after being confined to bed continuously for five or six weeks, and there was not the slightest appearance of desquamation observed, although very carefully looked for.

"About a week after he first began to complain, his sister, who was about two years older, was suddenly seized with a severe attack of well-marked scarlet fever, with sore throat, copious eruption on the second day, high pyrexia, and severe cerebral disturbance. This was followed, in a week or two, by acute rheumatism, with cardiac and pulmonary implication, and a renewal with greater severity of the cerebral symptoms, necessitating removal of the hair, and blistering of the vertex. She also was confined to bed for five or six weeks, and there was copious desquamation, but no dropsy, nor, so far as I can recollect, any albuminuria.

The Diagnosis of Fractures Near a Joint.

This is oftentimes a very difficult matter, and has frequently caused the sweat of anxiety to bedew the forehead of the most experienced surgeon. Crepitus, deformity, and mobility, the these classical signs of fracture, Dr. Oscar J. Coskery tells us in the *Med. Chronicle* for July, are not infrequently wanting. But there are three other signs that stand us in good stead; *fixed* pain, the *site* and *quantity* of the hemorrhage, and the *perfect helplessness* of the limb. It often happens, as for instance in fractures of the fibula alone, that we can observe no *deformity*, *crepitus*, or *mobility*, but, if we follow the line of the fibula up, at *one* certain point the tip of the finger elicits pain. If this is always complained of whenever pressure is made upon this point, h

*During all of which time the weather was very hot.

thinks the diagnosis is plain. The pain is evidently due to the soft parts being irritated by the sharp edges of the fractured surfaces.

The second of these signs, the *site* and *quantity* of the hemorrhage, should be considered thus: The patients whose cases he details fell, striking upon the *outer* side of the limbs, and ecchymoses slowly made their appearance on the *inner* side, and then in considerable quantity. Had the bleeding been the result of contusion alone, it not only would have appeared sooner, but at the point injured. As it was from the small and non-contractile vessels of the bone, the bleeding was longer in progress than it would have been in the soft parts, where, very probably, a larger vessel would have been ruptured. Again, during this slow bleeding the blood had time to gravitate to a dependent position, or direction of easiest escape.

The absolute helplessness of that portion of the limb that contains the broken bone is, probably, the most important of these signs. The fact that a patient has not made a step after the accident, or raised his hand above his head, is a strong point to start from in attempting the diagnosis.

There is one mistake that he has several times seen made in diagnosticating fractures of the femur. When the patient is told to raise his thigh from the bed he can do so by contracting the hamstring muscles, sliding the heel upon the bed, and thus the lower end of the femur is pushed up by the head of the tibia; but the psoas-magnus and the iliacus do not contract.

The Liebreich Treatment of Syphilis.

The *Lancet*, August 8, says that it is now some time since the employment of subcutaneous injection of hydrargyrum formamidatum was recommended in the treatment of syphilis. The interval has not been misspent by Dr. Carl Kopp, who has brought together the results of his experience in the *Vierteljahr für Dermatologie und Syphilis*. Altogether 3000 injections were made on 126 cases, giving an average of twenty five injections per case. Sixty-five cases were males and sixty-one females. Fifty-three times the disease was treated whilst in its primary form. The secondary stages were treated seventy-one times. Only two cases belonged to the tertiary period. The symptoms disappeared under the treatment in ninety-two cases. Thirteen times the injections had to be discontinued on account of untoward effects. In spite of prolonged treatment eleven cases failed to be benefited by this method. Ten cases were doing well under the treatment, but this was allowed to lapse from some cause or another. Tenderness about the seat of injection was noted altogether sixty-five times; thirty-four times this subsided in an hour, and in the remainder the tenderness lasted from two to twenty-four hours. Forty-one times an induration developed at the point of puncture. An abscess formed once in a woman. Salivation and stomatitis were recorded twelve times, eight times in men. The injections were continued for a long period in thirty-nine cases, without any unpleasant after-effects. Universal erythema in a woman, eczema of both lower extremities in a man, and parenchymatous nephritis in a woman, were the complications observed during the treatment, but it would be difficult to say what share the injections had in their production. We append some of the conclusions formulated by Dr. Kopp. Liebreich's preparation is decidedly useful in certain of the milder forms of primary lues, as also for many slight secondaries. The formamide should not be employed in severe cases where there are large papules or thick infiltration; inunction is still the best method of treating these cases. The tertiary forms are likewise not to be treated by the formamide. Relapses are by no means prevented by Liebreich's method; on the contrary, they appear to be extraordinarily common after this treatment.

Echinococci of the Brain.

Prof. Kowalevsky, of Charkow (*Arch. Psych.*, Bd. iv., 2), attended in his clinic a patient, aged sixty-eight, who suffered from imbecility and right side hemiplegia. Diagnosis: tumor of the brain. The post-mortem examination gave the following result: The left central convolution of the brain was depressed, the left ventricle dilated to five times its volume, and within the latter there was found a membranous bladder 8 cm. long and 3 cm. wide. Its contents evinced the reaction of benzoic acid. On its inner surface cysticercus heads were discovered in large quantities. Corpus striatum and optic thalamus are decidedly compressed and pushed towards the right side. A similar compression was noticed in the right lateral ventricle; the corpora quadrigemina was pushed backwards and the pons depressed. In none of the other organs were any echinococci found.

According to K., this case proves that in the living, tumor of the brain cannot be distinguished from echinococci in the encephalon, and that paralysis of the cortical centre for articulated language, and paresis of the lower extremities, may be caused, not only by destruction, but also by

compression of the cerebral ganglia. We do not admit that the diagnosis is always impossible. In many cases of tumor we have a history of syphilis, or evidences of tumor somewhere else, with comparatively few exceptions. Then, in tumor of the brain, the intense pain is rarely wanting, and imbecility almost never occurs, while periodical seizures and local palsies often make the diagnosis of tumor more than probable. Though we acknowledge that there are cases where the doubt can only be raised after death, but such are very rare.

Enucleation, with Replacement of the Human Globe by that of a Rabbit.

A novel and suggestive operation is that recorded in the *Boston M. and S. Jour.* (Sept. 17,) by Dr. H. W. Bradford. When enucleating the eyeball, the nerves and muscles were carefully divided, and the eyeball just removed from a rabbit was inserted (some fresh egg albumen being previously poured into the orbit), the muscles and nerves being then accurately sutured together. The rabbit's eyeball retained its vitality and the patient posessed the power of moving the eye, a great improvement over the artificial substitute. The value of the operation cannot from one trial be fully estimated, and it is extremely dubious whether vision could be obtained by the union of the optic nerve. That it would prove, however, of some practical value in the case of children upon whom enucleation has been performed, is credible, for it is well known that in those cases the orbital cavity is imperfectly developed. It is true that we would not expect the globe to increase in size as if a fully-matured rabbit's eye was taken; but Dr. Bradford suggests that the substitution of a young dog's eye might obviate the difficulty, as it would, in all probability if well-nourished, increase in size as it would have done in its normal position. Cosmetically, it could be used in those cases that are often met with where an artificial eye cannot be used on account of some deformity in the conjunctiva or lids.

Alleged Rape by a Boy on a Girl Four Years Old.

To demonstrate how careful we should be in expressing an opinion in cases of this kind, we reproduce the following case, which Dr. J. Braxton Hicks reports in the *Lancet*, August 8. He says:

"I was asked, in combination with a colleague, to meet the medical attendant in the case of a little girl. From an observation made by her, not at all clear as to its meaning, a boy of thirteen years old was suspected to have had connection with her. She was examined by a medical man, who found an inflamed vagina, with some little bleeding on opening the vulva. He at once took a very serious view of the case, or, in other words, he expressed himself in favor of the probability of there being truth in the suspicion. We found the vulva red and somewhat inflamed, but no signs whatever of laceration. On inquiry, it was found that she had had a febrile attack and sore throat about the time of the former examination, and therefore it was more than likely to be a mild attack of adhesive vaginitis, with or without a slight attack of scarlatina. At any rate, there would have been no suspicion of force having been used, other than the ambiguous words of the child. The parents, however, still retained a suspicion for some time, and it was with difficulty they were persuaded that no legal proof existed. This was greatly owing to the action of the medical man. One scarcely need point out the great circumspection always necessary in giving hurried opinions in any case, and most of all in cases of this kind."

Chronic Alcoholism.

Messrs. Dujardin-Beaumetz and Audigé have communicated the result of their researches on chronic alcoholism. From June, 1879, to July, 1883, eighteen pigs were experimented upon, each of them with a different sort of alcohol, such as ethylic and methylic alcohol, alcohol prepared from corn, beet-root, and potatoes (pure and impure), absinthe, and tincture of absinthium. These were given daily with the food, in the dose of one to one and a half grammes of alcohol, two grammes of absinthe, and two centigrammes of the tinctura absinthii for one kilogramme of the weight of the body. The symptoms of intoxication by alcohol were sleepiness and prostration, vomiting of bile and glairy mucus, diarrhœa, and sometimes intestinal hemorrhage, dyspnœa, tremor, and incomplete paralysis of the hind legs. Some animals which were killed or died during the experiment were examined by Prof. Cornil. He found congestion of the digestive tube, sometimes causing hemorrhage; congestion and inflammation of the liver, but without cirrhosis; congestion of the lungs; and, finally, atheroma of the large blood-vessels, especially the aorta. The animals were not emaciated, but presented numerous extravasations of blood into the subcutaneous and muscular tissues. Impure alcohol had a much more rapid and deleterious influence than rectified alcohol. The symptoms caused by absinthe and tinctura absinthii were excitement

and spasmodic contractions of the muscles and cutaneous hyperæsthesia, but true epilepsy was never noticed.

Maggots in the Ear.

We have had occasion to note more than once the occurrence of this disgusting condition, and now, again, we are called upon to chronicle the case which Dr. Norman Chevers records in the *London Med. Times*, September 19, 1885. He attended a girl, aged eighteen, who was a paralyzed and bed-ridden idiot. The meatus of one ear was suppurating and filled with large maggots. He used various lotions (having learnt not to syringe the ear, but to place the head flat on a low pillow and to fill the meatus and concha with warm water or medicated fluid, which was allowed to remain there as long as might be needful), which did not appear to trouble the parasites at all. He, therefore, removed them with dissecting forceps, all of them clinging on and resisting with great tenacity. In doing this, he found that the bony canal was quite bare. The meatus was lightly plugged and dressed regularly. The surfaces granulated, and healing went on to such an extent that the cicatrized meatus remained as a round hole two-thirds smaller than was natural. At the same time in the following year he was called to her again and found her moribund; the other meatus was filled with maggots.

A Case of Congenital Deformity of the Male Urethra.

In the *Lancet*, September 5, 1885, Dr. D. T. Richard says that a little boy of four years of age was brought to him by his father, who mentioned that the child did not pass his urine properly, and that it did not come through the proper exit. The child was in an emaciated state of health, a condition the father attributed to imperfect discharge of his urine. The penis showed the normal urethral aperture at the glans; but about two lines behind this there was a second opening, about the size of, or a little larger than, the former. The father explained that all the urine was voided through this, and that none ever came by the normal orifice. When the child was anæsthetized, it was discovered by the aid of small-sized instruments that the urethra, as terminated in front, passed back for about an inch, and there ended in a cul-de-sac. The hypospadic orifice opened into the urethra, which lay beneath the blind one and passed back into the bladder.

The treatment which naturally followed consisted in establishing a communication between the two passages, which is the stage thus far attained. An attempt will be made by-and-by to close the abnormal opening by plastic means.

Tests for Albumen.

So many new tests for albuminuria have been brought forward since the time when we were accustomed to rely upon heat and nitric acid that one is almost bewildered with their multiplicity. Hence, it is gratifying to read in the *Medical Chronicle* for September that Dr. Thomas Harris, of Manchester, as the result of much observation, considers the properly-applied heat-test the most satisfactory of all. That it may be properly used, the urine must be neither too much nor too slightly acid, but just acid enough. If the urine is already acid, he adds a drop of acetic acid after the boiling; if, however, it is alkaline, it must be previously acidulated. While the strong acetic acid will answer in some cases, in others the dilute is preferable.

Treatment of Placenta Prævia.

Dr. E. G. Edwards has adopted a plan of his own, which he thus describes in the *Canadian Practitioner* for September:

"When called to a case of placenta prævia near the end of pregnancy, when flooding is in progress, with the pains continuing, and the patient not too weak or exhausted, he separates as much of the placenta as he can on one side, detaching a portion of it completely from one side, bringing it down into the vagina; and if the os is not well dilated, and the pain continuing, to squeeze the detached portion between his fingers, or to press it firmly against the opposite side until the os dilates; then he gives ergot and ruptures the membranes, still pressing the detached portion of the placenta until the head descends sufficiently to check the hemorrhage."

Pilocarpine in Alcoholic Insomnia.

Pilocarpine is one of the few drugs that have recently been added to our pharmacopœia that have been able to hold their own. One of its latest recommendations is in the insomnia of alcoholism. Dr. A. B. Isham tells us in the *Medical News*, September 19, that after the sleep the patient arouses perfectly rational and subdued. A great change is wrought in the personal appearance. The tense, red, bloated countenance, the bleared, congested eyes, and general repulsive facial aspect pass away. It seems to lower the cerebral blood pressure, to eliminate the alcohol, and to increase the absorption of oxygen. After

a debauch its effect are wonderful. The dose will be ⅛ of a grain of muriate of pilocarpine.

Coca Leaf Cigars and Cigarettes.

Dr. F. E. Stewart has been experimenting for some time with this leaf in the form of a cigar (*Med. Times*, Sept. 19), while Dr. Lewis Lewis has been using it as a cigarette for nine years in the treatment of throat affections. The cigarettes are composed partly of coca and partly of tobacco leaf. Dr. Stewart makes both of pure coca leaf, the cigar having a wrapper of mild imported tobacco of fine quality, the cigarette wrapped with the best quality of rice paper. He concludes that these agents are capable of producing the physiological effects of the drug, though the effects are milder than those resulting from the employment of the fluid preparations of coca internally. His investigations are still in progress.

CORRESPONDENCE.

Strychnia in Malarial Fevers.

EDS. MED. AND SURG. REPORTER:—

In a communication to your journal of August 22, from Dr. Reynolds, of Proctorville, O., I find that he considers the use of strychnia in malarial fevers as something new. Now, I supposed it was old, as when I was a young practitioner, more than thirty years ago, a dear old physician of my county always used it, and made his own pills.

Up to the time when that class of fevers was supplanted, if I may use the term, by typhoid fever, cancer, and pneumonia, I used the following formula, almost invariably, with very satisfactory results:

℞.	Strychnia sulphas,	gr. ss.
	Ext. quassia,	grs. xx.

Mix.—Make mass and divide into ten pills. Take one before each meal.

In an anæmic condition, as one of the sequelæ of frequent chills and fever, and immediately after their arrest, I used, with great satisfaction, the following:

℞.	Strychnia,	grs. ij.
	Ferri sulph.,	grs. l.
	Arsenious acid,	grs. jss.
	Ext. quassia,	grs. c.

Mix.—Make mass and divide into fifty pills. Take one half an hour after each meal.

The latter is the best formula I have ever known in what is *termed*, by some, chronic malaria.

D. COLVIN, M. D.

Clyde, N. Y., October 5, 1885.

How to Remove a Gelatinoid Polypus from the Nose.

EDS. MED. AND SURG. REPORTER:—

All the methods laid down by the surgical authorities for the extirpation of nasal polypi are easy—on paper. But to actually remove one of these pests is one of the most annoying things that may fall to the lot of the surgeon in general practice.

I offer the following as a good and effectual method: Proceed the same as for plugging the posterior nares for hemorrhage; only your cord, to which you propose to attach the tampon, should be strong packing twine; your tampon had better be of coarse cotton cloth, folded an inch square, and quite thick, the cord tied in a hole perforated through one corner; or have it in the form of a small roller. Then, when all is ready, bring it through with a strong, steady pull out of the nostril. If one trial does not succeed, do it again, until you have the satisfaction of seeing the offender pop out ahead of your tampon, and with it perhaps the turbinated bone to which it is attached. It is then a radical cure.

R. L. MOORE, M. D.

Spring Valley, Minn., Oct. 5, 1885.

Silk Worm Gut Suture.

EDS. MED. AND SURG. REPORTER:—

A number of us during the last two years have been inviting the attention of operators to the value of the silk worm gut for suture. For two years and a half I have used it to the entire exclusion of silver wire, and have come to believe it is better. In nearly fifty cases of operation for lacerated cervix I have used it without encountering a single failure. The ends were always left long, and the ease of removing the sutures at the end of a week is exemplified by the fact that seven sutures are readily and painlessly removed in one minute. In twenty-eight laparotomies I have united the abdominal wound with it. I have left the sutures in as long as sixteen days, and no pus has yet been seen in the line of a stitch.

In three cases in which I made supra-vaginal amputation of the uterus and both ovaries, all of whom recovered and are at home well, I left a large number of sutures from this material in the pedicle (neck of uterus). They have never given any inconvenience. In a score of perineal lacerations I have used it with uniform success, where the laceration did not involve the sphincter ani muscle. Where the muscle is involved, if this suture is used, it will be found advantageous to make subcutaneous division of the muscle opposite the coccyx, as otherwise the suture will cut very deeply.

My manner of preparing this suture for use may be of advantage to some. It is as follows: I buy ten "hanks" or bundles of the gut, each bundle containing 100 strands or threads. The end of the hank is wrapped with red cord. Just above this, I cut the hank across, and again cut it across beyond the knot securing the free ends of the hank. I now tie one knot in the hank. It will then lie nicely on the bottom of a large salt-mouthed glass-stoppered bottle. All the hanks are so treated, put in the bottle, and covered with a five per cent. solution of carbolic acid. The bottle contains 1,000 sutures; they cost just ten dollars.

They are always ready, perfectly aseptic, and soft enough to tie. When an operation is begun,

I throw a hank into a bowl of boiling water, and use them directly from the bowl.

Every wound after it is closed is dressed with a heavy layer of iodoform. If it be a cervix nothing else is used; if a perineum, the iodoform is in and out of the vagina, and some iodoform cotton is secured to the wound by tying the free ends of the suture across it. If the wound be abdominal, iodoform gauze is also used. This work has nearly all been done in my private hospital, and I have not yet seen a wound made in the hospital suppurate.

R. S. Sutton, M. D.

Pittsburgh, Pa.

A Cocaine Debauche.

Eds. Med. and Surg. Reporter:—

Referring to editorial, page 413, Medical and Surgical Reporter for October 10, under the head of "A Caution about Cocaine," I beg leave to report a single observation in point.

A gentleman was brought to me a week ago for treatment. A full-sized, well-developed apparently strong man, forty years old, by profession, a "minister of the gospel." He had indulged the morphine habit for two or three years, taking about nine grains of the sulphate, hypodermically, daily, ordinarily. Six weeks before applying for admission to the Sanitarium, he had been induced to substitute cocaine, hypodermically, and leave off the morphine entirely. The change from morphine to cocaine was readily accepted by the organism, and cocaine was used, I presume to say, excessively and satisfactorily to the patient. It "cured" the morphine habit effectually. But the man is now in a state of muscular and mental debility that is truly pitiable. He walks with feeble, uncertain steps, and talks, or mutters, maudlin incoherency, like an alcoholic imbecile. While using morphine, I learn, his conversation was intelligent and ordinarily interesting. What the result of this case will be experience only can determine.

Orpheus Everts, M. D.

Cincinnati Sanitarium College, Ohio.

Scarlatina in Northampton.

Eds. Med. and Surg. Reporter:—

In your issue of October 10, there is a statement which needs correction. "Scarlatina in Northampton" is not raging so extensively as your informant pretends to make it. True, we have had an epidemic of scarlatina in this locality. But, in the first place, it is universally claimed that it was communicated from Bangor to this place, because there was an epidemic of the disease at Bangor preceding that of Pen Argyl. In the next place, there were no ten deaths in one week in Pen Argyl at any time during the epidemic. The highest death-rate was four in one week. Since the onset of the epidemic, Dr. Cawley and myself treated upwards of one hundred cases. Out of the whole number there were sixteen deaths. The schools have opened, and everything is quiet. There are now no new cases reported.

G. N. Swartz, M. D.

Pen Argyl, Pa., Oct. 13, 1885.

News and Miscellany.

Relations of Forests to Malaria.

In the course of an article on "Malarious Countries and their Reclamation," in the *Popular Science Monthly* for October, we read that sometimes a twofold drainage of the upper, as well as the under aspect of the soil may be practiced—that is, draining the subsoil and increasing the evaporation of the surface water. The cutting down of forests in malarious countries has often proved an excellent means of amelioration; because, by removing every obstacle to the direct action of the sun's rays on the surface of the soil, its humidity during the warm season is sometimes entirely exhausted. In spite of universal experience of this fact, a school originating with the great Roman physician, Lancisi, has sustained the contrary, counseling the maintenance and even the extension of forests in malarious countries. Lancisi was completely possessed with the "palustral prejudice," and believed that the malaria generated in the Pontine Marshes, and attacking such townships as Cisterna, was intercepted, if only partially, by the forests between, and he therefore opposed the cutting down of the trees and recommended increased planting. He did not know that the malaria was already in the soil and covered by the forest in question. Some thirty years ago the Caetini family, to whom Cisterna belongs, cut down the forest, and twenty years thereafter Dr. Tommasi-Crudeli was able to show that the health of the neighborhood had greatly improved in consequence. A commission appointed by the Minister of Agriculture investigated the whole subject of the coëxistence of woods with malaria, and in its report issued in 1884 completely disproved the theory of Lancisi, and confirmed that of Dr. Tommasi-Crudeli.

Absorbent plants have been suggested and used as a means of drawing humidity from the soil, not without success in certain countries really malarious. The prejudice that the malaria is due to the putrescent decompositions of the soil has, in Italy, led to the choice of the *eucalyptus globulus* as the tree best adapted to combat the poison, the idea being that the eucalyptus, which grows very rapidly, dries the humid earth, and at the same time by the aroma of its leaves destroys the so-called miasmata. No genuine instance of the eucalyptus having succeeded in its allotted task is yet known to Dr. Tommasi-Crudeli, though he does not say that its success is impossible. Had its Italian patrons studied its action in its native Australia, where it flourishes much better than in Italy, they would have known that there are eucalyptus forests in those latitudes where malaria is very prevalent, as has been shown by Professor Liversidge, of the University of Sydney.

Cosmophobia.

Dr. F. W. Vance, writing in the *Weekly Med. Review*, says:

By cosmophobia we are to understand dread of the world process. As an individual characteristic, it has been recognized in its metaphysical aspect by learned essayists on character, but hardly so in its psycho-pathological nature. Pascal and

Carlyle are notable examples of this form of psycho-emotional aberration, and the dissertations of M. de Villeman and Froude on their respective characters show to the psychologist that even they are not free from the emotional taint which is so well pictured in their memoirs of those distinguished men.

To the healthy mental organism philanthropy can bring no dread, doubt, nor terror. The emotional healthy French atheists do not go off into a psychical faint on contemplating their purposeless world mechanism and the fiat of everlasting annihilation.

A most marked type of cosmophobia I have met with in a gentleman acquaintance of mine—a brilliant genius in the fields of poetry and the editorial world. The God-consciousness seems to be throned in his emotional nature, but not as the benign being of sublimated Christian culture. The power of the world process is with him a power of evil, and existence a phrenzied carnival.

The life led by this person has been such as to develop what I regard as the physiological or rather pathological condition of brain, spiritually reflected as cosmophobia, viz.: irritability and debility of that part of the psychical mechanism concerned in the elaboration of intellectuo-emotional ideas. Of course, a predisposition to such a mental condition exists in the individual temperament, but through causes physical and moral the complete evolution of the typical cosmophobiac is brought about.

Resolutions to the Memory of Dr. John Martin.

At a meeting held by the physicians who attended the funeral of Dr. John Martin, late of Lancaster county, on Saturday, October 10, 1885, the following tribute of respect was adopted:

WHEREAS, It has pleased an All-wise Providence to remove from our midst our professional brother, Dr. John Martin, thus severing the ties which bound us together in professional life, therefore, be it

Resolved, That while we bow in humble submission to the divine will of Him who doeth all things well;

Resolved, That though his voice is hushed in death, in our memories he shall ever live, and that his wise counsel and smiling face will long be remembered by us.

Resolved, That we sincerely sympathize with the afflicted family in their sad bereavement, and would ask them to accept our sympathies, tender as they are, under a sensible impression of the great and irreparable loss which they sustain.

Resolved, That we attend his funeral in a body.

Resolved, That a copy of these resolutions be furnished to the family of deceased, and also published in the daily papers: also in the MEDICAL AND SURGICAL REPORTER of Philadelphia.

B. LEAMAN, M. D.,
E. D. PLANK, M. D.,
A. W. KEENE, M. D.,
H. C. RAUB, M. D.,
J. M. DEAVER, M. D.,
J. S. WRIGHT, M. D.,
H. M. BLACK, M. D.,
Committee.

Prehistoric Dentistry.

The *Brit. Med. Jour.* says that the Romans of the Augustan era were acquainted with the art of replacing lost teeth by means of artificial substitutes is clearly established by passages in Martial and Cicero, but recent investigations show that this mode of remedying personal defects is of considerably earlier margin than has hitherto been supposed. A few months ago, Dr. Van Martor, a dentist practicing in Rome, published in an American journal an illustrated description of a partial upper denture found in an Etruscan tomb, dating from about B. C. 600, and now preserved in the museum at Corneto-Tarquinius, near Civita Vecchia. It carries a first bicuspid and two central incisors, skillfully carved from the teeth of some animal, and was secured to the adjoining natural teeth by rings of soft gold. The journal of the British Dental Association for September contains well-executed drawings of two similar specimens also found in Etruscan tombs, and presumably of about the same date, which were recently discovered in the Brown Museum at Liverpool by Dr. W. H. Waite, of that city. One of these consists of a gold band, which was attached to the two upper lateral incisors, and carries two artificial centrals; the other carries an artificial right lateral and central, and was secured to the right upper canine and left central incisor. The specimens are of great interest as further indications of a high condition of civilization amongst a people of whom comparatively little is known.

What Some Great Men Thought of the Corset.

The *Medical Record* tells us that Napoleon Bonaparte said to Dr. Corvisart, speaking of the corset, "This wear, born of coquetry and bad taste, which murders women and ill-treats their offspring, tells of frivolous tastes, and warns me of an approaching decadence." Joseph II. of Austria was very severe upon the corset, and made a law confining its use to abandoned women. The last King of France embodied his opinion of this abomination in this stinging epigram: "Once you met Dianas, Venuses, or Niobes; nowadays, only wasps." The great naturalist Cuvier was walking one day with a young lady, who was a victim of tight lacing, in a public garden in Paris. A lovely blossom upon an elegant plant drew from her an expresssion of admiration. Looking at her pale thin face, Cuvier said, "You were like this flower once; to-morrow it will be as you are now." Next day he led her to the same spot and the beautiful flower was dying. She asked the cause. "This plant," replied Cuvier, "is an image of yourself. I will show you what is the matter with it." He pointed to a cord bound tightly round the stem, and said, "You are fading away exactly in the same manner under the compression of your corset, and you are losing by degrees all your youthful charms, just because you have not the courage to resist this dangerous fashion."

A Queer Superstition

From an exchange we learn that a farmer living in Beaver township, Pa., cut down a large oak

tree on his farm; and, in cutting it up, he found imbedded in the trunk, seven or eight feet from the ground, a small glass bottle, and what had the appearance of a lock of hair. The bottle had been inserted in a hole in the tree made by an auger; then a pine plug was driven into the hole, over the bottle, the hair also being held in the hole by the plug. The bottle was corked, and contained a colorless liquid. Over the plug had grown six solid rings of wood, besides the thick bark. There was a superstition among the early settlers, and it is held by many of their descendants, that asthma and other affections could be cured by the victim standing against a tree, and having a lock of his hair plugged in it while the hair was still attached to his head. It must then be cut off close to his head, and the afflicted person walk away without looking at it or ever passing by the tree again. While the use of a bottle was not included in this treatment, it is probable that the one with the hair discovered in the heart of the oak tree, was put there, in the early days of the settlement, by some believer in the superstition, to cure an ailment of some kind.

Ferran's Vaccine.

The *London Medical Times* (Sept. 26) tells us that Dr. Ferrán having submitted a portion of his vaccine fluid to MM. Chantemesse and Rummo, they have lost no time in investigating its properties and reporting thereon to the Academie de Médecine of Paris. They state that the sample they received, which Dr. Ferrán declared to be a typical specimen of his vaccine, was an odorless fluid of a clear yellow color and slightly alkaline reaction. After experimenting with it and testing its behavior in Agar-Agar and peptonized gelatine, they are led to conclude that the vaccine is not a cultivation fluid of invariable composition: sometimes it is an impure cultivation of comma bacilli, sometimes it is a liquid containing masses of micrococci, whilst the comma bacilli are almost wholly absent. In either case the subcutaneous absorption of the so-called vaccine does not protect against the injection into the stomach of a pure cultivation of comma bacilli made according to the recognized methods. Its vaccinal power is *nil* according to their experiments. Injected under the skin of guinea-pigs, even in doses of several cubic centimetres, it does not give rise to any choleriform manifestation, though in larger doses it may cause sloughing.

The "Miskin Hane."

The Constantinople correspondent of the *Journal des Débats* has recently published in that paper a vivid description of the "Miskin Hané," or Leper's Hospital at Scutari. The hospital is in the centre of the vast cemetery in which so many millions of dead have been interred since Constantinople was first built, and is surrounded by the splendid cypress trees, the dark green of which contrasts so well with the blue outline of the Sea of Marmora and the shores of Asia Minor in the distance. The building itself is a quadrilateral about 120 feet long, and with only one story. To the right of the entrance is a small mosque, in which the lepers recite their five prayers a day, this being their only distraction. In the centre is the courtyard, upon which open twenty rooms, and it is in these that twenty-seven sufferers drag on a miserable existence. Their rooms are lighted by a small window, with wooden bars, while in the way of furniture there is nothing but a mattress thrown upon the ground and a few common utensils. More abject misery, states the correspondent, it is impossible to conceive, but it is satisfactory to learn that steps are being taken towards the erection of a new hospital in which these unfortunate beings may be treated with some chance of cure.

Inoculations for Yellow Fever.

The *Med. Record* says that in a letter of Dr. Freire, of Rio de Janeiro, to Dr. Ramirez, published in the *La Crónica Médica*, of Lima, the writer states that he has vaccinated over three hundred individuals with gelatine cultures of the yellow fever microbe. The inoculations are made by means of five or six punctures in the arm. As a general rule, a few hours after the operation the subjects experience a slight headache, with bruised feelings in the extremities and lumbar region, and rachialgia. There is an elevation of temperature of 1° or 2° F., and in rare cases there was nausea or vomiting. These symptoms continue for two or three days, but never become dangerous in their severity. The inoculations were practiced upon persons living in the very heart of the infected districts, and not one of the subjects died, and only very few suffered from a mild form of the disease, although of their non-vaccinated neighbors two hundred died within a period of three months.

Write Legible Prescriptions.

It is a notorious fact that *great* men are *bad* penmen, and as physicians are supposed to be great men, we imagine that this accounts for their horrible chirography. We are not pleading for the editor, but for the druggist and the patient. Illegible prescriptions may make the difference between cure and kill; the difference between ℥ and ℨ is very slight on paper, but may mean much in a bottle, and we can fully indorse the *Western Druggist* when it lifts up its voice in lamentation and protest against what it calls the "abominable chirography" of many physicians. It adds: "A physician who cannot or will not write a clear legible hand, should be debarred from practice, or at least be required to have in constant attendance a capable penman. A Department of Penmanship is the crying need of the hour in our medical colleges. There is very little practical difference between bad prescription-writing and downright malpractice."

The Frontier Inspection Service.

The Surgeon-General of the Marine Hospital Service has received a letter from Surgeon H. W. Austin, descriptive of a visit made by him to Montreal, and the system of inspection on the Canadian frontier. He says he is satisfied that the inspection service is well and faithfully conducted, and that every practicable precaution has been taken to guard against the introduction of

the small-pox epidemic into the United States. The Canadian authorities, he says, are also doing all in their power to check the further progress of the epidemic.

Camphor in Japan.

The *American Druggist* tells us that the production of camphor in Japan is of considerable importance. It is obtained from the wood of the *Laurus camphoræ*. Camphor oil is a sub-product, which is condensed with the camphor carried away by the vapor of the appliance where the wood is treated. This oil, after being purified, is devoid of color. Its gravity at 59° Fahrenheit is .895. By oxidation, it yields ordinary camphor, and is easily attacked by chlorurets or sulphuric acid. Its specific rotative power is 68.96°. A number of fractions obtained by distillation have shown after examination that this oil was a complex mixture of hydro-carburets of the terpene kind, with various oxydized hydro-carburets. The industrial value of this oil is considered beyond dispute on account of its property of dissolving resins and of mixing with siccative oils. It can thus enter into the composition of different varnishes. Mixed with a solution of palmitate of aluminium, it can be used for rendering paper impermeable. By combustion with a limited access of air, this oil produces an excessively fine black at a low price. In Japan this oil is largely used for illuminating purposes.

Fly-Plates.

From the *American Druggist* we learn that some time ago a novel form of fly-destroyer was introduced in Europe, namely, fly-paper shaped in the form of plates. The government, however, stopped their sale on account of their containing arsenic. Mr. Adolph Vomacka now suggests to utilize this idea, with the modification of substituting non-poisonous substances for the arsenic. He recommends the following: 150 parts of Surinam quassia are thoroughly boiled with 400 parts of water, and the strained decoction concentrated to 50 parts. On the other hand, a tincture is prepared from 25 parts of long pepper and 80 parts of dilute alcohol, by macerating for three days, filtering, and coloring with fuchsine. This tincture is mixed with the extract of quassia, the mixture allowed to settle, the clear liquid heated, and 10 parts of chloride of cobalt and 2 parts of tartar emetic dissolved in it. Plates made of coarse bibulous paper are dipped into this solution, and when saturated, set aside to dry. If it is desired to employ arsenic, a small quantity of arsenious acid (about ½ part) is dissolved in the liquid instead of the cobalt and tartar emetic.

A Mustard Sponge.

Dr. B. W. Richardson recommends the use of a sponge for mustard poultices. He says: "A sponge makes the best of mustard-carriers. The nurse mixes the mustard in a basin with water until the mass is smooth and of even consistency. Then she takes the soft mass all up with a clean sponge, lays the sponge in the centre of a soft white handkerchief, ties up the corners of the handkerchief neatly, to form a hold, and applies the smooth convex surface to the skin. This mustard sponge, warmed again by the fire, and slightly moistened, can be applied three or four times, is good for several hours, and saves the trouble of making a new poultice for re-application, often a matter of importance during the weariness of night-watching. The sponge can afterwards easily be washed clean in warm water."

Pure Cocaine.

We regret to learn that the item in our issue of October 3 (page 392), in reference to the adulteration of cocaine, has, in some quarters, been assumed as reflecting upon the drug as furnished by Messrs. Parke, Davis & Co., of Detroit. We hasten, in justice, to correct this erroneous impression, to state that this house was not in view, as it is universally conceded that the drugs placed upon the market by Parke, Davis & Co. are extremely pure and of the highest grade of efficiency.

Athletics at Lehigh University.

The Lehigh University Athletic Association, at a meeting last Saturday, was reorganized on an entirely new basis. I. A. Heikes read the report of Committee on New Constitution and By-Laws, based upon those in force at Yale, which were adopted. The Executive Committee, consisting of four alumni members, are Prof. E. H. Williams, Jr., and A. E. Meaker, '75; W. T. Goodnow, '83, and I. A. Heikes, '85.

American Academy of Medicine.

The American Academy of Medicine will hold its next annual session at New York, on October 28th and 29th, 1885.

OBITUARY NOTICES.

DR. CHARLES PHILLIPE ROBIN.

This famous physician and scientist was born in Jasseron, France, in 1821, and conducted his medical studies in Paris. He proved an admirable scholar, and took several honors before receiving his degree. Thereafter he rose steadily in eminence in his profession, giving much impetus to the use of the microscope in pathological study, and directing his own investigations mainly to the character and condition of the tissues and liquids of the human body. Upon these tissues and upon cerebral matter he wrote works of value. He also gave some attention to natural history. Various European medical and scientific bodies elected him to membership, and he was chosen professor of anatomy and histology in Paris. Of late years he had held a seat in the French Senate. He died October 6.

DR. FRANKLIN B. STRICKLAND.

Dr. Franklin B. Strickland, who died suddenly from heart disease at the age of thirty-eight, at Richmondville, N. Y., on September 22, was one of the most promising of the young physicians of New York. He was born at Charlotte, Vt., but moved early in life to New York city. He was graduated at Cornell University, and afterward at the University Medical College.

Items.

—The distinguished German surgeon, Volkmann, of Halle, has been created a noble by the King of Prussia.

—M. Méhu, in a memoir presented to the Académie de Médecine, states that solutions of biniodide of mercury are best prepared in oils, lard, or vaseline.

—M. Dujardin-Beaumetz, in a communication to the Académie de Médecine, states that it is an error to suppose that India-rubber cloths used in dressings are hurtful.

—According to a writer in the *Chem. News*, the painful burn produced by nitric acid may be successfully treated by a dilute solution of sulphurous acid applied instantaneously.

—M. Gosse has, it is said, found means to restore the life-like expression to the eyes of dead bodies. He places a few drops of glycerine and water on the cornea; life-like expression is reproduced.

—The female drug clerk in temperance towns is not a brilliant success, says a Kansas paper. When you wink at her across a soda fountain, she doesn't know whether to put a little balm of Gilead in your soda or to hang her head and blush.

—M. Limousin, in order to prevent the substances used for hypodermic injections from becoming deteriorated, encloses them in hermetically sealed glass vesicles. The extremity is broken and the syringe immediately filled, when the injection is made.

—*Life* says that at last we know why "uneasy lies the head that wears a crown." A newly-arrived chiropodist from the old country announces himself as late corn-doctor to the Court of Germany, and tells us he has removed corns from several of the crowned heads of Europe.

—According to Professor P. Wagner, steamed potatoes are far more nutritive than boiled ones. With the latter, not only is more water taken up, but also nutritious salts are extracted by the surrounding water. The author publishes analyses in support of his opinion.

—M. Duclaux has studied the influence of sunlight on the vitality of micrococci. A few hours' exposure to the sunlight weakened the pathogenic micrococci and finally killed them. The inference is that sunlight is an universal hygienic agent, one that is most active and powerful, common to both private and public sanitation.

—A candid correspondent of a leading western medical journal writes: "I do not want your journal, especially if I have to pay for it! With as much respect as I can have for any one engaged as you are, I subscribe myself," etc. Such are the interruptions into the riotous ease of the medical editor's life.

—Luminous trees are reported to be growing in a valley near Tuscarora, Nev. At certain seasons the foliage gives out sufficient light to enable any one near at hand to read small print, while the luminous general effect may be perceived some miles distant. The phenomenon is attributed to parasites.

—The Paris correspondent of the *British Medical Journal* reports that a few days since, a young lady when obtaining from a chemist some chlorate of potash for gargling, was told to "take a spoonful from time to time." She took the dry powder in spoonful doses, and died after five days' illness from vomiting and asthenia.

—The German preparation called oleoze, so great a favorite in disguising unpleasant remedies and making most compounds pleasant to smell and taste, has the following composition: One part each of the oils of lavender, cloves, cinnamon, thyme, citron, mace, and orange flowers, three parts balsam of Peru, and two hundred and forty parts of spirits. One drachm of this added to ℥ ij. of simple syrup, will disguise the taste of ℥ j. of quinine.

—A popular physician was much pleased with a certain aërated water, and by his assiduous recommendations procured for it a celebrity it justly deserved. The doctor acted solely in the interests of humanity generally, and expected no return. To his surprise there came one morning an effusive letter from the company, stating that his recommendations had done them so much good that they "ventured to send him a hundred ——" Here the page came to an end. "This will never do," said the doctor; "It is very kind, but I could not think of accepting anything." Here he turned the page, and found the sentence ran—"of our circulars for distribution."

MARRIAGES.

STEWART—POOL.—October 8, 1885, at the residence of the bride's mother, by Rev. J. S. Blair, George M. Stewart, M. D., of Geneva, Ind., and Miss Florence C. Pool, of Quincy, Ohio.

BRADFORD—NEVINS.—September 30, 1885, in this city, at Calvary church, by Rev. Charles A. Dickey, D. D., Dr. T. Hewson Bradford and Katharine A., daughter of the late J. Willis Nevins.

CLARK—BLISS.—September 17, 1885, in Lyme, N. H., by Rev. E. P. Butler, Edward R. Clark, M. D., of McIndoe's Falls, Vt., and Susie B. Bliss, of Lyme.

FIELD—ATWATER.—October 6, 1885, at Pittsfield, Mass., by Rev. H. M. Field, D. D., assisted by Rev. J. L. Jenkins, Matthew D. Field, M. D., and Lucy, daughter of William L. Atwater, both of New York.

HARGREAVES—DAVIS.—September 30, 1885, at the Central Presbyterian church, by Rev. J. H. Munro, D. D., Thomas William Hargreaves, M. D., to Mary Anna Davis, both of Philadelphia.

HULSE—FERRIS.—September 21, 1885, at the South Second Street Methodist Episcopal church, by Rev. D. A. Goodsell, D. D., of New Haven, Conn., assisted by Rev. M. B. Chapman, D. D., of Brooklyn, W. A. Hulse, M. D., of Bay Shore, L. I., to A. Louise Ferris, only daughter of Rev. D. O. Ferris, of Brooklyn, N. Y.

KINKEAD—HAMILTON.—October 1, 1885, in Poughkeepsie, N. Y., at the residence of the bride's mother, by Rev. Henry L. Ziegenfuss, rector of Christ church, Dr. John Kinkead and Elise S., eldest daughter of the late Adolph Hamilton.

NEWTON—CRAIG.—September 2, 1885, Dr. James Newton, of Fitchburg, Mass., and Mrs. Mary A. Craig, of Westford, Mass.

DEATHS.

ATLEE.—October 1, 1885, at Lancaster, Pa., John Light Atlee, M. D., LL. D., in the 86th year of his age.

HARDING.—September 18, 1885, in Lawrenceburg, Ind., Dr. Myron H. Harding, aged 75 years.

WOODRUFF.—October 5, 1885, at Morristown, N. J., Dr. E. B. Woodruff, in the 71st year of his age.

THE

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Communications.

ON MENTHOL.

BY L. CASPER, M. D.,

Of Berlin.

The ancients already employed peppermint for many complaints, but especially as an anodyne. Pliny devotes a whole chapter to it, and prescribes both the juice and an infusion of the plant, vide lib. xix., chapter 47, and lib. xx., chapter 53, where he says, among others: "Illinitur et temporibus in capitis dolore."

For a long time neglected, peppermint has of late years again risen in the esteem of medical men in the shape of the oil prepared from it (oleum menthæ piperitæ) and the menthol, the so-called camphor of peppermint, made from the oil, which the Chinese and Japanese have for centuries been using for relieving headache, and which was especially believed to be an infallible remedy against toothache.

In 1874, Delious de Savignac published an essay on the "Ethereal Oil of Peppermint," finding that it acted more promptly in superficial than in deep-seated, intermuscular, and parenchymatous neuralgias, and that, as with opium and belladonna, such neuralgias must be traced to their origin. This he tried to attain by a subcutaneous injection of the solution of essence de menthe in distilled water, with or without an addition of a tenth part of alcohol; but owing to the subsequent inflammation and acute pain produced by it, he never employed it pure, nor in a strong solution.

A. D. Macdonald found menthol to be very reliable in its local application against neuralgia of the trigeminus, against toothache and sciatica. As to its antiseptic action, he says that menthol in a solution of 1 to 1000 impeded the development of bacteria just as efficaciously as phenol in a solution of 1 to 500.

Recently Dr. Rosenthal undertook a series of experiments with menthol, and with a twenty per cent. ethereal solution of menthol obtained anæsthetization and decrease in volume of the thickened mucous membrane of the nose. The effect, which in some individuals appeared immediately, in others after the lapse of from one-half to one minute, consisted in the diminishing of sensibility both in the nose and in the pharynx. Inflammation or searing of the mucous membrane was not observed, but in consequence of the very acute pain sometimes intervening after the application of the ethereal solution, Dr. Rosenthal was induced to make use of a twenty to fifty per cent. alcoholic solution, which was finally replaced by an oily one.

Dr. Schmitz, after experimenting with menthol on dogs, cats, rabbits, and frogs, tried it on human beings, and then made use of it as a remedy.

The hind leg of a frog being dipped into a glass vessel containing menthol 0.685, distilled water 6.85, and 5 grammes of alcohol, Dubois's electrical sleigh-apparatus showed already within three minutes a distinct decrease of sensibility, and after ten minutes a complete anæsthetization.

Menthol in this instance produced the same effect as the ethereal oils, the action of which in calming the nerves, and even preventing tetanus, was first shown by Binz and Grisor. In warm-blooded animals its anæsthetic effect on the cornea

appeared much quicker and just as distinctly. But what must be mentioned is the irritability and congestion of the conjunctiva following the application of menthol.

The animals invariably closed their eyes immediately for two to three, and in some cases even five to ten minutes, and when they then opened them a touch on the cornea proved its anæsthetization in a higher or lesser degree. This was especially the case in those animals upon whose cornea pure menthol was brought which had previously been recrystallized. The complete anæsthetization then lasted for half an hour, and in some experiments even from two to three hours.

In these experiments on the cornea a further observation was made that, while the cornea on being touched was entirely insensible, and the pupil dilated in darkness, the iris contracted immediately on the sunlight falling upon it.

In experiments upon the mucous membrane of the nose of dogs, the anæsthetic effect of a 10 per cent. solution of menthol could be proved in five minutes, and distinctly within ten minutes. As the irritability and congestion of the cornea were in a great measure due to the alcohol of the solution, the experiments were repeated with a 10 per cent. solution of menthol in almond oil. The irritation of the conjunctiva was then lessened, but at the same time the action of the menthol was less prompt, a peculiarity shown by most oily solutions, as carbolic oil.

In operating with menthol on human beings, a phenomenon became apparent which in animals could only be guessed at, viz: the painfulness produced by application of menthol, pure as well as in solution, in the conjunctiva. Immediately on applying the menthol a burning sensation was felt, accompanied by photophobia and flowing of tears; the pain lasted for a quarter of an hour, then a sensation of coldness ensued, followed by warmth; the refraction was normal; the congestion of the conjunctiva appearing soon after, subsisted for several hours.

Then the human tongue was experimented upon by means of the electrical induction apparatus. First the current was determined with which the effect was just to be perceived. Then menthol was applied, and after from five to ten minutes, the current again determined, with the result that a pushing inward of five centimetres was necessary to make the current distinctly perceptible to the mentholized part of the tongue; a strength of current that would have been very painful to the normal tongue.

Applied to the nose, the solution of menthol produced, within a few minutes, a feeling of cold, extending, not upwards, but down to the tip of the nose.

The question now is: How does menthol act on the sensitive nerves? To solve this problem, the blood-vessels of a frog were tied, and its legs dipped in a solution of menthol. It could, therefore, not be absorbed and brought to the nerve-centre. When touched now with the points of an electrical induction apparatus, the sound thigh, which was not plunged into the menthol, immediately responded with a violent quivering, while the mentholized leg remained unmoved. To make things doubly sure, the nerve was now severed and its two ends put upon isolators; an irritation of the central end produced quivering, the web remaining absolutely insensible to irritation.

This goes far to prove that menthol only acts locally and not centrally, like morphia and hydrate of chloral.

The results obtained induced the author to try menthol therapeutically. He applied it externally to all painful places, in headache and all sorts of neuralgia, wherever the superficial situation of the nerves seemed likely to promise success, either in the shape of an ointment (one to ten), or in alcoholic solution. It was besides employed instead of cocaine in cases of difficult dentition. Internally, it was administered in complaints of the stomach and bowels, when appetite and digestion were disturbed, and in chronic catarrhs of the lungs with viscous expectorations and scant sputa. For from the observations that menthol brought upon the tongue and mucous membrane of the mouth caused a plentiful secretion of saliva, it was inferred that by exciting the action of the secretory nerves it would serve both to increase the secretion of the gastric and intestinal juice, and to liquefy the viscous mucus of the alveoli of the lung, thus rendering expectoration easier.

These theoretical conclusions were confirmed by practice. Internally, menthol was administered in an alcoholic solution of 0.1 to 0.25 to 180.0 of distilled water; some of the menthol, it is true, is percipitated again, but is easily dissolved by warming a little the bottle previous to taking the medicine. The author was quite satisfied with the therapeutical results obtained, and advises a trial, the more so as menthol is comparatively cheap.

Its disinfecting qualities, as stated by Macdonald, are hardly to be doubted, for ethereal oils have all, more or less, a deadly effect upon bacteria.

The experiments and the trials in practice lead to the following conclusions:

1. Menthol is an anæsthetic for those sensitive nerve-terminations with which it can be brought in direct contact.

2. It strongly excites the action of the secretory nerves.

TYPHLITIS AND PERITYPHLITIS.

Death by Strangulation of a Portion of the Ileum.

BY T. M. T. MCKENNAN, M. D.,

Of Dixmont, Allegheny Co., Pa.,

Assistant Physician Western Pennsylvania Hospital for the Insane.

L. S. W., age 24 years, male, was taken with severe pain in abdomen on March 6. Examination showed an enlargement in right iliac region about the cæcum. For several weeks he had complained of feeling unwell. His color was bad; yellowish. In walking he leaned towards the right side, and had slight numbness of right leg, with fleeting pains in region of groin. A dose of castor oil, followed by an injection, brought away a large amount of fæces, and afforded considerable relief. Patient was put to bed, and on March 7 had another attack of severe pain in abdomen. Morphia was given. Temperature 100°; pulse 100; respiration 34. Troubled very much with flatus. Stomach very irritable, and could take very little nourishment. Lump in right groin quite hard and about the size of an egg; could not be well defined. Great restlessness and sleeplessness. Continued in the same condition until March 12, when a voluntary passage of quite a large amount of fæces occurred, along with a considerable amount of fluid which had the appearance of bile, and which was excessively offensive. The symptoms all improved. *The lump in groin almost disappeared.* Temperature and pulse fell almost to normal. Symptoms continued to improve until the evening of the 14th, when pulse and temperature again rose. Patient became delirious, but became rational in the morning when the temperature and pulse fell. This condition continued until the 17th. Patient would be better during the day, to become delirious at night, with a decided rise of temperature and pulse.

On the 19th, an examination of the rectum disclosed a large tumor pressing on the rectum in front. This was diagnosed as an abscess, and was aspirated with the result of evacuating over a pint of extremely fetid pus. The cavity was washed out with a solution of bichloride of mercury, until the fluid drawn was almost clear. The relief was immediate and great. Temperature and pulse fell to normal. Patient fell into a calm sleep, and when he awoke wanted nourishment. Continued to improve until the 23d, when another rise of temperature and pulse occurred, and he was greatly troubled with gaseous distension of bowels which could not be relieved. Examination per anum revealed a re-accumulation of pus. This was again aspirated, and about three ounces of pus evacuated. The cavity was washed out, and again the patient experienced relief, but not such great relief as after the first aspiration.

Six hours after the aspiration severe pains came on in the abdomen, and one-half a grain of morphia was given before relief was obtained. Temperature and pulse rose. Patient eructated gas of a very offensive odor during the night of the 23d, and on the morning of the 24th vomiting set in. Vomited matter of a yellowish color, very offensive, and became almost stercoraceous. This continued until the morning of the 27th, when death occurred.

Post-mortem four hours after death.—Abdomen only examined. Crucial incision. First thing revealed was enormous distension of *small intestine*. Large intestine collapsed. Cæcum contained a small amount of hard fæces. Head of colon and cæcum were congested. Vermiform appendix was found enlarged, congested, and bound down along with its mesentery to brim of pelvis. Mesentery dropping in cavity of pelvis and bound down to its side. A perforation existed in vermiform near its cæcal attachment. One hard body (hardened fæces), size of a bean, was found in the vermiform, another one was found in the pelvic cavity, having evidently escaped through the perforation and dropped into the pelvis. The perforation occurred right into the peritoneal cavity, and the pus sank into the pelvic cavity, seeking the most dependent portion. It thus lay within the peritoneal cavity and formed the tumor which was discovered pressing on the rectum, and when evacuated the aspiration took place right into the peritoneal cavity. No defining wall or sac was formed. No general peritonitis had existed, at least there was no pathological evidence save some slight congestion. There was evidence of pelvic peritonitis, and the principal point where it occurred was at the brim of the pelvis, posteriorly, about five inches from the ileo-cæcal valve. A knuckle of the ileum (about four inches in length) was bound down by fibrinous lymph to the brim of the pelvis, and was almost in a condition of sphacelation. Death was evidently due to strangulation of the ileum.

The especial point of interest in this case is the fact that although this pus must have lain within the peritoneal cavity for seven days, yet no general peritonitis ensued. The tumor in the groin almost disappeared on the 12th, the pus was drawn off on the 19th. We conclude that the perforation was coincident with the disappearance of the tumor in the groin.

This pus was not laudable, but was sanguineous in character and very offensive, due no doubt to decomposition of a small amount of fæces. The termination of the case, by strangulation of a portion of the intestine, is certainly unusual in cases of this disease, though cases have been recorded as terminating in this way.

This case, obscure in many particulars during life, is rendered plain in the light of a post-mortem examination. Aspiration of this abscess, before perforation occurred or an exploratory incision at this time, might have caused a different result in this case.

After perforation occurred, the question arises, Would an exploratory incision have been advisable?

The light which the post-mortem examination sheds on the case leads me to think that an exploratory incision into the abdomen might have been serviceable had it been done shortly after the perforation occurred.

ALOPECIA.*

BY DR. LASSAR,
of Berlin.

The circular alopecia, which according to Dr. Michelson, must occur without any irritation of the surrounding parts, can, on the contrary, according to the degree of its intensity, show the most various symptoms, and either be followed by considerable scurf and excretion, or take its course without any irritation of the neighborhood. The final termination of the malady is altogether uncertain in an individual case. The process may heal of itself, like every infectious disease, but there is no knowing whether it will be followed by regeneration or by absolute and lasting baldness. On the other hand, it is most certainly possible, with the help of the curative means I have already indicated, to bring the process to a stand-still from the first day, and to gradually bring about a complete regeneration. The further course of such a case will then show that the assumed nervous influences on the disease are clinically of no practical value. From the course of the process it would rather seem as if some noxious agent chooses certain favorite spots, whence it continues pushing forward.

The two patients whom I have the honor to introduce to you, were, a year ago, completely bald, in a manner that quite disfigured them. This gentleman had been attacked by alopecia areata, so that his head was only covered by circular lines that were irregularly interwoven. The process would not go back, although the patient had applied to competent medical men, and tried every possible remedial measure; but, on the contrary, for about nine years the disease was steadily progressing. Not until the remedies recommended by me (tar-soap, 2 per cent. sublimate, alcohol, and salicylic oil) had been most conscientiously applied by the patient, did the falling off of the hair cease and the bald places cover themselves with a new growth. But some spots obstinately resisting regeneration, I had recourse to a popular remedy that had been recommended me by a colleague in the country, the well-known adeps colli equini, which in some places is used in the shape of pomatum. It somehow being possible that this preparation possessed some useful properties, owing perhaps to its absorptibility, I had it mixed with salicylic and carbolic acid, and indeed employed it successfully, for, as the patient graphically expressed it, he felt as if his head had been manure, so rapidly did the hair grow. I must add that his is not the only case where the fat of horse's comb proved of avail.

In the gentleman not the slightest trace of disease is now to be found, while the other patient, a young lady, treated for some time by Dr. Hirschfeld, although a complete regeneration of the hair has likewise taken place, still shows two or three distinct small circles, with newly-developed alopecia areata, the best proof that it is not a general functional disturbance but a local infection we have before us.

I have collected a great many observations in the same sense, and believe that clinical experience will confirm this experimental evidence.

* Read before the Berlin Medical Society.

LAPAROTOMY IN A CASE OF GUNSHOT WOUND OF THE INTESTINES.*

BY AUGUSTUS V. PARK, M. D.,
Of Chicago, Ill.

M. S., a butcher-boy, aged 16, of slight stature, formerly in poor but lately in good health, was shot on September 1, 1885, at 3:30 p. m. A pistol ball, of calibre 22, fired from a distance of forty-

* Read before the Chicago Medical Society.

five feet, entered the abdomen at a point midway between the symphysis pubis and umbilicus, two inches to the left of the median line. The patient was removed in a farmer's spring wagon from the place where he was shot to his home, a distance of seven miles. A dressing was applied, and at 1 p. m., the next day, he was taken to the Michael Reese Hospital. The patient arrived nearly exhausted; his temperature was 100° F., pulse 130, weak and intermitting. His respirations were 30, his abdomen tympanitic, especially high on left side. There was no liver dullness, giving rise to a theory that the liver was crowded upward by extravasated blood. At 1:30 p. m., laparotomy was performed, the incision being made directly over the seat of the wound. We could not find any wound of the peritoneum, or where the ball passed through it. As the peritoneum was opened, decomposed blood rushed through the opening with great force. Blood and blood-clots which quickly formed were removed with sponges; the intestines were drawn out and examined for wounds. The first wound found was an abrasion, the ball not having entered the intestine. There was but little hemorrhage, and the wound was closed by the interrupted cat-gut suture. The second wound, half-inch in diameter, opened directly into the intestine. A small mesenteric artery was found divided, and tied. All hemorrhage ceased. The wound was closed by interrupted suture; no further injury could be detected. The abdominal cavity was cleansed with one (1) per cent. solution of carbolic acid; the intestines were washed, carefully examined, and returned. The abdominal incision was closed by two sets of sutures, the peritoneal surfaces were approximated and closed by continuous suture.

At 5:30 on the morning after the operation the patient died. Seven hours later an autopsy revealed commencing peritonitis, the small intestines being apparently agglutinated together. A few blood clots and a quantity of extravasated blood were found in the peritoneal cavity on the left side. A contused wound of the rectum was found near the sigmoid flexure, the ball being deflected from this position into the muscular tissue below, where it was found imbedded. This case justifies the opinion of various eminent surgeons that we cannot tell the direction the bullet takes from the position of the wound of entrance or exit. From the conditions existing in this case, I am of the opinion the case would have terminated favorably had I been able to perform, with antiseptic precautions, laparotomy immediately after the injury.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL OF PHILADELPHIA.

Service of Dr. J. M. Da Costa.

The Sequelæ of Sunstroke.

This man has had a most remarkable history of casualties. In 1852, he was cut in the head; in 1854, he was bitten by a dog; in 1856, he was cut over the eye; in 1857, he was drugged and nearly killed by laudanum; in 1858, he was thrown from a horse; later, he was cut in the back of the head, thrown several times from horses, was struck by lightning, had hepatic fever, dislocated his ankle, was injured in the side, and somebody jumped on his head, so that he now really ought to have what he claims is the matter with him, namely, "*nervous prostration.*" His present troubles date from a sunstroke in 1872. One year after the stroke he commenced to have epileptiform convulsions, never having had any before. He has warnings of these attacks in a sense of suffocation. His eye-ground presents nothing abnormal; there is nothing wrong with the heart; his urine is negative. These attacks are always more frequent in warm weather. Sunstroke is not infrequently followed by epileptiform attacks, which are incomplete in their nature; there will be vertigo, twitchings of the muscles, etc. Remember that sunstroke is really a heat fever, and it often leaves behind it a low grade of meningeal inflammation. This condition is very controllable, and the drug, par excellence, in such cases is belladonna, three drops of the tincture thrice daily. Remember that these attacks are specially liable to be brought on by a close, warm atmosphere, which should be avoided. The head should be kept cool and the bowels open. Belladonna is better in these cases than the bromides, but you must remember that we are not talking about full-fledged epilepsy.

Acute Bright's Disease.—Cure.

This man, aged forty-four, came to the hospital last June with a history of four or five weeks' sickness. The urine was scanty and contained albumen; there was œdema of the face and legs, and he was feverish, as well as short of breath on exertion. He has now an irritable heart, the first sound is feeble, the second sharp and distinct; the heart is slightly dilated. There is now no albumen and no œdema, the acute kidney disease has been cured. When first seen, he was using Basham's mixture and Rochelle salts for some time, and his condition remained the same. The treatment was then changed to sulphate of magnesia every morning, and one drop (increased to five) of a centesimal solution of nitro-glycerine thrice daily. The question now arises whether the nitro-glycerine cured him. This drug undoubtedly does good in Bright's disease when there is not too much structural change, but we also know that acute Bright's disease has a tendency to get well under the use of diuretics and laxatives; hence, since both methods of treatment have been employed, we cannot say positively which has effected the cure, though Dr. Da Costa inclines to credit it to nitro-glycerine. We can-

not give this man digitalis for his feeble heart, because it is a diuretic, and he is already passing too much water. He will, therefore, be ordered one-quarter of a grain of strychnia thrice daily.

Tetanoid Epilepsy.

This young man has had four convulsions, before each of which he has premonitions; for some time he will talk nonsense for half an hour before the convulsive seizure. In the face he has tonic and in the limbs clonic spasms. His heart is normal and urine negative. Six months before his first attack he received a wound of the ankle. He has no *aura*, that is not ascending, he sometimes has pain in his head, which goes down to the back, before these seizures. This wound of the ankle was slow in healing. It would seem that this cicatrix has implicated a nerve, and by reflex action, causes the seizures. Dr. Da Costa related the case of a lad who had similar attacks after a wound. The cicatrix was cut out, the seizures at once ceased, and he has since grown to be a robust young man. He will strongly urge this remedy here. The operation is a trifling one, and it should include all the hardened tissue about the cicatrix. In the meantime, he will order him decided doses of the bromides: bromide of sodium (fifteen grains), bromide of ammonium (five grains), and bromide of potassium (ten grains), three or four times daily. He will also be placed on a milk diet, and means used to lessen the irritability of the nervous system.

Service of Professor Parvin.

Retroversion of the Uterus.

While retroversion does not make a very brilliant clinic, said Dr. Parvin, it yet furnishes a most eminently practical one, for you will encounter one hundred retroversions to one laceration or ovarian tumor, and he who can successfully treat a retroversion has his future success assured, for one woman cured of this troublesome displacement will prove a life-long and valuable advertiser. In order that you may diagnose a retroversion, the fingers must be well pushed up in the vagina, as much as their whole length. Acute retroversion may be produced by blows or falls, and this condition is liable to occur after abortions or normal labor. We hear some men say that it is caused by getting up too soon after labor, but Dr. Parvin tells us that it is more frequently caused by too long retention of the prone position. A woman whose labor has been normal should not remain on her back after the first week. Subinvolution, from anæmia and other factors, is a cause. Relaxation of the utero sacral ligament will allow the os and cervix to tilt forwards and the fundus to be thus retroverted. If this ligament holds its part in position, it will be seen that the fundus *cannot* go back. When, by internal and external manipulation, we fail to find the fundus where it ought to be, having previously felt the cervix, we know that it is out of position. We will also have pain in the groins, because the uterus is pulling on the round ligaments, and also low down in connection with the utero-sacral ligament from the same cause. In this case he pulls the womb back into position with a tenaculum, and keeps it in place with a tampon saturated with glycerine. Nux vomica is ordered to restore tone to the utero-sacral ligament. The bowels will be moved daily, and after the movement she will have an injection of cold water. Electricity will also be used to tone this ligament. When the womb is subinvoluted, ergot will reduce its size. If anæmic, she will be appropriately treated constitutionally. She will improve in a month (when a pessary will be substituted for the tampon), but it will take six months to make a cure, and maybe you can never cure. Be careful not to promise too much.

PHILADELPHIA HOSPITAL.

Service of Dr. H. C. Wood.

Insanity.

With his usual practical ideas, Dr. Wood bemoans the fact that insanity is a *terra incognita* to the physician graduating from our best colleges, yet he is frequently called upon to treat such patients and should have a knowledge of the subject. He therefore proposes to make some remarks that will prove of service to the general practitioner, and keep him from being *at sea* when called to such cases. After some preliminary remarks, in which insanity is practically defined as a disturbance of the intellectual functions, so great as to be beyond the power of the will to control its erratic manifestations, Dr. Wood thus classifies his subject:

INSANITIES.

A. Insanities not dependent upon a previous neurotic condition.

B. Insanities, the evidence of a continuous neurotic vice.

B. Insanities caused by organic disease, toxæmia, or injury.

A

(*a*) Not dependent upon evolution of life.

(*b*) Dependent upon evolution of life.

1 *a*. Profound or emotional disturbance.

2 *a*. No emotional disturbance.

Mania,
Melancholia, } terminating in dementia,
Katatonia,

and forming the great mass of cases of insanity. (His further classification we will give in our next report, as this goes as far as he went in this lecture.—Reporter.) This classification is as good as any. There have been many classifications made, and where we note this fact with any disease, we may be sure that the knowledge of the subject is very incomplete. We may consider that the word insanity represents all cases where there is no known organic lesion, and excludes paretic dementia, etc., where there are known organic lesions. *Katatonia* is a very peculiar and rare form of insanity, of which Dr. Wood has never seen a case, and there are only two or three reported in this city, in which the emotional nature is neither exalted nor depressed. There exists a peculiar pathetic condition.

Mania.

Mania is a condition of the emotional and intellectual faculties, in which there is great exaltation, with a most decided weakness of the inhibitory power of the will. The lower functions of the intellect are rather more affected than the

higher. The perceptive faculties are more acute, while the reasoning and the other higher faculties are, in reality, depressed. There is an over-acuteness of the senses, but there is an absence of logic. There is a marked loss of will-power, and the patient seems no longer able to control the lower functions. Acute mania is usually preceded by a depression of spirits, but there are seldom delusions in this initial stage, so that in this way the diagnosis can be made from melancholia. The world seems to such a one far off and "out of sorts." Dyspeptic symptoms are often marked. There is not enough mental aberration to warrant the observer in pronouncing the patient crazy. There is apathy and loss of memory. The diagnosis in new cases is not yet possible. When we have the factor of heredity and the history of previous attacks, we can, however, foresee the coming storm; in fact, patients themselves often anticipate what is coming and voluntarily place themselves in asylums. After six or eight weeks the mania develops. Mania may sometimes come on suddenly, without prodromata, when there is no trouble in diagnosis. After the stage of depression the patient becomes exceedingly happy; performs, perhaps, an excess of intellectual work; there is an exaltation of mental activity, and the patient feels himself capable of accomplishing anything; he is restless, and there is a sense of increased physical power. The sexual desire is also increased. When fully developed, there is intense excitement. At first the manifestations are usually those of pleasure, but after the lower passions become excited, and the disease is fully developed, they assume the form of anger, fury, excessive sexual appetite, satyriasis, or nymphomania. We must draw the distinction between erotomania, which means rather a melancholy condition and Platonic love, and satyriasis and nymphomania, which mean excessive desire for and gratification usually of the sexual act. As time goes on, the talk becomes more or less incoherent, due to the fact that he thinks faster than he can formulate the result of his thought—faster than he can talk. The muscular system becomes excited, and he is restless. Sometimes physical power is actually increased, at others it is not, but they possess wonderful powers of endurance. It would seem almost as though at other times voluntary actions now became involuntary, so great is this power of endurance. The delusions of mania are not systematized and not fixed. A delusion that would cause fear in the melancholic will aronse anger in the maniac. In violent frenzy there is usually complete blunting of the senses, and the patient is very filthy, bedaubing everything with his own excrement. Destructiveness is often associated with delusions. (Two cases were here shown presenting the symptoms described above.) Dr. Wood has derived more benefit in mania from the hydrobromate of hyoscyne than from any other drug; the dose is $\frac{1}{60}$ of a grain hypodermically, increased to $\frac{1}{30}$. There is a peculiar condition of the hair often noted in maniacs. It stands out straight from the head, as though electrified. It is an erroneous view, generally held, that maniacs are very strong; sometimes they may exhibit short spasmodic periods of unusual strength, but the increase, as already stated, is rather in their power of endurance. Be careful about approaching a maniac, for you do not know what he may do. Dr. Wood was once called to see a gentleman whom he found calmly and quietly sitting in his library; but as he approached him he was greeted with a *kick on the shins* that left no doubt in his mind of the man's insanity. Recovery from mania is usually rapid. It is hard to give the duration, but the nearest approach to it would probably be to say about five months. The prognosis is usually good for the present attack; probably eighty per cent. of first attacks recover; but relapses are very frequent. Death rarely occurs, and then only from inanition, for it is sometimes very difficult to nourish these patients. When they neither die nor recover, they run on to chronic mania, with an impairment of all the functions, lack of coherency, inability to follow out a line of thought, hallucination, delusion, and, after years, dementia. In the great majority of cases, the treatment of acute mania will consist in signing a certificate and sending a patient to an asylum, though if means are abundant, the treatment can be carried out just as well, and oftentimes better, at home. The patient must be protected from himself; the room well padded if he is violent, and there must be plenty of trusty care-takers. Feeding is a most important therapeutic consideration. The waste of tissue, due to the constant muscular activity, is enormous, and it must be repaired. If he refuses food, and will not open his mouth, he must be fed by a tube through the nostrils.

Dr. Wood does not derive good results from the bromides. In this hospital we use hyoscyamine and morphia; the latter will quiet the patients, though it may not cause sleep. Of course, chloral will produce sleep if given in sufficiently large doses, but we must remember that it is a dangerous drug in very large doses. Counter-irritation (blisters) and cold to the head are recommended. Maniacs get well quicker than melancholics.

Service of Dr. W. S. Janney.

Strangulated Hernia.

Dr. Janney concludes a course on hernia by saying that the ordinary impression that the operation for the relief of strangulated hernia is a formidable procedure is altogether erroneous, for, on the contrary, it is one of the simplest operations in surgery, one that all should be prepared to perform, and that no one should fear. Taxis should never be persevered in for more than ten or fifteen minutes. The ordinary history of a case of strangulated hernia is for the family physician to be called, mayhap at night. He works a while and fails to reduce. He leaves, promising to call the next day. He manipulates some more, and pursues this policy of delay, perhaps, into the second day, when the patient becomes so ill, that surgical aid is summoned. But it is too late; the gut has become gangrenous, and if the man does not die, the most we can hope for is an artificial anus. Before etherizing for taxis, always explain the situation to your patient, and secure his consent for operation; then, if you fail by manipulation, lose no time, but operate at once. The great danger is the fear of the knife, and the want of knowledge of anatomy so common among surgeons. Who ever saw Dr. Agnew go about an

operation hesitatingly? it is because he taught anatomy for twenty years, and dissected ten hours daily for many years. He never fears, because he knows the nature of the part he is invading. Always be well posted in your anatomy before an operation, and then go ahead fearlessly. Always try first to reduce the hernia before you nick the ring; this you can sometimes accomplish by pulling out one end of the convolution of the gut, while with the other hand you press back the other end. The only danger in this operation is from hemorrhage. You may cut the epigastric artery (though not likely), but if you do, you can easily seize both ends and ligate it. In femoral hernia you may cut a branch of the obturator artery, which (sometimes) runs along the back of Gimbernacht's ligament. This is more serious, because it contracts with the ligament, and is hard to get at, but if it is in this anomalous position, you can feel it pulsating and avoid it.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. WILLIAM GOODELL.

Suspected Pregnancy.

You will repeatedly have come to you a woman who suspects that she is illicitly pregnant, and will want you to relieve her. Remember that it is a great sin, not only against God, but a crime in the eyes of human law, for you to interfere. Some years ago a prominent physician, in this city, in large practice, was approached by a poor Irish girl, who had "*gotten herself into a scrape.*" Out of sympathy for her, he brought on a miscarriage. Subsequently she became ill, not seriously so, but enough to frighten her; she sent for a priest, told the whole story, and gave the doctor's name. The priest preferred charges against him, he was arrested, kept several days in jail owing to the magnitude of the bail demanded, was tried, and only acquitted after a most vexatious trial, that so preyed on his health that he died shortly afterwards. In another case, where the work had already been done, the physician who was called in, in order to screen the girl, carried the baby away, and, fortunately, put it into a bottle of alcohol in his office. Later on, a priest suspecting an abortion, investigated the case, had the doctor arrested, and it was only by the extenuating circumstance that he had kept the baby (which he would not have been likely to have done had he produced the abortion), that he was acquitted. The laws of this State compel us to give evidence in such cases. We are required to notify the authorities when such cases come under our observation. You should steer clear of such cases. If a person comes to tell you about such a case, shut him or her up at once, and refuse to have anything to do with the matter.

A friend once came to see Dr. Goodell to tell him that he had such a case. Dr. G. told him that since he was in a scrape he would go with him to see the patient, but advised him to at once see the coroner's physician, and, confidentially, tell him of the case. This he did, and thus put himself right before the law. Only this morning a doctor told Dr. Goodell that a rich man had offered to fill him up a check for any sum he might name, if he would only produce an abortion on a girl for him. The temptation will oftentimes be very great, but so also is the sin and the crime, and you must be firm. It is right enough for you to help a poor girl to conceal her shame, but never be a party to her crime.

Well, now, this unmarried girl comes to us because she thinks she is pregnant, and hopes we can do something "to put it away." "What makes you think you are pregnant?" Dr. G. asks. "Because I have placed myself in a position to become so, and have not seen my courses for two months," the girl replies. As a rule, we cannot *swear* to pregnancy until we can hear the fœtal heart-sounds; but there is strong presumptive evidence if the os is soft like one's lips. When the os is as hard as your nose, you may be reasonably sure that there is no pregnancy. Once in a long time a fibroid tumor will give us a soft os and cervix, but this is very exceptional. This condition we will find as early as the end of the first month, though it becomes more marked as pregnancy is farther advanced. No matter what station in society a woman may occupy, no matter howsoever exalted her position, when we find a soft os and cervix, we have a right to suspect pregnancy. Here there is a little softening, but very little. Her abdomen is too fat to circumscribe the womb and discover whether it is enlarged, so that evidence is here lost. There is only a shade of darkness about the nipple, not as much as there ought to be in pregnancy. This woman may not be pregnant, and may be suffering only from amenorrhœa. We will give her Blaud's pill.

℞. Dried sulphate of iron,
Carbonate of potassium, āā ʒij.
Glucose, q. s.
M. ft. pil., No. xlviii.
S.—Two thrice daily for one week and then increase one at each dose.

If she is not pregnant, this will bring on her menses, while if she is pregnant, it will not cause a miscarriage. Remember that a *natural* abortion is not very dangerous; it may be likened to a ripened apple dropping from the bough. For some reason the ovum has become detached from the womb, and it passes harmlessly away. But if you pluck a green apple, you will tear also the bough or break the stem from the fruit; so when you produce an abortion, you tear the ovum from its firm adhesions to the uterus and cause lesions that may result in septicæmia.

Laceration of the Cervix Uteri.

This woman has had two children and two miscarriages. In this case we have had the rare phenomenon that sometimes occurs, of menstruation during seven months of the pregnancy. Bad lacerations usually occur in forceps cases: why this is he does not know; he can understand how the cervix can be lacerated when the forceps are introduced within the uterus, but the majority of doctors do not so use them. It is only in rare cases that we are justified in putting up the forceps into the uterus. When the pelvis is large, and the head low down, almost at the vulva, but still covered by the uterus, and the woman's strength is giving way, or convulsions seem im-

minent, then we may use them so. The tendency of the day is to use the forceps too freely. Here there is a bad, bilateral laceration, worse on the right side, so that the probability is that in the labor that caused it there was a right occipito-posterior position, and such labors are usually tedious and difficult. We can feel the cervix turned or twisted over like a piece of split celery, and the delicate lining membrane is raw, because of the exposure and attrition with the walls of the vagina. Every time the penis is introduced, it rubs on it as well. This woman has also retroversion, which is a frequent accompaniment of laceration. The operation for lacerated cervix is a very much abused one; it is performed altogether too often. A mere tear signifies nothing, unless there is this turning out or ectropia; when there is no eversion, it signifies nothing, though it may cause sterility. It has now been satisfactorily settled by observation that in fecundation there is not only the ejaculation from the penis, but there is also a *suction* from the womb; the os opens, as it were, and aspirates or sucks in the semen. If there is a laceration, this suction cannot occur, any more than you can draw water into a syringe with a split nozzle, if any portion of the split is above the water mark. When there is no, or very slight, ectropia, the local use of tincture of iodine, or of nitrate of silver, at long intervals, will suffice. But when the laceration is bilateral and there is much ectropia, the operation is demanded.

Metrorrhagia.

We must draw a clear distinction between metrorrhagia and menorrhagia. The former means a bloody flow from the uterus, that may be independent of the periods, while the latter means an excessive flow at the menstrual epochs. This woman complains of metrorrhagia. The womb is not large enough to account for a fibroid, wh ch always causes enlargement. An unmarried woman of 45 is liable to have metrorrhagia, due to fungous growths. The constructive energy of the womb is very great; nature intends that it shall build, and if this energy is not utilized in the way of pregnancy, it seeks some morbid field for its action. Congestions and growths ensue. Such growths will be found in widows and married women who use preventive means. If there were a polypus, this womb ought to be larger than it is (it measures about three inches). He now proceeds to *curette* or scrape this womb. There are two curettes, one sharp and one dull; you had better use the latter until you acquire dexterity, else you may do harm. He holds the cervix with a tenaculum and finds that the curette will not go in; so he dilates with the dilator and gets it in. This womb is very hard, and has probably been treated with nitrate of silver, which was the great treatment ten years ago. The womb is so very hard, so sclerotic, that Dr. Goodell thinks probably there is an intra-mural fibroid, or at least a fibroid condition of the organ. But even in these cases scraping away the vegetations will do much good. Metrorrhagia may be caused by disease of the ovaries, reflexly setting up a congestion of the uterus. After scraping away these granulations, he injects tincture of iodine into the uterus to destroy those granulations that have been bruised without being removed, and also as a disinfectant for these bruised granulations may decompose and cause septic infection. As he brings out the applicator, the cotton is gone—it has been left in the uterus. Do not let this occurrence annoy you. You can bring it out with forceps or a tenaculum, or if you cannot, let it alone and it may come out of its own accord. If not, you can etherize the patient, dilate the womb, and remove it. Sponge-tents sometimes break off, a portion remaining, and you can remove them as above. Metrorrhagia can be controlled by ergot, gtt. xx., and chloride of ammonium, gr. x., thrice daily. If this does not suffice, dilate the cervix with a sponge-tent and look for the cause. You can generally find a cause; but in some cases you cannot; obstinate cases will sometimes baffle all treatment. You may treat for anæmia and do no good; and some of these cases can only be explained on the hypothesis of an irritation from the ovaries, and that must be relieved. A combination of a bromide and digitalis is good. Ergot may cause too great a flow at the menstrual period; if so, we must use tinct. digitalis (five minims) and aromatic sulphuric acid (twenty minims) every two hours. When the flow is checked or any head symptoms supervene, as fullness, glaring, obscurity of sight, etc., we must stop the digitalis. If these remedies fail, we may try oil of erigeron (five drops every hour) in capsule or on sugar. After a while it will derange the stomach, but it usually cures the metrorrhagia first. If this does not suffice, we may try gallic acid, not as the books tell us, but in doses of ten to fifteen, or even twenty grains. The only drawback to it is that it is likely to produce constipation. If all these means fail, we must resort to the tampon. Use a sponge, the size of a lady's fist; pass a string *through*, not around it, and tie the two ends together. If you tie around it, you destroy its elasticity. Dip it in vinegar, which will serve as a disinfectant and a hæmostatic. Smear with vaseline, particularly if the vulva be small. Pack it up close, and there is usually no more trouble. Do not leave it in without removing for longer than twenty-four hours, as it will smell atrociously and may cause septicæmia. We may then take it out and put in another. Be careful not to let the tampon press on the urethra, or you may be called to relieve retention of urine, which will be no trifling matter if you live some miles away.

Service of Dr. D. Hayes Agnew.

Carcinoma of Knee.

This poor woman has an enormous swelling over the knee; there are nodosities over the surface, which disabuse us of the idea of an abscess. The veins are prominent. She is losing flesh and strength. If there were no implication of the glands of the groin, it would be proper to amputate high up, at the hip-joint, probably. But here the glands are tender and enlarged, and no operation should be thought of; besides, she is too much run down to stand it. She is now beyond the surgeon, and all we can do is to palliate her condition. She will be given bitter wine of iron and Fowler's solution; arsenic may retard, but cannot cure this condition. This is a carcinoma with some elements of sarcoma.

Elephantiasis.

This colored man, age 21, has a growth of the legs and scrotum that commenced two or three years ago. There are two forms of elephantiasis: E. Græcorum, and E. Arabum. The former is most common on the face, and affects only the true derm, while the latter form is an affection of the cellular tissue. It is uncommon outside of China, Japan, Arabia, Syria, and Norway, in which latter country there is a hospital specially for this disease. When we cut into this tissue we find it hard, and the veins are large and patulous, and attached to the surrounding tissue, and around them is an abundant deposit of lymph corpuscles. The hemorrhage in this operation is always profuse. No internal remedies will do any good, and our only resort is operation. We will strap the tumor with an elastic bandage, to drive out the blood as much as possible, put an elastic cord about the pedicle, cut down and hunt the testicle, isolate it and cut away all morbid tissue, making two flaps to cover the testicle. This operation is very tedious, owing to the fact that all the veins have to be tied, and it may consume two or three hours. The last one removed in this hospital was by Dr. Neill, and it consumed several hours. The operation will be performed next week.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

Discussion on Laparotomy in a Case of Gun-shot Wound of the Intestines. (See page 492.)

Dr. F. E. Waxham said Dr. Park was entitled to a great deal of credit for presenting to the Society his paper and the specimen, because it is the report of a case which terminated unfavorably. He thought the chances of the patient would have been better if he had been allowed more quiet. His frequent removals must have loosened the blood clots and increased the hemorrhage and prolonged the shock. If he had recovered he would have thought it almost miraculous, for it is one of the maxims of abdominal surgery to have complete and perfect quietude for the patient.

Dr. R. Tilley said the study of gun-shot wounds of the abdomen is interesting to every member of the profession, no matter in what particular direction his favorite studies may lead. Any one of us may find ourselves confronted with the responsibility associated with such cases when delay in action may be culpable. Relative to the case before us, he should not only not consider a recovery miraculous, but deem the conditions associated with it more favorable than, on the average, can be expected. One of the conclusions formulated by our president before the American Medical Association in Washington in 1884 is, in opening the abdomen to look for gun shot wounds, the incision should be in the median line, regardless of the bullet wound. This procedure certainly facilitates efficient inspection, but in the present case it was ignored. He regretted that the cause of failure of the operation had not been thrown into stronger relief, and he felt like asking our president, Dr. C. T. Parkes to formulate the lessons he would draw from the failure of this operation. Of course the case will go on record as one of operation after gun-shot wound of the abdomen associated with failure, and will tend to develop hesitation in the mind of the general practitioner about a class of cases which, in his opinion, called for urgent, prompt operating.

Dr. Bogue said there were a few lessons to be learned from this case. One is the advantage which would follow an early operation, before the blood, or fluid in the abdominal cavity, decomposes. An operation should be made before the irritation from this source is severe. Another lesson is the necessity of a thorough exploration of the abdominal cavity for the purpose of discovering and removing any foreign substance which may be in it. It is necessary to control hemorrhage, by opening the abdomen and having free access to every part of it.

Dr. J. H. Etheridge said that it will be noticed the pulse-rate was high after the operation, which lasted two hours. The question arises, if we cannot account for death on the opinion that it was due to the action of the ether on the cardiac nervous system. Was there acute poisoning from ether, or was death caused by septicæmia? He wished to thank Dr. Park for the report of this case, because it is from the reporting of these unsuccessful cases we obtain the most benefit. He did not believe it would deter any one from doing abdominal surgery, as it had already taken such a rank that the report of one unsuccessful case would not intimidate any surgeon, but enable him to steer clear of difficulties others may have encountered.

The President said: "Your chairman feels somewhat diffident about making any remarks, because his experience in connection with gun-shot wounds of the abdomen was solely in connection with the results of experiments upon the lower animals.

"There is one fact demonstrated by this case, and it stands out in all the cases of which I know, operated upon in man, which corroborates the results of the experiments made by myself, and that is, the necessity of free incision through the median line of the abdomen, without any reference to the course of the bullet, as the best way to get at the injury so as to determine its extent, and to apply the means of repair as well as to secure a clean abdomen. Another item mentioned in the case is the one that blood flowed freely from the bullet-wound while the patient was in the erect position and ceased when he was recumbent. As the bullet passed through parts of little vascularity, this item points to the wounding of some large vessel internally (as was found), and becomes a point of value in the question of perforation. This question of perforation is no easy one to settle positively, even in the best of hands. I am inclined to agree with Dr. Waxham in the opinion that it was not the best plan to remove the patient from his home before operating, notwithstanding his bad surroundings. We must take into consideration the fact that this patient was accustomed to his surroundings, and far less likely to be harmfully affected by them than by the danger incidental to the jolting movements of removal.

"Some of the accidents of the case I am sure would have been avoided by obeying the rule of open incision in the median line. Post-mortem showed considerable old blood in the cavity; this would have been found and removed. The paper states no extravasation of bowel contents was noticed; the non-existence of such condition has doubt thrown upon it by the condition found in post-mortem. The wound in the rectum would have been discovered, and the action of the bowel displayed shows an untouched perforation of its walls: probably the wound of entrance of the bullet. The exit wound is sewed up.

"The manner of closing the external incision, as well as the bowel wounds, should be such as to *save time* in the operation, by using the continuous cat-gut suture for small bowel wounds and single through and through suture of the abdominal incision. It is pure waste of time to unite the latter in layers.

"It is a matter of some pride and great pleasure to me to know that the principles enunciated by me as the results of experiments on the lower animals (especially as they are ridiculed by some) have so recently been put to a severe but successful application upon the human body. Dr. Bull, of New York, had a successful case of nine perforations, and Dr. J. B. Hamilton, of Washington, D. C., also a successful case with eleven perforations.

"In Dr. Hamilton's case, the only bad happening arose from the formation of a blood tumor—probably, as Dr. Hamilton says, forming from a grazed surface, the bleeding from which could not be controlled. This was subsequently opened through the rectum and the patient recovered. But it is interesting to notice that the patient was in greater danger of his life from this mass of blood than from the wounds in the intestine after they have been closed. It shows also how necessary it is to prevent bleeding by securing, if possible, all bleeding points."

Intubation of the Larynx, with a Report of Five Cases.

By F. E. Waxham, M. D., of Chicago.

Dr. Waxham exhibited a larynx with the tube in situ. He described the manner of performing the operation, as follows, by the nurse holding the child in her lap, with the hands at the side, an assistant firmly holding the head backward. The mouth is held open by a gag placed on the the left side between the teeth. The tube, armed with a silk bridle, well waxed, is now secured to the introducing instrument. The right hand manipulates the instrument, while the index finger of the left hand guides safely and quickly the tube over the epiglottis into the larynx, when the introducing instrument is removed and the tip of the finger presses the tube well down into the larynx. We make sure the tube is in proper position by the easier breathing, the tube remaining stationary, and by coughing on the patient attempting to swallow water. The bridle of silk is apt to produce violent coughing, and is generally removed. The latest improvements in the tubes consist in an enlargement of the head of the tube with a backward curve, preventing the tube from slipping into the trachea and allowing the epiglottis to fall during the act of deglutition. There is also an enlargement in the centre of the tube, allowing it to be more easily extracted. Dr. Waxham reported in detail five cases of croup treated by intubation. One case recovered, one died six days after intubation from pneumonia, the result of unfavorable surroundings. The other cases were not such that recovery could be definitely expected. Dr. Waxham then presented the history of five cases in detail, after which Dr. H. T. Bi·ford opened the discussion by saying he had the pleasure of seeing the case reported in which there was a complete recovery. In the contrast between this operation and tracheotomy there are many points in favor of intubation, and there are not many cases in which tracheotomy is indicated that intubation is not, one of its chief advantages being its simplicity. The first case of tracheotomy he had ever performed was a success, and gave him a great deal of encouragement, but the next was such a terrible case, and a failure, that he was discouraged. He had assisted in several tracheotomies, but the difficulties of the operation, the trouble of overcoming the prejudice of the parents against the operation, and the difficulties and bad results following, had caused him to *abandon the operation as of little use except in good cases. But when he saw this case, with all the absence of numerous attendants and paraphernalia* in the after-treatment, and the comfort and freedom of the patient, he was greatly astonished. The simplicity and safety of the operation and the comfort afterwards, the fact that the consent of the parents can be easily and early obtained, that failure to relieve will not bring discredit upon the physician, and that the tube opens in the throat instead of the external air, leaves no doubt in his mind that intubation, whenever it can be successfully accomplished, will supersede tracheotomy in private practice.

Dr. W. E. Casselberry said he was in constant attendance on one of the cases which terminated unfavorably, but the effect from the operation was such as to convince him of its utility in many cases. In this case the former physicians in attendance had thought the patient had recovered from diphtheria, but the membrane later invaded the trachea. The young child was *in extremis mortis*, and it was decided tracheotomy would be of no avail, and it was not thought intubation would be much better, but in order to give the child a chance it was done. The child lived twenty-four hours, and its last hours were comparatively comfortable. In this case there was considerable difficulty in the introduction of the tube, and it was a lesson to him that practice in introducing the tube on the cadaver might obviate many difficulties in introducing it on the living subject. In the case of this young child the tube attached to the instrument for introducing it made too short an angle to be easily introduced. The idea suggested itself to have a joint in the introducing instrument so as to be able easily to pass the curve of the pharynx. The tube caused no cough or difficulty in swallowing, and was easily withdrawn. A German physician lately states that in 111 cases of tracheotomy under his control, 63 recovered, and an American physician notes 20 cases, of which 9 recovered. It seems from these statistics that tracheotomy is not to be discarded, but we nevertheless will find a large

field for intubation of the larynx. Intubation will be preferable in young children not apt to recover from tracheotomy, in diphtheritic cases, and in case when the friends object to tracheotomy.

Dr. R. G. Bogue said: "I have happened to have something to do with tracheotomy. Where there are a great many inconveniences attending the operation and the care of the patients subsequently, there certainly has been a good deal to commend in its performance in many cases. The number of recoveries after tracheotomy are not few. The gentleman preceding me referred to statistics showing a larger percentage of recoveries than I had happened to know. But those who have operated a goodly number of times have good reason, from its success, to resort to it in many cases. Intubation is a simple operation compared with tracheotomy, and will recommend itself in many ways, and if it proves to be of equal success in saving life, it should be used in preference to tracheotomy. Many reasons arise why it should be used. It is not a formidable operation; parents' consent to it can be easily obtained, and the relief obtained by intubation seems as great as in tracheotomy. After each tracheotomy there is a period of rest and quiet and apparent promise of success, for a period of twenty-four to thirty-six hours, then an extension of the disease into the deeper air passages, or some complication destroys the life of the patient. The benefit of intubation with only this alleviation is apparent. It is to be hoped after a more extended trial it will prove to be of as much, if not more, service than tracheotomy, and it will commend itself to the profession."

Dr. G. C. Paoli said Diffenbach, of Berlin, was the first to use intubation in diphtheria and croup, and a Parisian physician tried it at the time, each without the knowledge of the other's experiments. Diffenbach used an India-rubber tube, but he as well as the Parisian physician abandoned intubation. This is a different method, it is true, but it can never be recommended until we have statistics from those having great experience, in hospitals especially, to prove it preferable to tracheotomy.

Dr. D. W. Graham commended the report as being an effort in the right direction. It shows that intubation has some merit, as a means of treating obstruction of the larynx, and that it is destined to become at least a partial substitute for tracheotomy in diphtheritic croup. From a theoretical standpoint it would seem that there would be some liability of these tubes causing œdema of the larynx, if retained in place any length of time, on account of the mechanical pressure on the veins of the mucous membrane. Future observation will show whether they are entirely harmless. However, there does not appear to have been any trouble in this respect in the cases reported.

If this method should become established and recognized, as it now promises, it would and ought to be counted as a new procedure, notwithstanding what Dr. Paoli has said about the efforts of the older surgeons to put the same idea into practice, for whatever has been attempted heretofore in this direction has proved fruitless.

Dr. Waxham, in closing the discussion, in answer to various questions, said the longest time the tube was worn continuously was six days. Dr. O'Dwyer reports two cases, terminating favorably, in which the tubes had been worn ten days. He never found any œdema of the larynx caused by the wearing of the tube. In very young children it is necessary to remove and cleanse the tube. Older children, if not exhausted by disease, will expectorate freely. The previous attempts at intubation in France were not successful, but they were not according to the methods now employed. Trousseau discouraged intubation, and thus French physicians were influenced against it. The tubes must be thin, but their weight is unimportant. He had never found it necessary to use cocaine in introducing the tube, as this operation is generally easily and quickly done.

PHILADELPHIA CLINICAL SOCIETY.

Stated Meeting, September 25, 1885. The President, Dr. Edward E. Montgomery, in the chair.

Dr. J. G. Heilman reported a case of

Empyema.

The case to which I direct your attention is that of E. M., aged 9 years. His family history indicates some tendency to pulmonary disease, but his health has always been good. I was called to see him April 24, 1885, and found him suffering from an attack of measles; the case, however, presented nothing unusual until April 29, when pneumonia, limited to the lower lobe of the left lung, set in, and the case became more serious. Two days later, May 1, I was hastily summoned, and found him suffering with intense pain on the left side of his chest, and excessively nervous. The symptoms suggested pleurisy, which the physical signs showed to be present. An opiate, with counter irritants, afforded relief, but on the following day there was a decided effusion, which continued to increase in quantity until it filled the entire pleural cavity on the left side. Respiration being entirely suspended on that side, the dyspnœa was very great. Temperature ranged between 102° and 103½°. The acute symptoms gradually abated, but there was very little decrease in the quantity of effusion. By May 13, two weeks after the beginning of the attack, he seemed fairly comfortable, temperature varying between normal and 99½°. On measuring the chest the affected side was found to be one inch larger than the other. The percussion note was still non-resonant; respiratory sounds and movements were absent. Absorption seemed to have commenced, when the patient's stomach became so irritable that scarcely any nourishment could be given for a week, and the effusion again filled the left pleural cavity, and in spite of quinia, potassium iodide, Basham's mixture, hydragogue cathartics (with tincture of iodine and cantharidal collodion externally), the patient gradually grew worse. The temperature however, during this period, never rose above 100°, nor the pulse above 95, except temporarily after exertion, or following an attack of nervousness. On June 19, Dr. E. R. Stone saw the case with me, and we concluded that paracentesis was the only measure that promised relief. The condition of the patient, at this time, was not so serious as to cause us to suspect the presence of pus.

His appetite was fairly good: he spent a portion of each day on the streets; had fever only occasionally; and slept well. There was dyspnœa, but not to so marked a degree as would be expected in a case of this character. On June 23 Dr. Stone and I introduced an aspirating needle into the pleural cavity, and withdrew 18 ounces of pus. No unpleasant symptoms attended the operation, and marked relief was afforded. The lung expanded, and twelve hours later I found a good respiratory murmur at the apex. The improvement was but temporary, and a week later the entire cavity had again filled. We now decided to use the aspirator daily and remove as much of the fluid as the patient could bear.

To obviate the necessity of a daily puncture with the needle, we decided to introduce a tube and retain it in position. With a trocar and cannula, such as is generally used for tapping the abdominal cavity, we made a puncture, and after withdrawing the trocar passed a soft rubber catheter through the cannula. The latter was then drawn out over the catheter, thus leaving in the pleural cavity a tube to which the aspirator could be attached at any time. As the puncture through the chest wall was no larger than the diameter, there was no danger of air passing in. The tube was held in position by a strip of adhesive plaster, and closed by a wooden peg when not attached to the aspirator.

June 30, 16 ounces of pus was withdrawn.
July 1, 14 ounces.
July 2, 10 ounces.
July 3, 7 ounces.
July 4, 3 ounces.
July 5, 5 ounces.
July 6, 7 ounces.
July 7, 6 ounces.
July 8, 2 ounces.
Total amount of pus removed, 88 ounces.

The aspiration of July 8 was followed by a little blood. From July 9th to the 14th a daily trial was made, but no further discharge took place. On the 11th inst., a little water was injected, but immediately was forced out between the chest-wall and the tube. The lung in the meantime had expanded and an almost normal respiratory murmur was noted over nearly the entire chest; with good percussion resonance. On July 13, I injected water again, with the same result as before. On the 14th, on consultation with Dr. W. F. Buchanan, the tube was removed and the wound closed with adhesive plaster. The left side at this time measured seven-eighths of an inch less than the right.

The patient's condition had now decidedly improved; his appetite was very good and his strength was returning rapidly. He is to-day in very good condition—goes to school, is active in out-door plays, and has gained ten pounds in weight during the past month.

The points of interest in the case are:

1. The length of time during which the lung was compressed, viz: *Seven* weeks from the beginning of the effusion until the respirator was first used. *Eight* weeks before a regular systematic effort was made to remove the pus. Yet the lung steadily expanded, as the pus was removed, and filled up the vacuum created.

2. The time required for the removal of the entire quantity of pus, *nine days*. There was no discharge after that time, and the tube might safely have been removed then.

3. No antiseptic solution was injected; indeed, no attempt was made to wash out the pleural cavity. It is true that a small quantity of water (not more than f. ʒ ij) was injected twice; but this was done for the purpose of removing any clots that might be obstructing the tube. I am aware that this was not in accord with modern teachings and practice, but it is difficult to see how antiseptic washes could have hastened the recovery of the patient. The aspirator in the treatment of these cases possesses, it seems to me, so many advantages that I can scarcely conceive of a case where we would be justified in resorting to the old method of open drainage. The simplicity of the operation in the one case, and its difficulty and gravity in the other, is a point worthy of consideration. It is a trifling matter to puncture the chest wall with a small trocar and canula; but, in a patient already exhausted, often a most serious one to make two large openings and remove portions of the ribs.

Cleanliness is another point for consideration. In the case just reported not a drop of pus escaped, except when the aspirator was used. There was, absolutely, no unpleasant odor at any time, nor soiling of the patient's clothing; both so annoying where an open drainage tube is used. A still greater advantage, in my opinion, is the control it gives the physician over the expansion of the lung. He can cause it to expand rapidly or slowly, at his pleasure. The expansion being a gradual one, those distressing symptoms which so often result from a sudden removal of the fluid are avoided.

The patient was then exhibited. The two sides of the chest resembled each other in contour. Dr. Heilman said that on measurement, a few days ago, the left side was only ¼ inch smaller than the right. Percussion note same on the two sides.

In the discussion, Dr. Collins remarked that he noticed a slight friction sound on the affected side, which was probably due to a deposit of lymph on the pleural membrane; he thought if aspiration had been done earlier there would have been less danger of a deposit. He considered it an advantage to aspirate early; would not hesitate to operate at the end of fourteen days. In regard to the use of antiseptics, he did not consider them necessary, as with the aspirator no air enters the pleural cavity.

Dr. Beates said that in his experience the entrance of air into the pleural cavity had caused no unfavorable symptoms.

Dr. Heilman, in closing the discussion, said that he had used the aspirator as soon as the consent of the parents could be gained—they were very much averse to an operation. The pleural cavity was entirely filled, and there was some trouble in finding the intercostal spaces on this account. He considered that the escape of blood was due to the aspirator.

Dr. Edward E. Montgomery read a paper on "Tracheotomy in Croup and Diphtheria," which will be published in full in the *Archives of Pediatrics*.

Mary Willits, M. D.,
Reporting Secretary.
5107 *Germantown Ave.*

NEW YORK ACADEMY OF MEDICINE.

October 15, 1885, the president, A. Jacobi, M. D., in the chair.

Dr. Stephen Smith read a paper on

The Comparative Results of Surgical Practice in Bellevue Hospital,

which necessarily was devoted chiefly to a contrast of the results obtained formerly, when filth prevailed and operations were done in haste, with those obtained at present under the use of antiseptics and perfect cleanliness, and since the introduction of anæsthetics has done away with the necessity for quick operations. Fifteen years ago, or before the use of antiseptics, which have since taught us the importance of cleanliness, it was common to amputate a limb, or do other important operations, without even washing the seat of the wound; the surgeon perhaps failed to render his hands perfectly clean, especially the nails; the ligature was carried in the pocket; the instruments were only required to be sharp and free from rust; the bystander was allowed to insert his fingers or hand into the wound without first washing them; there was, in short, every opportunity offered for the introduction of matter which would prevent union by first intention and cause suppuration, septicæmia, and pyæmia. The surgeon expected such results, and his expectations were almost always fulfilled. Now, however, everything was done to secure cleanliness, and to avoid suppuration, septicæmia, and pyæmia, and the surgeon was not disappointed in the results. Even compound fractures, lesser and greater amputations, exsections, etc., at present were not followed by suppuration, but ended in satisfactory recovery. The author pointed out the advantages of the present method of treating compound fractures over that which formerly obtained with the fracture-box; of continued sutures over the interrupted; of the present method of dressing amputation wounds over former ones; of the antiseptic method of treating the ligature and allowing it to remain on the artery; of freely opening and scraping out abscesses, washing them thoroughly and approximating their surfaces; of wiring the fractured patella. He also spoke of the excellent results now obtained in the pavilion for women at Bellevue Hospital, where laparotomies, etc., were performed. Cleanliness was the great object which the surgeon now always sought for, and the means for attaining it were, the use of soap and water to the external parts, carbolic acid solution for instruments, bichloride solution to all surfaces and tissues, and iodoform for external dressings. In other words, the conditions necessary to success were, clean operator, clean assistants, clean patient, clean instruments, clean dressings.

Dr. A. C. Post had been much interested in the lucid account which Dr. Smith had given of recent improvements in surgery. He had been led to doubt somewhat the part played by so-called antiseptics in the successful treatment of wounds, his doubts being founded on the experience of the most eminent gynæcologists in Great Britain. The necessity for perfect cleanliness was very plain, and was insisted upon by Keith and Tait. There was no doubt of there having been very great improvement in the treatment of surgical wounds, but there might be some doubt as to whether it were due to antiseptics or to cleanliness.

Dr. W. Gill Wylie thought that without antiseptics we should not have come to our present understanding of the importance of cleanliness. He believed antiseptics had done much good, but perhaps they had been carried too far, and there was now a reaction, and that reaction was liable to result in harm. He might discard antiseptics if he could always feel sure of perfect cleanliness without their use.

Dr. F. V. White asked Dr. Smith the result of

The Wire Suture in the Treatment of Fractures of the Patella, in Bellevue Hospital.

Dr. W. M. Carpenter had observed the effects of treatment in Bellevue Hospital for many years, and had also made many autopsies, and he could corroborate the author's statement to the effect that there now scarcely ever occurred what is called surgical kidney, etc. Formerly it was of frequent occurrence.

Dr. Smith said it had not been his intention to discuss the question as to the part played by antiseptics, but he might say, since the point had been raised by the gentlemen who had spoken, that he was of opinion that cleanliness was the basis of success, and antiseptics were valuable perhaps only as adjuvants to cleanliness. Regarding wiring the fractured patella, he had adopted that method in seven cases and thought he had obtained bony union, but, of course, he could not be positive of it. He had heard that one of the patients had refractured his patella, the line of fracture being the old one, which had been repaired only by fibrous union; he had supposed it was bony union.

How to Administer Medicine to Swine.

The *American Agriculturist* says: If the medicine cannot be given in his food, as when he has no appetite, or is in great pain, it must be administered direct. To do this is quite difficult, and most farmers give it up, or adopt the homœopathic treatment, because it is so much easier. When properly managed, it is not very hard either for the pig or the attendant. The pig is caught by a slip-noose in a strong rope, which goes through the mouth, and holds back of the tusks. He will pull back with all his might, and the rope must be made fast, quite short, to the top of a post or fence. Then his legs are secured so that he cannot spring forward. Now, if an old shoe with a hole in the toe is given to him to chew upon, he will champ away upon it as angrily as possible, and the medicine can be poured into his mouth through it—a little at a time, or he will choke, and strangle, and cough. Another way is to hold the pig in the same way, or as for ringing, and to pour the medicine into one nostril, through an oil-can, such as is used for oiling machinery. Either of these methods render it possible to give medicine to a pig as effectually as to any animal, and it is not probable that his rage will have any evil effect, as in the case of a struggling child.

EDITORIAL DEPARTMENT.

PERISCOPE.

An Interesting Case of Monomania.

Dr. E. S. Boland thus writes in the *Boston M. and S. Journal*, April 9, 1885 :

Miss X. consulted me in September, 1883, for what she recognized as a third attack of insanity. Aged thirty-one. She is the youngest of five children. There is no insanity in the family as far as known. She is a Catholic. Naturally amiable, sociable, and intelligent. A graduate of one of the city grammar schools, she declined a proposed normal course and began to learn dressmaking with an older sister.

She is of rather slight build, but is fairly well-proportioned and has pleasing features. Her hair began to turn in her teens and is now quite gray. Menstruation began about the age of twelve, but was always scanty and the periods painful. At fourteen or fifteen there was amenorrhœa for a year or more, for which she was treated locally with some benefit. With this exception her general health has been good except during the two former attacks, which shall be referred to later.

When she presented herself she had for some years been employed as a saleswoman in a large dry-goods house. Beginning to feel unequal to her work she took a vacation, but received no permanent benefit. She complained of failing general health and inability to fix her mind on her work. She had an involuntary and irresistible impulse or conception to *repeat every act, word, or thought five times*. This occupied all her waking hours, to the exclusion of almost every other mental operation.

This symptom was present in both former attacks, and she has learned to fear it. The first of these attacks she recovered from at home in four or five months, the second attack lasted over a year, and was recovered from in the Boston Lunatic Hospital. Along with the imperative repetition of everything in a series of fives there was complete menstrual suppression and dreamless sleep. Both these symptoms had again recurred. She knew too well their significance, and was in dismay at the prospect of months of suffering before her. There was some loss of flesh, poor sleep, and great mental suffering. She knows the absurdity of her counting, and felt that it is a great annoyance to her family, and yet she was totally helpless to resist it.

Hospital treatment was advised but was not acted on, and she was treated at home. A liberal diet, wine, and rest was ordered, and iron, quinine, and strychnine, in tonic doses was prescribed, and various combinations of sedatives given for the relief of her broken sleep.

After several weeks of this treatment, no improvement could be seen. In fact, she seemed to get worse. The counting continued on every occasion, the sleep was poor, appetite deficient and irregular, and from standing and debility her feet and ankles became œdematous at night.

Still, her ordinary intelligence was not markedly affected, her memory was good, her hope of recovery persisted, and she was keenly aware of her unfortunate and troublesome condition. Hospital treatment was again urged. The friends would gladly have sent her to the hospital, but it was then crowded, and they refused to have her sent to a State hospital. She would not go voluntarily, as she dreaded the surrender of her own way, which commitment implied. She was ordered to bed, and no evidence of heart or kidney trouble being found, the treatment before instituted was continued, both as to medicine and diet. For three months she gradually grew worse. She ate irregularly, sat up in bed, counted, and compelled the rest of the family to count, or repeat anything said or done. If she moved her hand or her body once she *had* to repeat the act five times. If she swallowed saliva once she had to do so five times. She had grown so persistent and noisy that she was kept in an attic room. Here, if she heard the front door closed, she would give the family no peace until it had been closed five times. When I called and took her pulse or examined her tongue she would manœuvre to have the operation repeated five times.

With failing general health the dominant idea grew stronger. She resisted noisily every effort for her care. Her toilet, her meals, her bedmaking, etc., became occasions of great trouble to her family. She wet the bed, refused food except at night, and kept an elderly aunt, who had the immediate care of her, so busy counting and repeating acts, that she was almost worn out. She opposed any disturbance or change in her clothing, etc., and grew exceedingly dirty and disagreeable-looking. The family were worn out by her exactions, and the neighbors complained to the police of the noise she made.

She was conscious of her state and actually loathed it, showed mortification at being seen in such a plight, but was so inert bodily and mentally she would not try to help herself. There was no turning against any of the family and she realized what a nuisance she was at home.

At this time, May, 1884, a vacancy occurring in the Boston Lunatic Hospital, she was regularly committed. When told she was to go to the hospital she protested, but made less trouble than was expected. She was able to walk up to her room with some help, and was put to bed.

She still counted, sat half erect in bed, and was opposed to any change in room, bed, attendants, etc. She rather protested against toilet requirement, but less so than at home; in fact, was never noisy after admission. She was rational in her talk, and very grateful for what was done for her. Extra diet, tonics, and some sedatives were used, and, as soon as possible, she was made to sit up and go out, but this was not until she had been in the hospital a month. About this time her reflexes were taken, and she wanted the tests made five times. When gotten up she always sat bolt upright in her chair, with a hand on each knee, and her face as set and body as motionless as an Egyptian deity in stone. To propose another place or chair was to distress her very much, and

she would always protest and say, "Just wait a while till I get better."

The tormenting *fives* still controlled her thoughts and actions. It differed from the self-imposed posture, phrase, or trick of the hysterical or demented patient. She realized its absurdity and regretted her submission to it, but is apparently as powerless to resist it as is the epileptic to suppress his fit or automatism. Ordinarily lady-like and stylish, she was now negligent of her appearance, would not use a tooth-brush, and would sit or go out in a wrapper.

There was a slight general improvement for some months, but she was all the time sensitive to any change and shrunk from notice. During October there was a gain in weight and the acne disappeared from her face and her sleep was better.

November 7th, she suddenly felt the cloud lifted and found herself in excellent spirits. The counting was suspended and she was happy as a child. This respite lasted almost two days when she dropped back again, but not so bad as before.

At this date she has almost regained her usual weight, looks bright, talks readily and well, and goes to chapel but does not yet read or work. She begins to dream at night as is her habit in health. She still has to count some at times. She has all through this attack evinced a desire to wait rather than work for her recovery, which she seems never to have doubted would come and which we think will be complete in a few months.

The case might be regarded as simply one of hysterical mania in a girl of degenerative type, for there has been recurrence and there is presumedly imperfect sexual development and premature gray hair, etc., but the persistence of the dominant symptom—involuntary counting—hardly admits of being classed among the well-known and shifting vagaries of the hysteric. That she is wilfully indulging this freak of counting I do not believe. She does not parade it, regards it with disgust, and shows genuine pleasure at its disappearance. Viewed in any light these features of her case will strike the observer:—

Her type of constitution; three attacks of gradually increasing severity in which these three symptoms recurred: amenorrhœa, dreamless sleep and imperative impulse to *count in fives;* mental and physical inertia; loss of thought-control; dread of change; hope of recovery.

Acute Croupous Pneumonia Treated with Cold Sponging of the Chest: Recovery.

Dr. J. Stirling Buck thus writes in the *Lancet*, August 29:

On the evening of Sunday, May 31, 1885, I was sent for to see E. L., a robust male aged thirty-five years. I was informed that he had been "ailing for a week or more;" but the evening previous to my being sent for he was seized with severe shivering, pain in the side, and shortness of breath. On examination, I found all the usual symptoms of acute double basic pneumonia. Temperature 104° F.; pulse 120; respiration 48. I ordered jacket poultices of linseed meal to be applied every four hours. I also ordered him a mixture containing five minims of tincture of aconite, half a drachm of antimonial wine, and five minims of ipecacuanha wine in each dose, every four hours; a diet of milk and beef-tea to be given frequently, and ice to suck.

On June 1st the symptoms remained much the same. Second. I was sent for hurriedly by a message that the "patient was dying." I found him very delirious and suffering with profuse diarrhœa, passing his motions and urine involuntarily. Respiration 60; temperature 106°; pulse 140. I ordered a mixture containing forty grains of aromatic chalk powder to a dose, every two hours for the diarrhœa, and a mixture containing five grains of carbonate of ammonia and an ounce of the decoction of cinchona every three hours. He was given small quantities of good veal broth, alternating with milk frequently, an ounce of brandy every two hours, and ice to suck. Third. I found the patient worse. Temperature 106°; pulse 140, very weak; respiration 80. The diarrhœa had ceased, but he was still very delirious. Seeing that the patient would rapidly die unless something else were done, I ordered the back and front of the chest to be sponged every hour with cold water, continuing the brandy and nourishment as before, and gave him an expectorant mixture, containing five minims of ipecacuanha wine and ten minims of tincture of squills in each dose, every four hours. Fourth. I found a marked improvement. The temperature had fallen to 103°; pulse 120; respiration about 40. Delirium much less, at times breaking out. Treatment continued. Fifth. Much improved. Quite conscious, but very exhausted. Temperature 100°; pulse 110, much stronger; respiration 34. Treatment continued. Sixth. Improvement continuing. Temperature 99°; pulse 100; respiration 30. Cold sponging now ordered only twice a day. Brandy and nourishment continued. Seventh. Temperature normal. Pulse rapid and rather weak, 100; respiration about 25. Treatment continued excepting the cold sponging, which I ordered to be discontinued. Fourteenth. Patient now convalescent; is out of bed for a short time to-day. Temperature normal; pulse 90, stronger; respiration nearly normal. Has a cough. I ordered a mixture of ten minims of dilute sulphuric acid, five minims of ipecacuanha wine, ten minims of compound tincture of camphor, one drachm of syrup of red poppies, in water, every three or four hours. Twenty-fifth. Patient progressing well. Has been out of doors. Cough much better.

On July 1st the patient went away for change of air. On the 27th he returned home and called upon me, and appeared to be quite well. An examination of his chest revealed nothing, and the breath-sounds were good.

Remarks.—Cold sponging of the chest in acute pneumonia is recommended to be used with very great care, or passed over altogether, in many of the text-books on the subject, I believe. This is the first case in which I have ever cared to use it in such an instance; but as I could plainly see that on June 3d he was rapidly dying, and taking into consideration his high temperature and rapid pulse, I determined to do it, with the above happy result. I may add that his brother-inlaw, who was most careful in carrying out my orders, was most instrumental in effecting his recovery.

The Microphone as a Diagnosticator of the Entire Physical Organism.

Dr. Edward Joseph Eve, M. D., thus writes in the *Atlanta Med. and Surg. Jour.*:

Having heard some one casually remark some months ago, that on the microphone "the walk of a fly was like the tramp of an elephant," this expression, hyperbolical and exaggerated as it was, yet conveyed to my mind a suggestion which contained an idea. The thought struck me, that this principle of acoustics being established, why not apply it to explore the sounds of the entire physical organism, viz: the sounds of the heart, of the lungs, of the intestines, of the fœtal circulation, intra-cranial sounds, muscular sounds, to differentiate aneurisms from tumors, to hear crepitation in obscure cases of fracture, in explorations of the bladder for stone, and many other sounds now under investigation by me.

If argument were necessary to establish the philosophy of its use, the eye furnishes a ready one. The analogy is apparent. If in scientific research that wonderfully contrived organism requires aid in the use of the microscope; if its powers can be supplemented thus by artificial means, thereby aiding us in the investigation of disease, is it unreasonable to suppose that the ear can be supplemented in a like ratio?

The announcement of so startling a discovery will doubtless engender antagonism and meet with unbelief in many quarters. This, of course, is expected. No discovery of any value within the scope of scientific research has escaped them.

I think I now hear an objection offered to its use, the one which will most primarily and naturally present itself. "Even admitting that the results claimed will follow, the sounds turned loose will be so multitudinous, tumultuous, and chaotic, that the diagnostician will be confused all the more."

If this reasoning proves anything, it proves too much.

Shall we reject the useful because environed by that which cannot be utilized? Shall not the wheat be garnered from the chaff? Shall the few not be saved because of the many that are lost? Shall that new and precious alkaloid, cocaine, that blessed anæsthetic, be rejected because of the dross which environs it? Shall quinia, shall caffein? Shall the eye be forever closed because some trivial objects meet its gaze?

Shall the ear be forever stopped, because some useless sounds vibrate upon its chord? Let us accept the maxim, "*Je prends le bien ou je le trouve.*"

The objection offered against the utility of this *electric stethoscope*, on account of the multiplicity of sounds it evokes, is too sweeping in its denunciation. It admits of no discrimination. No one, after seriously studying the subject, will make so unphilosophical a statement. By referring to the examples of sound given in the beginning of this article, it will be seen that it cannot possibly apply to many of them, and to the few in a partial degree only. It is in the thoracic region that the greatest difficulties will have to be overcome. In using this instrument, we must first familiarize ourselves with the sounds of an organ, the heart, for instance, in a normal state, and then apply it in like manner to one in a diseased condition. Thus, by a judicious use of the instrument, founded upon experience, we learn to eliminate the superfluous sounds from such as assist in the diagnosis.

The skilled physician may hear many sounds, many vibrations may strike upon the tympanum of his ear, that will not be transmitted sensibly to the brain, and his attention will not be distracted by them. The eye, in looking intently upon a single object, sees many of which it takes no note.

But while I earnestly advocate the use of the microphone as above presented, and believe that its success is assured, I am not unmindful of the many difficulties which will be encountered in adapting this scientific principle to a practical use. Many formidable obstacles will obstruct the pathway to its new field of usefulness, which will require time, patience, and skill to surmount. We have an example of this in the stethoscope. From what a rude beginning did it rise to its present state of efficiency and exactness. First, the *stethoscope of Laennec*, discovered in 1816—a quire of paper rolled into a cylinder. Then follow a long succession of instruments of various materials, all founded upon the same principle, for the conduction of sound, culminating in that most excellent and ingenious instrument, the *stethoscope of Camman*.

I now propose the introduction of a principle never before used in stethoscopy, viz: *Electricity*.

I simply throw this out as a crude suggestion, with the sincere hope, that while I am engaged in devising means whereby this idea may assume a practical shape, some other of our profession, more skilled than myself in mechanics, and with better opportunities for the work, may develop the application of this truth.

And I would further suggest that an *audiphone*, constructed on this basis, might, I think, prove of inestimable value to those whose hearing is somewhat impaired.

Thus, we see the microphone, an instrument of comparatively little significance, as now used, suddenly found capable of being converted into one whose application is the most wonderful and useful in the whole realm of acoustics.

I have thus hastily presented a few only of the many points of interest which environ a subject of so great magnitude. May it prove a help to the physician and a blessing to the sick.

Atropo-morphia Solutions.

Dr. Talfourd Jones thus formulates his conclusions (*British Medical Journal*) concerning the conditions that indicate the use of atropo-morphia solutions, in preference to morphia alone:

1. Fairly small and moderate doses of atropine slightly increase the hypnotic properties of morphine. This is a matter of doubt with many; some deny that atropine does this, while others even say it very decidedly lessens the hypnotic action.

2. Atropine in medicinal doses increases the anodyne properties of morphine, and this increased anodynia is more marked in local than in distant injections.

3. Atropine in moderate doses counteracts the depressive action of morphine on the heart, and

lessens the tendency to sickness, giddiness, and faintness; and, by its influence on the circulation and on the skin, it also tends to prevent the clammy sweat, the pallor, and the coldness that morphine not unfrequently induces.

4. In small doses it does not influence, to any appreciable degree, the action of morphine on the respiration; but when given in fair medicinal doses, and, *a fortiori*, in larger doses, it increases the number of respirations per minute, and augments their depth.

We may now apply the preceding conclusions to practical medicine. In a weak, a fatty, or a dilated heart, we incur the risk of inducing a syncopal state by hypodermic morphine; hence it must be used with extreme caution in such conditions, and it is safer to make it a rule to use not morphine alone, but atropo-morphine in such cases. Of course, there are many cardiac troubles and forms of cardiac dyspnœa in which morphine can be used alone with infinite benefit; and this was pointed out long ago by Allbutt and Ringer; but in the preceding states alluded to, and especially in women, it is better to use atropo-morphine. In hepatic, renal, and intestinal colic, in spasmodic asthma, and in ovarian and uterine neuralgia, and in the painful spasms of tenesmus, atropo-morphine is better than morphine; and similarly, in all these conditions, but especially in the last three, atropo-morphine suppositories are much better than those of morphine.

In most neuralgiæ, and especially in ophthalmic neuralgia, atropo-morphine is the better remedy.

In sciatica, lumbago, brachialgia, and in most forms of myalgia, and in cramp of muscles of the limbs, atropo-morphine is preferable to morphine.

In muscular cramps, I have obtained better results when the atropine has been used in greater relative strength than one in twenty.

For that peculiar condition of breathing called "Cheyne-Stokes," I have found atropine alone decidedly useful; and if morphine for any reason be needed in such a condition, it should be combined with a preponderating dose of atropine.

I find that, during recent years, I have been using atropo-morphine more and more, and I now use it more frequently than morphine, and I rarely use atropine by itself.

Notes of Treatment.

We note the following from the *College and Clinical Record* by Prof. Da Costa:

1. Dyspepsia.—*Causes of Functional Indigestion.* 1. Eating too rapidly. 2. Drinking too much water at meal-time. 3. Improper food. 4. Want of exercise. 5. Too much tea and coffee. 6. Too much tobacco.

Treatment.—Under-done meats and but little bread. No sweets. Pepsin sacch., gr. v., at each meal. The mineral acids before meals, as muriatic, nitro-muriatic, or phosphoric. Certain bitters, as nux vomica and strychnine combined with gentian or calomba. An alkali a few hours after meals when there is great acidity, but should not be used too frequently.

2. Dilatation of the Stomach.—*Treatment:* Dry, solid food; under-done meats; no milk. Carbolic acid to allay fermentation. Wash out stomach occasionally. Strychnia, hypodermically or by mouth.

3. Chronic Gastritis.—*Treatment:* Cause to be removed. A scanty supply of food. Pepsin at each meal (gr. v). Milk, with a little meat, may be taken as food. Oxide of silver, gr. $\frac{1}{2}$, a dose, will be found of value. Bismuth is useful. Avoid tonics, but use the mineral waters to keep portal system drained.

4. Gastric Pain (Gastralgia). — *Treatment:* Diet of little importance. Stimulus at meals in small amounts. Morphia relieves at once, but use it carefully. 1. Bismuth, with a little opium. 2. Nitro-muriatic acid, gtt. ij–iij, diluted, or—

℞. Morph. sulph., gr. $\frac{1}{12}$
Acid. carbolici, gtt. j.
Aq. menth. pip., ad. ʒj. M.
Sig.—Ter die.

4. Fowler's solution, beginning with gtt. j, and increase to gtt. v, ter die.

5. Hæmaturia.—Treat the cause as well as the symptems, though the treatment of both is generally the same. 1. Gallic acid, in doses of gr. x–xx, repeated every hour or two. 2. Sulphuric acid, alone or with gallic acid, unless contra-indicated by scarlet fever, etc. 3. Fluid extract of ergot, gtt. xx, increased to fʒj. All three of the above are reliable remedies.

6. Medical Treatment of Diabetes Mellitus.—Do not use bromide of potassium; it is valueless. Quinine is of no use. Opium is of value, and is one of the best agents, but care should be taken in its use. Codeia, gr. $\frac{1}{4}$–$\frac{1}{2}$ ter die, is much used in France. Trousseau's plan, with strychnia, is very useful. The salicylate of sodium, gr. x–xv ter die, in compound spts. of lavender and water, is Prof. DaCosta's favorite. Ergot is useful, but less so than the others. The alkaline plan, which is quite popular in Europe, is of value. Aloes or aloin should be used for constipation that may arise.

7. Diabetes Insipidus.—*Medical Treatment:* 1. A course of iron, for its tonic effects. 2. Strychnia is very useful. 3. Ergot gives the best results; absolute cures follow its use; fʒss–j, of the fluid extract should be given ter die.

Acute Meningitis and Catalepsy Following Removal of a Cancerous Cervix Uteri.

The Paris correspondent of the *Brit. Med. Jour.* tells us that M. Deprés, of the Charité Hospital, has published a case of acute meningitis, accompanied by catalepsy, which appeared after removing a cancerous cervix uteri. The patient was a boxkeeper at a theatre, aged 36. Six months before seeking advice, symptoms of epithelioma of the cervix became manifest. M. Després, on examining the patient, ascertained that the seat of the tumor was circumscribed, and that the neighboring regions were uninvolved. The general condition was excellent, and all signs of cancerous cachexia were absent. The patient's antecedents were satisfactory; neither arthritism nor cancer had appeared in any branch of her family. She was healthy, but nervous, a condition inherited from her mother. The cervix uteri was removed by the galvanic caustic loops. On July 25, the operation was successfully performed. On the night of the second day, the patient was

seized by a fit of coma, and next morning she was found lying on her back perfectly unconscious, with a small quick pulse, and irregular breathing. During the day the pulsations were reduced to fifty a minute; respiration was assisted, and then recommenced; this phenomenon frequently recurred. No morbid symptoms were discovered on auscultation or percussion; pressure on the abomen (which was flat) was painless. On July 29, the patient groaned on being pinched, and turned round in her bed; the pulse and respiration were more regular. It was also observed that the limbs remained in the position in which they were placed, which indicated catalepsy, especially as convulsions were absent, and the patient was apparently insensible. This condition continued during two or three days; afterwards she became conscious, and tried to answer questions, but her utterance was slow and evidently difficult; she barely understood what was said to her; the pulse and respiration improved. The temperature fell to 38° C., but this improvement was transitory. A few days subsequently she became comatose, and died. At the necropsy, lesions were observed, proving the presence of acute meningitis. The brain was red, congested, and adherent to the meningeal membrane, principally at the base; the pia mater was especially inflamed. The lungs were congested, the heart normal, neither was there any trace of peritonitis. Near the remainder of the neck of the uterus there was a slight non-purulent exudation. The uterus was normal, without any indications of pregnancy. The right ovary had undergone cystic degeneration, forming a tumor in the hypogastric region, which had been observed during life-time. There were no metastatic abscesses observed, therefore the patient did not die of pyæmia. The lesions of the meningeal membranes explained the cause of death.

The Treatment of Cholera.

The *London Medical Times*, September 26, says: In the course of his remarks relative to the treatment of cholera, Prof. Peter asserted that the first indication was to combat the irritation of the digestive apparatus and solar plexus, for which purpose he applies a large blister to the epigastrium; in plethoric individuals he would not hesitate, he says, to put half a dozen leeches on the pit of the stomach. The pain and the cramps he endeavors to subdue by the hypodermic administration of morphia. He also advises the use of the constant current, one pole being placed on the vertebral column and the other on the epigastrium. Owing to the difficulty that is often experienced in employing electricity, he recommends the use of Chapman's spinal ice-bags as likely to fulfil the same indication, as he mentioned last year ot the Ecole de Médecine; he has tried this treatment in twelve cases, of which only two proved fatal. Indeed, he seems then to have been even more enthusiastic in its favor than now, though he has had no fresh experience to cause him to modify his opinion. Here is what he then said on the subject—"From the first application there was a notable diminution of the vomiting, of the epigastric pain, and of the cramps. The patients became warm and the pulse perceptible. This modification of the epigastric pain is interesting, for the ice-bag is far from the epigastrium, but exerts its influence by modifying the innervation of the great splanchnic nerves. In respect to the cramps the same thing occurs. To say that ice applied to the bodies of the sufferers, already algide (almost icy cold) warms them, is a paradox, and nevertheless is not less than the truth. In fact, by puting an end to the spasm of the blood-vessels the blood is allowed to circulate, and consequently the animal heat is generated afresh. In short, ice applied along the spine and the continuous current produce similar results; but the effects of the ice are more durable than those of electricity. This superiority is due to the prolonged application of the ice, whereas the continuous current was only applied during two or three hours each day."

Shock and Nervous Influence in Parturition.

Dr. Henry P. Newman thus concludes an article in the *Chicago Med. Jour.* for August:

1. That we have a higher nervous organization presiding over the process of childbirth and subjecting it to like influences and derangements which obtain in other physiological functions.

2. As civilization advances, the co-relation of mind and matter becomes more intimate and complex, and calls for a proportionate advance in psychological therapeutics, and the application thereof to cases of predominant mental and nervous influences.

3. In many cases of so-called tedious labors the irregular contractions of the first stage are the result of an exalted state of nervous irritability.

4. Active interference is indicated in many cases of protracted labor due to nervous influence, to guard against the dangers of exhaustion and shock.

5. Much is to be expected from judicious prophylaxis. Especially would I urge the necessity of direct professional supervision over the entire period of gestation from the earliest months.

6. There will still remain to be combated social, moral, and educational environments, which we can scarcely expect to see abolished, until the laity, as well as the profession, is better informed as to the deleterious consequences of departure from the standard of physiological perfection in the mothers of our race, and the best means of approximating that equipoise of the mental and physical organization which it is primarily the design of nature to establish.

A New Method of Reducing Downward Luxations of the Humerus.

Dr. Wm. B. Smith thus writes in the *Detroit Lancet* for October:

"The reduction of a dislocated humerus may be conducted on three different plans: by the heel in the axilla, by the knee, or by drawing the arm upwards.

"I now wish to present a fourth plan or way to reduce this dislocation, and as a matter of convenience we will dub it by the name of 'Smith's Plan.' A man presents himself to you with a downward dislocation of the head of the humerus of the right arm. He sits down in a chair, you step to his right side, taking your left arm pass-

ing under his, bringing it up into the axilla, at the same time grasp about the middle of his forearm with your right hand, carrying it across his chest to the left, at the same time giving it a little rotation while you lift up with your left arm; in this way you can apply most any amount of force that you wish, and you will be surprised with what ease the reduction has been accomplished when you hear the snap of the bone as it goes to its place. If it be the left shoulder you will use your right arm in the axilla instead of the left. You simply make a lever of the patient's arm and use one of yours as the fulcrum, while with your other hand you apply the necessary force."

Reviews and Book Notices.

BOOK NOTICES.

Official Formulæ of American Hospitals. Collected and Arranged by C. F. Taylor, M. D. 12mo., cloth. Pp. 238. Price, $1.00. Office of the "Medical World," Philadelphia.

Most hospitals have "house mixtures" and standard preparations of various kinds which they exhibit almost indiscriminately to the ordinary run of cases. These are combinations which a wide experience has shown to be useful in the particular locality, and may be so in others. Dr. Taylor has prepared therefore a useful work, in obtaining from as many hospitals in this country as he could, their standard formulæ. A comparison between them will suggest pharmaceutical combinations to the practitioner, and the practice of these extensive institutions is in a measure disclosed by the formulæ which they customarily employ.

Manual of Diseases of Women, Being a Concise and Systematic Exposition of the Theory and Practice of Gynecology. By Charles H. May, M. D., etc. 8vo., cloth. Pp. 357. Philadelphia: Lea Brothers & Co.

The department of gynecology has developed such an extended literature in the past few years that the writer of the work before us found it wound be advantageous to his classes to make a careful synopsis of the views of the leading authors. He has succeeded in compressing them into a volume of moderate dimensions, and though he has not indeed included all that the student should learn, he has caught the leading points of the science, and suggests much that he does not directly teach. As an epitome of the branch, his effort deserves considerable praise.

Inorganic Chemistry. By Edward Frankland, Ph. D., D. C. L., LL. D., etc., and Francis R. Japp, M. A., Ph. D., etc. Fifty-one illustrations and a plate. Large 8vo.; sheep; pp. 694. Lea Brothers & Co., Philadelphia.

This excellent treatise will not fail to take its place as one of the very best on the subject of which it treats. We have been much pleased, in looking over its pages, at the comprehensive and lucid manner in which the difficulties of chemical notation and nomenclature are cleared up by the writers. It shows on every page that the problem of rendering the obscurities of this science easy of comprehension has long and successfully engaged the attention of the authors.

The text is divided into three parts. The first treats of matter and force, of nomenclature, combination, notation, affinity, thermo-chemistry, and other such general topics. The second part is devoted to the non-metals, beginning with the monad element hydrogen, and progressing to the pentads. Part the third is similarly arranged. Leading the student from the monad metallic elements, potassium, sodium, etc., up to the latest of the hexad elements, the newly-discovered metal Norwegium.

A solid and ample amount of information is furnished on each subject, and the reader is not anoyed by that constant effort at compression at the cost of clearness which he meets in many of the smaller chemical manuals.

The work has a number of woodcuts and one colored plate, illustrating the spectral lines.

Infantile Cerebral Pneumonia.

About one year ago we reported some remarks of Dr. Keating, wherein he said that the cerebral symptoms were sometimes so prominent in children as to distract our attention from the lungs. We now note that the *Lancet* says: "The determination of the locality of an acute inflammation is frequently a matter of great difficulty in infants. Much disease may exist in almost any situation without giving rise to any obvious clinical signs. On the other hand, it sometimes happens that very little disease produces marked symptoms, even the gravest of all symptoms—death. M. Huchard has put on record (*Revue Mensuelle des Maladies de l'Enfance*, 1885,) the case of a child, aged sixteen months, in whom violent convulsions, cervical opisthotonos and coma were present without any meningeal affection, but with croupous consolidation of the upper lobe of the right lung. The greater tendency for marked cerebral symptoms to appear in cases of pneumonia of the upper lobe has been insisted upon by Heinze and others."

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CHOLERA MORBUS VS. HOMICIDE AND SUICIDE.

"*No healthy man or woman ever dies in this climate from cholera morbus,*" was the somewhat startling statement recently made at a gathering of medical men by Dr. W. S. Janney, late coroner of this city. The statement seemed so broad and so striking, that we subsequently conversed with the doctor on the subject, when he reiterated his remark, adding that his experience in, and the records of, the coroner's office would substantiate his words.

He explained that by *healthy* he meant a person without organic disease, and of average strength and vitality; such a person, when *dying* with symptoms of cholera morbus, always dies from poisoning (usually arsenic), and the case is one of *suicide* or *homicide.*

The ex-coroner's attention was first called to this matter during his last year of service, when a stout, healthy man, whom he knew well, died after less than thirty-six hours' illness, with symptoms of cholera morbus. Suspecting foul play, though the man had been attended by four regular and reputable physicians, one of whom had signed the death certificate, he instituted an investigation, which resulted in finding enough arsenic to kill a dozen men. His eyes being opened, other cases were examined, and in a short time five or six cases of homicide or suicide (where not the slightest suspicion had existed) were added to the list; and Dr. Janney emphatically states his belief that in this large city hundreds of persons annually die from poison, where the true cause of death is not in the least suspected.

In conversation later with Dr. Bartholow, this distinguished authority said that he had not the least doubt of the correctness of this assertion, while another prominent physician, upon being told of this statement, said that he was repeatedly astonished to find domestic discord in families where to all appearances the most perfect harmony prevailed. That there is a "skeleton in every closet," and that this skeleton very often assumes the shape of uncongeniality between husband and wife, with a penchant on the part of one or both for the society of some one of the

other sex besides their lawful partners, and that to gratify this desire even *murder* will not be a barrier, we must concede. That such a condition is too horrible to contemplate would be true were it not that a remedy can be suggested. *If the poison could not be procured, the murder or the suicide could not be committed.* Therefore would we advocate legislation that would make a party to the crime any person who should sell any poison to any one without the prescription of a physician known to the selling party. This would reduce the risk of unsuspected murders to the very lowest possible minimum.

COCA FOR THE ALCOHOL HABIT.

In an address delivered before the State Medical Society of Pennsylvania, Dr. Wm. F. Waugh, of this city, related several cases in which he had succeeded in substituting the use of coca for alcohol, in inebriates. He experienced some difficulty in preparing the coca in a form which would be acceptable to this class of patients. At length this was surmounted by Dr. Charles L. Mitchell, of this city, pharmacist, who has devised a form of the leaf which resembles a plug of tobacco, and is used in a similar manner. He calls it *coca-bola*, and it appears well adapted to the purpose.

The question remains, whether anything is gained by the substitution. It is familiar to physicians that in a certain number of cases of inebriety the opium habit can be substituted for that of alcohol. We remember hearing this taught as a student a quarter of a century ago. But only in exceptional cases would a physician's conscience allow him to make this substitution. In most, the remedy would be worse than the disease.

Is it different with coca? A number of cases have been recently published in which its intemperate use has led to a complete break-down of the mental and physical powers. This is no new thing. It may not be generally known, but it is an historical fact that for a long time, while Peru was a Spanish colony, the cultivation of coca was prohibited on account of the disastrous effects the indulgence in it had brought upon the population. No one can partake of such powerful nervines in large quantities for a long time without undermining the nervous system. In the present tendency to exaggerate the effects of alcohol, we may introduce some other element yet more potent for mischief.

SELFISH ACTION.

Whatever opinion one may hold as to the merits or demerits of the committee which has in charge the preparations for the International Medical Congress, one can hardly fail to condemn the action of those medical journals and physicians who, because their own preferences were not realized, now are endeavoring to prevent the meeting of the Congress altogether.

Because some dozen or so medical men have announced that they will take no part in it, these journals pretend to say that no fair representation of the profession of the United States will attend. If the dozen or so referred to really think so, it is the most astounding case of self-conceit on record. It might be well for them to learn that they are not the sole persons of distinction among the eighty thousand practitioners of the United States.

As we before hinted, much of the trouble has arisen from the desire on the part of some members first appointed to allow irregular practitioners to take part in the proceedings. The ethical license which some New York specialists insist on in order to increase, their consulting practice, is sought to be covertly popularized under the ægis of the International Congress. If the medical profession of this country respects its honorable traditions, or seeks to preserve its reputable position, it will give the cold shoulder both to the petty clique who pretend to embody all its abilities and to the selfish band who would prostitute it to their own self-intersst.

MENTHOL.

The ethereal oil of peppermint, known by the name of menthol, has recently been the subject of many investigations by Savignac, MacDonald, Rosenthal, and others. The latest observer is A. Schmidt (*Centrlb. f. d. Med. Wiss.*, 32, 1885). All

authors agree that we have in menthol a remedy very similar in its effect to cocaine. While it is undoubtedly a narcotic, its action is not like morphia or atropia, from the centre to the periphery, but it has a purely local effect, and, therefore, greatly resembles in this respect cocaine. When applied to the conjunctiva of the eye or to the Schneiderian mucous membrane of the nose it soon caused complete anæsthesia. It also seems to be a good remedy in neuralgia, but appears to act best in those cases where the pain seems to be deep and not superficial. To insure its anodyne or anæsthetic effect, a ten per cent. solution must be employed; one made with alcohol acts more rapidly and promptly than one with almond oil, but is also decidedly more irritating. It may be well to try the remedy in migraine, especially as its simple local application is all that is necessary to develop its anodyne effect.

DIARRHŒA AND FEEDING BOTTLES.

"Baby has the diarrhœa, doctor." "Do you nurse him?" "No, doctor, he takes the bottle." How frequently has this conversation taken place between doctor and mother.

One of the commonest causes of diarrhœa, nasty, persistent diarrhœa, that resists treatment, is the use of the bottle. Yet it should not be so; it is not a necessary accompaniment of the bottle.

But the majority of mothers are careless about keeping the bottle clean. Two bottles should be always in use. When one is emptied, it should be well washed in hot water, thoroughly rinsed, and allowed to stand full of warm water, into which a small piece of washing soda has been introduced, until required for use, when it should be again well rinsed.

Long nursing tubes are abominations, and form ready nests for the propagation of disease germs. We should employ the ordinary rubber nipple, without any tube, and, having several on hand, those not in actual use should be kept soaking in water and soda. If we have good milk, that has not soured, and if we observe these simple precautions, we will soon cure these obstinate diarrhœas without drugs.

Notes and Comments.

The Treatment of Syphilis.

The routine treatment of syphilis with some form of mercury, as each individual practitioner may elect, is the custom, and but little intelligent thought is ever given to the matter. If salivation occurs the drug is stopped, if not, it goes on indefinitely until the patient gets tired and stops it himself. Dr. F. R. Sturgis, who is an authority on this disease, writes a very instructive paper in the *N. Y. Med. Jour.*, August 1, 1885, the salient points of which we note.

The chlorides and the iodides are more apt to produce toxic symptoms than other forms. It was observed that the patients who were taking the simple blue pill showed a tendency to ptyalism after a meal of salt meat, the salt apparently serving to form the chloride. It is no longer considered necessary to touch the gums, and any symptoms of its toxic effects upon the salivary glands, the gastro-intestinal tract, or other portions of the body, should be avoided, and, before their appearance, the treatment should be suspended or changed.

The simplest form of mercury is the blue mass, two grains of which can be advantageously combined with one grain of iron or quinine, thereby producing a tonic effect.

Mercury should be given until the symptoms have entirely disappeared, then stopped, and recommenced upon the development of any new complications. Dr. Sturgis *believes that syphilis is curable*, though many relapses will occur, each one milder than the other.

Small doses of the iodide of potassium are useless, and when it is indicated it should be given promptly and in increasing doses, until the disappearance of the symptoms or the advent of toxic conditions compels its abandonment. It is indicated when there is ulceration about the mouth, nose, throat, or parts of the body where there is danger of disfigurement.

Sometimes it is best, owing to the constitutional debility from excesses of various kinds with which these patients suffer, to institute a tonic and hygienic treatment before having recourse to the mercury or the iodide. The iodide of iron is especially useful in these cases, although the citrate and potassio-tartrate are well borne. Cod-liver oil may also be administered.

Besides being given internally, mercury may be administered by inunction, fumigation, the bath, subcutaneous injection, and by suppositories.

The results of the inunction are comparatively favorable, and it has the advantage of leaving the stomach for what it is intended—namely, food and drinks, and not for drugs. After a hot foot-bath, the ointment may be applied to the soles of the feet; woolen stockings should then be worn, and then every step will rub the ointment in.

A mercurial bath may be given once or twice a week, according to the strength of the patient. Lamps are sold for this purpose. The patient is placed on a cane-bottomed chair, stripped, and covered with a blanket, outside of which is a macintosh. A lamp, having a gutter for water and a cup containing mercury, is placed under the chair. The patient is left in this vapor until after the mercury is completely volatilized and he has had an opportunity to cool off somewhat, when he should be wiped off and put to bed for two or three hours, as in the Turkish bath.

When nodes become soft, resist the temptation to put in the knife, for while it is good for an abscess to be opened, it is bad for a gumma, as it admits the air to the bone and necrosis ensues, for which operation is hopeless, as no proper sequestrum is formed. In the affections of the nervous system the remedy should be given promptly and with a free hand. The most unpromising cases get well when properly treated, but the iodide must be given in doses which seem appalling when compared with those beyond which we were warned never to go when we first began to use this drug. One ounce per diem, in divided doses, has to be given frequently. Bumstead reports the case of a patient who took his iodide *ad lib.* He became, in fact, an iodide eater. This rule may be relied upon, that no toxic results will occur until the symptoms yield. The remedy should therefore be carried to that point and then dropped. Symptoms that laugh at fifty will yield to one hundred grains, and the necessity for one hundred and fifty or one hundred and eighty grains need cause no alarm.

Pyrogallic Acid and Collodion for Psoriasis.

In the *New York Medical Journal* for September 5, Dr. George T. Elliot recommended the following formula:

℞.	Acidi pyrogallici,	ʒ jss.–ʒ ij.
	Acidi salicylici,	ʒ ss.
	Collodii flex,	ʒ ij.
M. et ft. sol.		

In using the pyrogallic collodion, the patient should be directed to first remove all the scales by taking a warm bath. After drying the body carefully, the solution should be freely applied to the lesions, the application extending one-fourth or one-half an inch beyond the edges of the psoriatic spots. This can be done by using a moderately stiff, bushy brush. Care should be taken that the lesions are completely covered with the solution, and the parts which have been painted should remain exposed until they are perfectly dry. A renewal of the application may be made every day if desired, but I have found it quite sufficient to repeat it every second or third day. Removal of the collodion still adhering to the skin is, of course, necessary, previous to each fresh painting, since it is advisable to treat the psoriatic lesions, and not the old coats of collodion covering them.

The results obtained in treating psoriasis with the pyrogallic collodion have been in every way satisfactory. A great change could be seen in the lesions after a few applications. There was an absence of scales and a diminution in the hyperæmia, and the plaques and spots appeared less elevated. The time which was required in curing the psoriasis by means of this solution has naturally varied according to the extent of the disease and the length of time which it had existed.

A Genuine Case of Hydrophobia Cured.

Since considerable discussion has been lately indulged in as to the reality of the existence of such a disease as hydrophobia, we reproduce, in his own words, the case which Dr. H. Emmet Wootten reports in the *Virginia Med. Mo.*, for September. He says:

"On the night of April 15, 1885, I was called to see Henry Dyer, a youth of 16, living with his parents at Bucher's Gap, Coryell county, Texas, who had been bitten by a rabid dog twenty days previous, in the calf of the right leg, taking out a piece of flesh over an inch in length. He was having spasms, and was tied down to the floor with strong ropes. I was told that he had been snapping and foaming at the mouth for six hours, and had convulsions every thirty minutes. I at once administered twenty grains of the bromide of potassium in glycerine and water, and gave him an hypodermic injection of morphia, one-half grain every two hours until the spasms ceased, which they did at 9:30 o'clock on the following day. I applied a blister of subnitrate of bismuth one inch thick to the bitten leg, and kept it there until the third day. *It brought away nearly a pint of greenish pus;* when the patient was able to leave his room. I attribute his cure to the bismuth and potash. I also gave him ten grains of

calomel the second night, which operated finely. The young man is now well, and has been working every day since as a farm laborer. The dog bit a cow and a sow upon the place, both of which died the tenth day. The dog was killed that day by Mr. Abner Easley, a near neighbor."

The Koch Comma-Bacillus.

This much-discussed little body receives still further attention in a lengthy article in the *Med. News*, August 29, 1885, by Dr. Hermann M. Biggs. After covering the ground very thoroughly, the author terminates his paper with the following conclusions:

1. That Koch's claims as to the discovery of a germ peculiar to cholera, which possesses certain morphological and biological characteristics, that differentiate it sharply from all other germs, have stood the test of investigation by many observers, and remain yet to be disproved.

2. It is acknowledged by all investigators, without exception, that the Koch comma-bacillus is always found in Asiatic cholera in greater or less numbers, and that it is absolutely diagnostic of cholera, whether it bears any etiological relation to the disease or not.

3. That, although it cannot be considered as absolutely proven that the Koch comma-bacillus is the cause of cholera; yet its constant presence in this disease, and its absence under all other conditions, its relation to the course and intensity of the disease processes, and its peculiar life history, constitute very strong presumptive evidence in this direction.

4. Whatever may be the ultimate conclusion of medical men on this question, that still the greatest honor is due to Dr. Koch for having placed at our disposal a method for the diagnosis of Asiatic cholera.

Foreign Bodies Introduced into the Ear.

In the *Med. Press* Dr. Ormsby says that by far the safest and best mode of removal is by means of constant syringing with a strong stream of warm water. Forceps and snares and probes have been recommended, but if the patient happens to plunge, or become violent, in all probability the foreign body may be only driven farther into the canal, and farther out of reach; and particularly with children it is worse than useless to try any method but syringing with a gentle and constant stream of water; perseveringly applied—it seldom fails to dislodge the foreign matter, no matter what it may be. Insects sometimes crawl into the ear; they may be dislodged by making the patient lie on the opposite side, and pouring water into the affected ear; the insect not being able to go farther back, owing to the membrana tympani, and feeling the inconvenience of the fluid, will beat a hurried retreat through the external opening. If any instrument is used except the syringe, a horse-hair snare may be employed with the least danger of doing injury, and if any exploration must be made with children, they should be placed under the influence of an anæsthetic.

Pathogenic Germs in Healthy Blood.

The Paris correspondent of the *Brit. Med. Jour.* tells us that M. Chauveau, at the Grenoble meeting of the Association for the Advancement of Science, exposed some facts which warranted the belief that the blood of healthy people contains pathological germs, which only require favorable conditions to exhibit their properties. M. Verneuil endorsed this view, and observed that, even when in a condition of apparently perfect health, we are, nevertheless, a sort of menagerie, or hothouse, containing a mass of germs, which develop when a wound or injury provides them with the opportunity. M. Ollier instanced recurring osteomyelitis as a proof of the truth of MM. Chauveau and Verneuil's theories. Sometimes, after an interval of ten years, osteo-myelitis reappears. The microbes remain inert until aroused by a provocative, but the disease reappears each time in a milder form, suggesting that the micro-organism becomes attenuated by remaining in the human organism.

The Treatment of Nævus by Ethylate of Sodium.

Dr. Samuel Welch tells us in the *Brit. Med. Jour.*, August 22, that for some months past ethylate of sodium has been extensively employed by him in the treatment of cases of nævus occurring in children, and up to the present he has every reason to be satisfied with its use. He paints over the nævus two coatings of the ethylate on two consecutive days, taking care to protect the surrounding skin before the application, and in all instances of superficial nævi thus treated, has found them cured on the separation of the scab. Those cases affecting the subcutaneous tissues generally require a second, or even in some cases a third, repetition of the remedy.

It seems to leave less scar than nitric acid, to cause less pain to the child, and, undoubtedly, of all applications, is the one least dreaded by the mother.

Trigger-Finger.

Apropos of this curious affection, the *Brit. Med. Jour.* says that according to M. Marcano (*Journ. de Méd. et de Chir. Fran.*, 1884), the curious phenomenon called *doigt à ressort* by Notta and Nélaton is the result of a knotty swelling of the flexor tendon by which the peculiar jerk is produced. During flexion and extension, the movement of the finger is suddenly stopped for a short time, and then completed very quickly and violently, as if a spring had been put into action. The jerk can be reproduced experimentally on the dead body by surrounding the flexor tendon with a string, so as to increase its volume. The *doigt à ressort* is observed chiefly in people subject to rheumatism, but an injury may also cause it. In all cases the swelling of the tendon can be made out by careful palpation; it is the rubbing of the nodule against the sesamoid bones, or the sheaths of the tendons, which is the cause of the jerk.

Subnitrate of Bismuth as a Dressing for Wounds.

MM. Gosselen and Heret, in a communication to the Académie des Sciences, discussed the action of subnitrate of bismuth as a dressing for wounds. After operating on rabbits and guinea-pigs, the application of this substance arrested the escape of blood between the suture-stitches or into the wound, and immediate reunion was obtained; the subnitrate of bismuth, though it was not a coagulating agent until the nitric acid was freed, parted with its acid when in contact with the wet surface of wounds, and the blood round the severed arteries was coagulated. In addition to this action, it was also an astringent, a germicide, and a sedative. This salt of bismuth was preferable to hydrate of bismuth, which was neither a coagulating agent nor an astringent; it could be used pulverized, or in solution at 1 per 50.

Boro-glyceride in Skin Diseases.

Dr. Charles Roberts tells us in the *Brit. Med. Jour.*, August 22, that he accidentally found boro-glyceride a most useful remedy for psoriasis and other scaly forms of skin disease, and especially in allaying the itching which accompanies many forms of skin affections. A sample of the preparation sent by the manufacturers happened to reach him while he was treating a very chronic and irritable case of psoriasis with little benefit from the usual remedies, and this coincidence led to the use of the boro-glyceride as a local remedy with very gratifying results, and he has since employed it with success in other cases. The action of the drug is certainly not due to the glycerine alone, as he had already tried that substance without permanent benefit.

Subcutaneous Injections of Urea.

The *Brit. Med. Jour.*, August 22, says that it is stated that numerous experiments performed by Gréhaut and Quinquad on dogs and other animals have proved that the subcutaneous injection of a quantity of urea, equal to one-hundredth of the weight of the body, is always followed by death. The animal dies when its blood contains 0.6 per cent. of urea. It is interesting to compare these figures with those found by the same authors in man. In a case of anuria, the blood contained 0.410 per cent. of urea; in retention of urine, 0.278; and in well marked uræmia, 0.215. The presence of a large quantity of urea in the blood did not seem to exert an injurious influence on the contractility of the muscles.

The Treatment of Puerperal Malarial Fever.

The treatment of malarial fever occurring in puerperal women, says Dr. George F. Andra, in the *Detroit Lancet* for September, does not call for special consideration. Such complications as arise from the disturbance of the reproductive apparatus must be met appropriately, and may determine modifications of the general treatment; but a careful study of each case, and proper consideration of the relation of the several symptoms to the pathological conditions will enable us to treat, not the disease as an entity, but a disturbed organism struggling to right itself and throw off the overshadowing malarial incubus.

Cocaine in Cracked Nipples.

Dr. Geo. C. Mecuen writes to the *Boston M. and S. Jour.*, that he has found cocaine to be a perfect anæsthetic in these cases. In three such cases a four per cent. solution was applied with a small brush, in five minutes a second application was made, and five minutes later two of the patients nursed directly from the nipple, the other using a nipple shield. All experienced complete relief from pain. Furthermore, it did not appear to hinder healing of the part. If time is any object, a stronger solution should be used. Washing the nipple before the child nurses seems to make no difference to either mother or child.

Serious Wound of Small Intestine.

Dr. S. Istomin describes, in the *Vratch*, the case of a shepherd-boy, 10 years old, who was tossed by a cow. One of the horns penetrated the abdomen, causing a wound two and a half

centimetres long, out of which several coils of the small intestine protruded. In one spot, the gut was torn to the extent of three-quarters of the circumference. The author sewed it together with twelve catgut sutures, removed a portion of the omentum, and replaced the intestine, closing up the external wound. The dressings were changed on the fifth day, as the temperature was 101° F. Afterwards, there was no fever. The external wound healed by granulation in twenty-four days.

Salicylate Applied Externally.

Dr. Cagnoli mentions in the *Moniteur Thérapeutique* that having as a patient a little boy with rheumatic fever, in whom salicylates produced severe gastric disturbance, he had recourse to compresses saturated with a ten per cent. solution of salicylate of soda and covered with oil-skin, bound round the most acutely inflamed joints. The next day the pain and swelling had disappeared from these and the power of motion had returned to them, while the joints which had not been so treated remained exactly in their previous condition. These latter were afterwards relieved in a similar manner.

Pregnancy After Double Ovariotomy.

The *Med. Press*, September 30, 1885, says that Professor Schatz, of Rostock, reports a case of the above. On January 20, 1880, he removed the left ovary and part of left Fallopian tube from a young woman aged twenty. The right ovary, with the exception of a minute portion two mm. broad *on the distal side of the ligature*, was also removed. The right tube remained intact. Menstruation continued regular from July 15 of the same year to August, 1884. On May 12, 1885, she was delivered of a full-grown female child.

Water as a Local Anæsthetic.

Dr. W. S. Halsted offers the following propositions in the *N. Y. Med. Jour.*, September 19:

1. The skin can be completely anæsthetized to any extent by cutaneous injections of water.

2. I have at times, of late, used water instead of cocaine in minor operations requiring skin incisions.

3. The anæsthesia seldom oversteps the boundary of the originally bloodless wheal, but does not always vanish just as soon as hyperæmia supervenes.

Diagnosis of Gastric Cancer.

Franz Riegel (*Berl. Klin. Wochensch.*, 12, 1885,) has instituted a series of observations which resulted in the discovery, that in cases of cancer of the stomach, whether accompanied by dilatation or not, the gastric juice evinced an utter absence of free hydrochloric acid. These investigations have since been repeated by others, and all have given the same result, and confirmed, therefore, Riegel's statement. It is said that this absence of free muriatic acid is due to the direct action of the carcinoma on the gastric juice.

CORRESPONDENCE.

Treatment of Quinsy.

EDS. MED. AND SURG. REPORTER:—

In the REPORTER for October 3, Dr. Free tells us what he knows about quinsy, and says, "In spite of the best treatment, quinsy sometimes proceeds to the formation of pus." Now, what will the doctor say to the statement, that "in spite of the best treatment, itch will sometimes kill the patient." One is about as true as the other. If he will discard his shot-gun prescriptions and use the following, he will seldom have the chance to furnish an outlet for the pus, for the very good reason that pus will not form:

℞. Fl. ext. poke-root, ℥xj.
Ess. gaultheria, ℥j.
Syr. simp., ad. ℥iv. M.
Sig.—℥j. every three hours.

Locally—

℞. Fl. ext. aconite-root, ℥jss.
Fl. ext. witch-hazel, ad. ℥iv. M.
Sig.—Use as a gargle every hour or two, as directed.

The directions are to keep up the peculiar tingling effect of the aconite very slightly. If the patient cannot gargle, paint the tonsils and velum with a stronger aconite mixture, using a camel's-hair brush. The poke-root need not be pushed to cause emesis, but should be given so as to cause slight nausea. I often use Pond's or Sandford's ext. of witch-hazel, simply because much of that sent out by our large manufacturing houses is absolutely worthless, and more of it spoils on the druggists' shelves.

F. R. MILLARD, M. D.
San Diego, Cal.

A Huge Dose of Iodide of Potassium.

EDS. MED. AND SURG. REPORTER:—

For a man suffering from the later sequelæ of syphilis, I recently ordered 40-grain doses of the iodide of potassium. By mistake my patient took a tablespoonful for a teaspoonful at one draught, thus receiving 160 grains of the iodide, having already had 40 grains the same day. From this large dose he experienced not the slightest ill effects, save extreme weakness for several days. Let us hear more about the toxicology of iodide of potash.

X. Y. Z.

—According to the *Popular Science News*, to obviate the hereditary tendency to disease in the young, "wash them, air them, and *iron* them."

News and Miscellany.

Medical Reflections on Kissing.

The *Cinn, Lancet and Clinic,* quoting from the *Journal de Med.*, says:

Young men should be ever careful to avoid excess in wine and too lascivious kissing.

This is the counsel Horace gave to his friends:

"*Ab ebrietate et infamo amore cavendum.*"

So Doctor Leloir, of the Faculty of Lille, gives the following:

A young man, a little over-stimulated, met a pretty girl at a ball. He took her home and proceeded to kiss her all over, even including her feet in the operation. It so happened that the young lady had some eczema between her toes; the result of all this tenderness was that the young man secured a magnificent infecting chancre, which leads us to remark that kissing between the toes is apt to beget trouble when the lady is a ball-room dancer.

At the Hospital of La Charité a young woman had had a child affected with a chancre on the thigh. This child was bitten by a small snake, and a working man, thinking to save the baby, and that the chancre was the result of a bite, proceeded to suck the wound. The result was a chancre in the tongue that almost destroyed that important organ.

Dr. Leloir reports cases where young married women and engaged girls had chancroids on their lips from kissing their husbands or men to whom they were engaged. Unfortunately too many men believe themselves cured of a pox when they still have mucous patches on their lips and in their mouths.

One day a young man came to Doctor Leloir and said: "How many days will it take to whiten me?" this being a popular expression in France among young men who have mucous patches in the mouth. "It will take several years," answered Dr. Leloir. "What!" said the young man. "I cannot wait, the banns have been published, and I must be married within two weeks, my future happiness and fortune depend on it." Said Doctor Leloir: "If you do that thing, you commit a crime, and will be a scoundrel. Why, man, 'tis only a few days since that the young Count M. Z., suffering from an incurable pox and not wishing to poison his betrothed, blew out his brains with a revolver rather than destroy his bride's health. He confided the secret to me."

In another case a young girl came to Doctor Leloir for a bubo and chancre, the result of drinking out of a goblet from which a friend with pox had taken a drink.

No matter what the kiss may be, it should be discreetly given. Doctor Leloir then gave instances of where wet-nurses propagated syphilis.

A Patent Medicine Paradise.

The *Columbus Med. Jour.* tells us that a correspondent of the *Detroit Free Press* traveling in the South describes one tendency of the colored population as follows:

If the negroes in the South could read, there would be such a demand for patent medicines, porous plasters, pills, and stomach bitters, as would force every manufacturer to double his help and capacity. The negro is always ailing. No matter how healthy he looks or how strong he seems, he believes himself afflicted. If he could read almanacs and circulars, he would think so twice as strongly.

At Dalton, Ga., I saw a big fellow pick up a barrel of flour as easily as I could have lifted a twenty-five pound sack, and when I complimented him on his strength, he replied: "Yes, boss, I seems powerful strong, but you doan' know what what a hard time I has of it. Ise got liber complaint, dyspepsia, and consumption, an' I reckon I won't neber see snow fly again."

I asked him what remedies he had been using, and he replied that he had been taking the dust of burnt leather and mixing it with cold tea. Nothing whatever ailed him, but if he could have got hold of ten dollars he would have used eight of it in buying medicine.

I was in a livery stable at Marietta, when a man came in with a bottle of prepared Jamaica ginger. One of the colored men employed about the stable, who hadn't lost a day for years, and who looked as rugged as a mountain, looked at the bottle three or four times, and then asked:

"What yer got dar, Kurnel?" "Something for apoplexy," was the reply. "Would ye mind givin' me a sip of it, kase my apoplexy has been takin' on in de moas' dreffal manner fur de las' week?" "You can take a pull if you wish to." The cork was drawn, and the negro lifted up the bottle and took three heavy swallows of the fiery stuff. The next three minutes were the longest and hottest ones he ever saw, but as soon as he could speak he remarked:

"Ah! but dat stuff seems to hit de right spot. I reckon it will cure up my apoplexy all right, an' like 'nuff I may light on sumthin' else good fur congestion of de lungs an' water on de brain."

Wine in Paris.

The *Chemist and Druggist* tells us that Dr. Magnier de la Source has made a careful investigation as to the degree of adulteration practiced on the wine consumed in Paris. It appears that the octroi returns show an average annual import into Paris of 5,000,000 hectolitres (equal to 100,000,000 gallons) of wine of all qualities. The author considers that he would be quite within the mark in estimating the quantity of liquid actually drunk as wine at 20 per cent. above this figure. He estimates this from the prices at which wines are sold by the retail dealers, which commence at 6d. the litre (1¾ pints). The universal habit of diluting wine by the retailers has occasioned a demand for a highly-colored wine, strong in alcohol and yielding a good proportion of extractive matter. To meet this demand the producers in turn have had to resort to artificial coloration, and the addition of glucose, or the pressings from dry grapes, and the addition of alcohol, or, what is cheaper, of some of the highly-fortified wines of Spain or Italy. The vigilance of the municipal laboratory officials has, however, nearly eliminated by this time the two first-named frauds, but the addition of alcohol, which is very difficult to prove, is still largely continued. The author has tabu-

lated his analyses of Paris wines in the two years 1883–4, and finds that less than four samples in a hundred contain less than 8 per cent. of alcohol. Wines containing from 11 to 14 per cent. of alcohol are extremely rare, but those containing from 14 to 16 per cent. constitute more than 40 per cent. of the total. The table seems to show conclusively that natural wines generally contain up to 10 or 11 per cent. of alcohol, and that when they are fortified an average of 15 per cent. is usually adopted.

The Anus Mistaken for an Undilated Os.

The following, which is related in the *Med. Age*, is liable to happen to any young doctor: A young man, fresh from college, whence he came with honors and medals, was sent by his father, a practitioner of fifty years' standing, to attend a case of labor. The woman was in the throes of labor, but the young man, on making digital examination, found the os undilated. After waiting an hour, another examination showed no improvement. He then applied belladonna ointment, and sought to use forcible dilatation. But another hour passed by, and in spite of faithful work on the part of mother and doctor, there was no dilatation. Becoming alarmed, the young man went after his father for assistance, but before he returned with the old man the child was born. He could not understand how such a thing could have happened. The old gentleman on examining the child discovered how it all was. The child's anus was red and patulous, and was liberally besmeared with unguentum belladonnæ. The worthy son of the noble sire had struck a breech presentation, and had actually mistaken the anus for an undilated os.

The International Medical Congress.

The *London Lancet*, October 17, 1885, says:

"In spite of further resignations which we announced last week, we still find it impossible to believe in such a catastrophe as the miscarriage of the plans for holding the International Congress of 1887 in Washington. Two years is a long time, and more than enough to make clear to everyone concerned what an injury would be done to the fair name of the profession in the United States by such a failure. It is very doubtful if any organization exists which is competent to change the place of meeting of the Congress, or if any body that might think itself competent would venture on an act which would be regarded as one of doubtful courtesy towards the profession in the States. Be this as it may, we trust to the good feeling of our American brethren to put forth every effort to remove every obstacle to the visit which the profession in Europe has been putting down in its diary as a thing to be done in 1887. A new executive has been appointed, to whom the management of the Congress has been entirely transferred. This committee will have all the powers which the original committee thought it had, but which the American Medical Association decided were not entrusted to it. The executive will be completely independent of both the Committee of Arrangements and of the American Medical Association. The Association should not be too harshly judged in this matter. It is quite true that it represents a comparatively small part of the medical profession of the States, but it is the largest professional organization, we presume, in the States. And the invitation conveyed to the Congress, which the Congress accepted, was an invitation conveyed by a committee appointed for the purpose by the American Medical Association. It is only fair, too, to admit that in regard to the United States the action of an Association is much more important than in older countries. The profession there is less perfectly organized and more heterogeneous, and a little more apt to run into irregularities. We think the Association is doing well in making itself less and less, that the profession may be more and more; and we sincerely trust that all members of the profession will put the best construction on its action, and remember that, but for it, the Congress might never have had an invitation to the States at all."

The *Lancet* is correct, the Congress will be held, and it is the duty of every physician to stand by the American Medical Association in this unnecessary controversy.

The Adventure of a Barber-doctor.

A well-known barber in this city has among his customers a prominent physician. Some time ago the physician mentioned to his barber, whose name is John, that he had received a pass to Atlantic City, and, as he did not care to use it, he would present it to him. John joyfully accepted the pass, and the following Sunday started for the city by the sea. Just outside of Camden, the conductor came through, carefully examined the pass, and scrutinized its holder. In a few minutes he came rushing back, and, addressing the astonished barber, said: "Doctor (calling him by the name on the pass), a lady has been taken very ill in the forward car. Please go in and see what you can do for her." John was pushed into the other car in an utterly dazed condition, and found a lady had fainted. Her husband was chafing her hands, and the conductor informed him that he had brought Dr. ——, the celebrated physician, who would, no doubt, bring her around. John, by this time, had recovered his senses, and commanded that the window should be raised. He then asked if any person had some brandy (he had a flask in his own pocket, but did not dare to produce it), and when it was brought he moistened the woman's lips and rubbed her forehead with ice water. In a few moments she recovered, and her husband publicly thanked the "doctor" for his skill and kindness.

All pleasure had flown for the unhappy barber. The conductor on every trip through the car addressed him as "Dr. ——." Upon his arrival at Atlantic City, John feared that he might be denounced as a fraud, and slunk around the back streets until the first train left for Philadelphia, when he paid his fare and returned home, vowing that he would never travel on another man's pass.

Heredity and Insanity.

The *London Med. Times* tells us that Dr. Manning, the Inspector-General of the Insane in

New South Wales, has investigated the family history in twenty-one families where two or more of the children were afflicted with mental weakness, the result of his labors being given in a short paper in the *Australasian Medical Gazette* for August. The 21 families yielded a total of 82 children, of whom 50, 29 males and 21 females, were imbecile or idiotic. In five of the families the parents were related, in two being first cousins, and in three brother and sister; in three families nothing was known of the parents, and in the rest it was ascertained that there was no blood relationship between them. In only one of the families could no insanity be traced amongst the relations of either parent; in three no information could be obtained; whilst in the rest a strong family history could be made out in nearly all; and in five there was an insane inheritance on both sides. Dr. Manning concludes that in a large proportion of cases, idiocy is dependent upon hereditary influences, and that the marriage of those who are or have been insane, or in whose families insanity is known to exist, ought to be discouraged as much as possible. As regards consanguineous marriages, he agrees with Dr. Withington, that apart from inheritance they are not injurious.

Materia Medica Specimens.

Messrs. Parke, Davis & Co., of Detroit, have prepared a case containing sample specimens of crude drugs for the purpose of study, including those which have been recently introduced. Such specimens cannot fail to be of great service to students, and also to practitioners.

The collection includes all the crude drugs of vegetable origin that are of any importance in the materia medica, and thus furnishes the indispensable supplement to such text-books as Sayre's Conspectus of Organic Materia Medica, or Maisch's "Manual."

Each specimen is put up in a little box, with a label bearing simply a number, an index or key accompanying the case. The index being alphabetically arranged, enables the student to find any required specimen without difficulty, while the absence of names on the labels enables him to practice himself in the identification of drugs.

The specimens are put up in neat turned-wood boxes, arranged in a convenient black-walnut case. The price is $10.

Longevity and Riches.

The *Medical Record* tells us that Joseph Körösi, of Buda-Pesth, in a paper read before the Association of Hygiene, in Berlin, last year, presents some figures regarding the effect of the pecuniary status on longevity. Excluding deaths in infancy, he finds, taking his observations from a period of eight years, that the rich class had a longevity of 52 years, the middle class of 46 years 1.1 month, the poor class of 41 years and 7 months. In the matter of susceptibility to infectious diseases, he finds that cholera, small-pox, measles, and typhoid are more prevalent among the poor, and diphtheria, croup, pertussis, and scarlet fever among the well-to-do. Zymotic diseases, as a whole, were sixty per cent. more frequent among those living in basements than in higher domiciles. But the increase in fatality in underground tenements applied only to certain diseases, as especially measles and whooping-cough, while diphtheria and scarlet fever were ten per cent. less frequent than in families living above ground.

Novel Scheme for Local Advertising.

The *Washington National Republican* tells of a new system of local advertising hit upon by an East Washington pharmacist. An enterprising little urchin entered his store not long since with about a yard of peach kernels strung on a thread. Though having no use for them, the kind-hearted druggist gave the boy a cent for them, hung them in his window, and forgot the matter. The news spread, and yards upon yards of kernels were brought in. The druggist, thinking it a good way of gaining notoriety among the young America, made a standing offer of one cent per yard.

At last reports about 200 yards had been brought in, the daily receipts amounting to about thirty yards. The boys, in cracking the peach stones, generally crack their fingers too, and come in to the druggist with two cents' worth of peach kernels to sell and fifty cents' worth of sore finger to be bound up—forty eight cents net gain to the druggist. But the two cents is available for taffy, and "pa pays the druggist's bill."

To Sharpen Razors.

The *Med. Age* says that doctors are sometimes their own barbers, and a hint as to a good way to keep their razors sharp may not be out of place. Mix fine emery intimately with fat and wax until the proper consistency is obtained in the paste, and then rub it well into the leather strop. Prepare the emery by pounding thoroughly in a mortar the coarse kind, throwing it into a large jug of water, and stirring well. Immediately the large particles have sunk, pour off into a shallow plate or basin, and let the water evaporate. Another recipe is levigated oxide of tin, prepared putty powder one ounce, powdered oxalic acid ½ ounce, powdered gum 20 grains; make into a stiff paste with water, and evenly and thinly spread it over the strop. With very little friction, this paste gives a fine edge to the razor, and its efficiency is still further increased by moistening it.

Elements of Success.

Ruskin says: "Be assured, my friend," we say to the laboring man, "that if you work steadily for ten hours a day all your life long, and if you drink nothing but water, and live on the plainest food, and never lose your temper, and go to church every Sunday, and always remain content in the position in which Providence has placed you, and never grumble nor swear, and always keep your clothes decent, and rise early, and use every opportunity of improving yourself, you will get on very well, and never be sent to the poorhouse."

Toads as a Tonic.

A Hamilton, Cal., paper says a Chinaman has

devoted the whole summer and fall to gathering horned toads, which are very numerous on the red hills, and are as much dreaded as rattle snakes. Recently he made a shipment of 2,000 of the toads to San Francisco, from which place they will be sent to China. The toads are there converted into various kinds of medicines, which sell very high. For the cure of chills and fever, they are said to be the finest thing known. A toad is placed in a flask of whisky for several weeks, and then the stuff is sold as a tonic.

Booming Doctors.

The *Canadian Practitioner* calls attention to a new style of *working up* the doctor in a western town. A druggist gets out a printed fly-sheet, extolling the qualities of his drugs, dye-stuffs, paints, oils, etc., and also the transcendent abilities of the doctor who has "rented the office over my drug store." This is said to be done entirely without the knowledge of the doctor, who, however, shows his gratitude by giving a certificate, which appears in another fly-sheet, highly recommending the druggist's "Cream Flake Baking Powder."

An Unusual Accident.

An accident occurred at the Mint, in this city, a few days ago, which fortunately did not result seriously. Two daughters of Joseph W. Drexel, of New York, in company with their uncle, Mr. Lankenau, were being shown over the Mint by Superintendent Fox, when an explosion of acids occurred, and much of the corrosive fluid was thrown upon the clothes of the ladies and their escort. Fortunately, they were not burned, but their clothing was ruined. The accident is an unusual one, and might have been serious in its results.

A Warning to Deck-Hands.

A deck-hand on the Camden ferryboat Baltic met with a singular and painful accident last Saturday night. While the boat lay in the slip he crawled out of a window of the ladies' cabin to recover a child's hat that had fallen out. While on the boat's guard it started and he was rolled between it and the piling. He received internal injuries.

Alcohol and Chloral in the Same Prescription.

The *Medical Age* says that no preparation containing alcohol should be put in a prescription with chloral hydrate, and especially so when the bromide of potassium or of sodium also enters the prescription. If the solutions are at all concentrated, the chloral will separate as an alcoholate, float on the surface, and thus give rise to a great risk of administering an over-dose, unless the bottle is "well shaken before taken."

The Doctor's Cathedral.

The *Medical Age* says that the woman who requested her doctor to bring his urethra with him, is now equalled by her sister who asked *her* doctor to bring his cathedral. The doctor in the latter instance resolved to first try his catheter. He found that quite large enough for the emergency.

To Remove Immediately the Taste of Cod-Liver Oil.

Dr. Antonin Martin recommends the drinking of a large glass of water off rusty nails. Immediately the rank taste of the oil is changed to that of fresh oysters, and the unpleasant regurgitations disappear.

A Homœopathic Fee.

A Paris homœopath having sued a duchess for a fee of 600,000 francs, obtained a judgment for 84,000 francs, but was ordered to pay all the costs himself.

Small-pox in Massachusetts.

Small-pox has made its appearance at Springfield, Mass. The victim caught the disease from a cousin who came from Montreal.

Items.

—In a Polish medical journal a case is mentioned by Dr. Baroncz, which occurred in the clinic of Professor Mikuliez, where a cancer of the pylorus was extirpated by Wölfler's method of gastro-enterotomy, and the patient recovered.

—The St. Petersburg medical papers state that in a convent at Lebedin, in the Kharkov Government, Russia, there are now living two nuns whose respective ages are known, on reliable authority, to be 100 and 112.

—The *St. Petersburg Med. Woch.* says that the expense of examining swine's flesh for trichinæ in Berlin amounts to over $59,000 per annum. In the whole of Prussia four million swine were examined, 2,000 being found to be trichinous.

—The Trustees of the University of Pennsylvania are having repairs made to the walls of the college building. The east tower had settled considerably, and the walls were cracking in many places.

—A gentleman well known to the scientific world, M. Bertrand, Director of the Professional School of Versailles, was burnt to death in a vapor bath a few weeks ago. The accident seems to have been due to the addition of some essence of turpentine, the vapors of which caught fire from the flame of a spirit-lamp employed in the apparatus.

—According to M. Lagneau, the well-known statistician, there is a lower rate of mortality among bachelors under twenty-two years of age than among married men. Above that age, the contrary is observed, and married men live longer than bachelors. Among bachelors, 38 per 1,000 are criminals; among married men, 18 per 1,000.

—The French police have forbidden the sale of a dangerous toy known as the "bombe Courbet." It resembles a thimble, and is filled with powder; when thrown on the ground, it explodes. It has caused several accidents, and the authorities have seized every sample that they could find for sale, and have forbidden any further manufacture of these bombs.

—The spinning-wheel has been prescribed as a cure for insanity. It was introduced into the asylum at Douglas, Isle of Man, as something that might amuse the patients, and they forthwith

became so interested in it, and in the idea of contributing to their own support by its use, that the direction of their nervous force was changed, and their condition greatly improved. Experiments are to be tried in other asylums.

—Dr. José Armangué, of the Barcelona Faculty of Medicine, writes in the *Independencia Médica* an account of two cases in which he believes a prolonged use of iodide of potassium produced impotency. Both had had syphilis several years before, and had taken large quantities of iodide. The treatment, which was pursued with considerable success in both cases, consisted mainly of stopping the drug, together with cold affusions, electricity, and nux vomica, ergotine, musk, jaborandi, and valerianate of quinine.

—In consequence of a report drawn up by M. Pérouse, engineer to the Seine Navigation Bureau, the prefect of the Seine has decided to suppress the floating washhouses moored in the river along the quays of Paris. Thus, for the sake of the health of the Parisians, and their numerous visitors, one of the last of the characteristics and picturesque features of Old Paris will shortly be swept away.

—M. Leudet, of Rouen, described, at the Scientific Association at Grenoble, a form of hypertrophy of the mammary gland observed in tuberculous men. This lesion is distinguished from that of tubercular mammary glands by invading the entire glands. It is generally consecutive to other tubercular lesions, those of the lungs and pleura; it is very painful, does not suppurate, and terminates by resolution.

—M. Bouley, at a recent meeting of the Académie des Sciences, presented a memoir of M. Arsène Drouhet, of Paris, on the treatment of cholera. He recommends painting the abdomen over with collodion. M. Marius Partrité, who practices in the War Department, appends a few pages to M. Drouhet's pamphlet. Last year he treated a great many cholera patients, and affirms that he effected some unexpected cures with M. Drouhet's remedy.

—In a pamphlet recently published Dr. Moncorvo has advocated the employment of cocaine in pertussis. The hydrochlorate of cocaine is used as an adjunct to the treatment of the malady by resorcin, for which Dr. Moncorvo stands sponsor. The upper parts of the larynx are first to be mopped with the 1 per cent. solution of resorcin, and then a ten per cent. solution of hydrochlorate of cocaine is applied. The cocaine should be used frequently.

—After discussion amongst the medical staff of the Granada Hospital, it was decided to try the effect of etherization per rectum for cholera, in the hope of destroying the vitality of the cholera bacilli. Fifteen patients were subjected to this plan of treatment. Two of these were convalescent within twenty-four hours. One of the patients died, and twelve progressed favorably.

—At a recent meeting of a St. Petersburg medical society, a member mentioned that, while he was injecting ether through a Pravaz's syringe into the pleural cavity of a child with purulent exudation, the needle suddenly became detached from the syringe, and disappeared into the pleural sac. In a few hours the child was dead. This shows that the fastening of the needle should be carefully examined before use. It was mentioned by another member that Pel, of Amsterdam, had, for this reason, advised that the needle and syringe should both be of metal, and all in one piece.

—According to a Paris correspondent of the Philadelphia *Medical Times*, it was stated in a paper by Dr. Block, "On the State of the Prepuce in Infant Jews," that two operators had made some four thousand seven hundred and ninety-nine circumcisions. They found that they very often had to operate on rudimentary prepuces not covering the glans. In more rare cases (one in five hundred, about) an absence (complete) of the prepuce was found.

—Dr. Cheize, in the *Glasgow Medical Journal*, writes that, wishing to remove an ingrowing toenail, and being without a spray-producer, he covered the toe with a pledget of the size of a crown-piece, poured ether on it, and evaporated this by means of a pair of bellows; in five minutes anæsthesia was complete, and lasted while the nail was removed and the matrix seared with the actual cautery.

—The *Medical Age* says that the meanest man living has been discovered in Oakville, Canada. His wife was ill, and the doctor ordered wine. As a good article was not procurable at the ordinary places of supply, the doctor furnished some from his own cellar. The woman died, and when the medical attendant's bill was presented, the broken-hearted widower declined to pay it because his beloved wife had not been saved. Compelled, however, by process of law, to liquidate the account, he took his revenge by making a complaint against the doctor for selling liquor without a license. If there is a meaner man than that living, we don't want to know where he exists.

QUERIES AND REPLIES.

EDS. MED. AND SURG. REPORTER:

Will you please ascertain, through your valuable journal, the best treatment for mole (parasite) of the flesh, and oblige W. P. MELCHER, M. D.

Mount Holly, N. J.

EDITORS MED. AND SURG. REPORTER:

Dou you know of a young physician of culture, energy, and principle, who would desire to engage in an active practice of medicine in the country? I wish to associate with me in practice such a physician, and will take it as a favor if you know such a one to place us in communication. Fine, dry climate, free from malaria, equable and uniform temperature, the best all the year round locality for disease of the chest and rheumatism on the continent.

H. J. S., M. D., Georgia.

Replies can be sent to this office, in care of the editors.—EDS. MED. AND SURG. REPORTER.

DEATH.

DIVINE.—October 2, 1885, suddenly, Fannie Calhoun Divine, aged 44, wife of Dr. K. C. Divine, of Atlanta, Ga.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

OBSERVATIONS ON SUNSTROKE AND HEAT EXHAUSTION.*

BASED ON THE RECORD OF FIFTY CASES ADMITTED INTO THE PENNSYLVANIA HOSPITAL FROM THE MIDDLE OF JULY TO THE MIDDLE OF AUGUST, 1885.

BY ORVILLE HORWITZ, M. D.,

Resident Physician at the Hospital.

In presenting this paper to the medical profession, the writer deems it proper to state that it is done solely with a view to call attention to the therapy of the cases of sunstroke and heat exhaustion which were received into the Pennsylvania Hospital during the months of July and August, for he cannot help feeling that a line of treatment which will bring about favorable results when the temperature has risen to 112°, is worthy of being recorded.

He acknowledges his indebtedness to Dr. Joseph Kirkbride, who was physician-in-charge of the medical wards of the hospital during the summer months, for permission to publish the results of the cases.

The first patient was admitted on the 16th day of July; the average of the thermometer being 95° F. in the shade.

The second case of sunstroke was received July 17, when the thermometer stood at 99.5° F. in the shade. This man was brought in at 11 o'clock a. m. He had fallen whilst employed in loading his cart with dirt.

He was unconscious and very restless. His breathing was noisy and labored: respiration 27; pulse 165, strong and full. Temperature 109°.

He was at once immersed in a tub of ice-water and removed, when the temperature fell to 99° F. He was then put to bed and covered with a sheet saturated with ice-water. Ice was applied to his head. A hypodermic of tincture of digitalis (♏ xx.) with an anal injection of antipyrin was administered.

At 11:30 a tendency to convulsions was observed. The temperature was reduced to 102° F. A second injection of antipyrin of gr. xx. was ordered, which had the effect of reducing the temperature to 99⅘° F.

Two hours after admission, the patient began to regain consciousness, but he appeared to be greatly alarmed, and feared that those about him would do him bodily harm. He very soon became violently delirious, and a state of acute mania was developed.

He was cupped at the nape and behind the ears, and about ten ounces of blood were drawn. He now became quiet, when a quarter of a grain of morphia was administered hypodermically.

After the administration of the second dose of antipyrin, the temperature never exceeded 99° F. The patient was discharged cured on the ninth day.

The individual who was brought to the hospital on the 21st of July was admitted at 2:30 p. m.; the thermometer at the time stood at 100° F. in the shade. His friends stated that whilst assisting in laying the street cable he suddenly complained of violent headache, which was followed by vomiting. He drank freely of ice-water, and fell unconscious on the street.

* Read before the College of Physicians of Philadelphia.

When admitted he was completely unconscious; his breathing was labored; his pupils dilated; skin was of a dark reddish hue; the capillaries filling very slowly when emptied by pressure.

His temperature was 112° F.; pulse 162, and irregular; respiration 33; his sphincters were relaxed, accompanied by involuntary discharge of fæces.

Treatment.—At 2:45 p. m., he was packed in ice and a bucket of ice-water sprinkled over him with more or less force. Five minims of aqua ammonia, with twenty minims of whisky, followed by twenty minims of tincture of digitalis were administered hypodermically. In fifteen minutes the temperature was reduced to 99⅖°.

The ice-water was now removed; he was then covered with a sheet wrung out of ice-water, ice being at the same time applied to the head. His respirations were quick and shallow.

He was now given one-sixtieth of a grain of atropia, together with twenty-five minims of whisky. By 3:10 p. m. the temperature had risen to 104⅖° F. His pulse being weak, the hypodermic of aqua ammonia and whisky was repeated, and forty grains of antipyrin were administered per anum. At 3:30 p. m., the temperature was 99⅖° F., a hypodermic of ether was administered, and the patient was again covered with a wet sheet. At 7 o'clock he was slightly conscious, when he was given ten drops of tincture of digitalis, with a hypodermic of twenty minims of whisky, repeated every fifteen minutes. At 8 o'clock the whisky was omitted and a small quantity of pancreatized milk, with lime-water, ordered. At 9 o'clock, calomel (gr. x.), bicarb. soda (gr. x.), and bromide of sodium (gr. xxx.) were given; the last-named article to be repeated every third hour.

The patient was somewhat dazed for two or three days; he was discharged cured on the twelfth day after admission.

On the same day, July 21, a farmer, who had been working in the sun, was admitted. He had driven his wagon to market, and on reaching Front street, was seized with a violent headache, accompanied by sickness at the stomach, for which he took a large dose of whisky, and fell to the floor unconscious as soon as the liquor was swallowed.

At 1:30 p. m. he was brought to the hospital. On admission, his temperature was 109° F.; pulse 158; respiration 36; pupils contracted; involuntary discharges of fæces.

He was at once placed in an ice-bath and given twenty minims of tincture of digitalis with one-sixtieth of a grain of atropia. His temperature fell to 99° F., when he was removed to bed and covered with an ice-water sheet; his temperature soon rose to 104⅖° F. Antipyrin, sixty grains, per anum, was ordered, and in addition twenty minims of whisky, hypodermically, every fifteen minutes were administered.

An hour and a half after admission the patient was seized with violent convulsions. A half of a grain of morphia, with one-sixtieth of a grain of atropia were administered. He was then placed under the influence of ether. The convulsions continued for the space of an hour, when the administration of musk, in ten-grain doses, per anum, was resorted to. The convulsions entirely ceased after the administration of the third dose of musk.

The individual gradually became conscious. Two days after admission meningitis was developed. He remained in the hospital under treatment for six weeks, when he was discharged cured.

On the 24th of July a woman, who was a cook, was received into the hospital suffering from heat exhaustion. She was a strong healthy-looking German. When admitted her temperature was 110° F.; pulse 160; respiration 35.

For the first hour after her admission she was treated by Dr. Horwitz; after that she came under the care of Dr. Penrose. She was at once wrapped in a wet sheet, surrounded by pieces of ice, and ice-water was sprinkled over her. A hypodermic of aq. ammon. fort. (gtt. v), tinct. digitalis (gtt. xxv), and subsequently a hypodermic of atropia sulph., gr. $\frac{1}{60}$, were administered. Under this treatment her temperature fell to 99°; pulse 80; respiration 25.

The patient vomited and purged continually. Sinapisms were applied to the chest, abdomen, and thighs, which caused marked reaction. After this, hypodermics of tincture of digitalis (♏ x), and ether (♏ x), and a suppository of ten grains of carbonate of ammonia, were administered. Ice was kept to the head constantly. This line of treatment was continued for fifteen hours. The temperature did not again rise above 100° F.

The patient slowly and gradually recovered, but did not begin to move about the hospital yard until September 19.

July 26, a laborer was admitted, who had fallen to the ground whilst engaged in paving the streets.

When received, he was unconscious; his breathing was stertorous; pupils contracted; temperature 108⅘° F.; pulse 159; respiration 30; bowels relaxed; he vomited immediately after admission.

An ice-water bath was at once prescribed; a hypodermic of five drops of aqua ammonia administered, followed by tincture of digitalis, ♏ xx. In fifteen minutes his temperature fell to 99° F.

He was removed from the tub and covered with a sheet wrung out of ice-water. Ice was applied to his head. His respiration being short and rapid, one-sixtieth of a grain of atropia was ordered. Ether, twenty minims, hypodermically, was administered, and dry cups were applied to the posterior base of the lungs. His temperature now rose to 103⅘°, when antipyrin (gr. xxx.) was administered per anum.

One hour after admission, the patient was seized with violent convulsions, for which was prescribed one-half of a grain of sulphate of morphia, hypodermically, and he was placed under the influence of ether.

The tendency to convulsions continuing, a suppository of thirty grains of musk was ordered; to be repeated every half hour.

Under the influence of the first dose of antipyrin the temperature fell to 99⅘° F.; at the end of half an hour the temperature again rose to 104° F. Sixty grains of antipyrin, dissolved in eight ounces of ice-water, per rectum, were ordered, with the effect of reducing the temperature to 99° F.

About three hours after his admission he became conscious, when he was given calomel (gr. x.) with bromide of sodium (gr. xxx.); the latter to be repeated every three hours. The patient was discharged cured August 8.

The foregoing are presented as types of the fifty cases that were admitted into the Pennsylvania Hospital during the months of July and August, with a synopsis of the treatment pursued.

Of those received into the hospital, *twenty four* were cases of sunstroke, and *twenty-six* suffered from heat exhaustion.

Of the *twenty-four* cases of sunstroke, *nine died. Three died* within *ten minutes* after admission, and cannot fairly be said to have been subjected to treatment in the institution.

Four died within *six hours* after admission. *Two died forty-eight* hours after admission.

Of the nine that died, *four were hard drinkers, two were strictly temperate*, and *three drank in moderation.* Twenty-one out of twenty-four had violent convulsions; one had acute mania, lasting one hour and a half.

The maximum temperature was 112° F.; this patient recovered.

The minimum temperature was 94⅘°; this was a case of heat exhaustion.

Twenty out of twenty-four cases of sunstroke occurred between July 16 and July 26.

The largest number received in one day was on Wednesday, July 22, when nine cases were admitted. The thermometer on that day stood at 93$\frac{5}{10}$° F. in the shade; on the two previous days it rose to 100° F. in the shade.

But two opportunities for post-mortem examinations presented themselves. In one case, which resulted in death ten minutes after admission, the temperature being 109° F., congestion of the lungs and kidneys was found to exist, with slight injection of the arachnoid and pia mater. In the remaining case, the individual dying two days after admission, there were presented the usual evidences of commencing meningitis.

On examination of the blood, the corpuscles were found shrivelled in a few cases, but in the majority the microscope revealed no change.

Albumen was present in the urine in all but two cases, and this condition continued for two or three days after convalescence.

Treatment.—The *antipyrin* was used in all cases, in large doses, with the effect to keep down the temperature after it had been reduced by the application of ice, ice-bags, and ice-sheets to the surface; it was employed in the form of enemata, but the writer suggests that it would probably be more potent if used hypodermically. It was not resorted to unless the temperature showed a decided tendency to rise.

Musk seemed to be decidedly advantageous in controlling the violence of the convulsions; it was administered in doses of ten grains, and by the time the ten grains were given, the convulsions, as a rule, ceased. This remedy was administered in sixteen out of twenty-one cases of convulsions, and in all these it was of marked and immediate benefit; the violence of the attack was rapidly abated, and soon ceased to exist.

Aqua ammonia, in doses of five drops, repeated as occasion required, doubtless saved several cases, when the patient was about to die from heart-failure, when the heart-sounds were indistinct, and when the pulse at the wrist could with difficulty be felt.

Ether, hypodermically, acted as a better stimulant than whisky; administered by inhalation it controlled the convulsions, acted as a heart stimulant, and improved respiration in a marked degree.

Bloodletting.—One individual was bled from the arm to the extent of twelve ounces; he died two days after from meningitis. Four persons were cupped at the nape, or behind the ears; about

eight ounces were abstracted in each case. They all recovered.

The individuals in whom blood-letting was resorted to were all strong, full-blooded, heavy men, with injected conjunctiva, the veins of their necks standing out prominently; the pulse being full and bounding: convulsions setting in early.

Dry cups, employed in the sunstroke cases, were valueless; but, in those affected by heat exhaustion, the benefit was well marked and immediate, the patients *invariably* regaining consciousness after their application.

Tincture of digitalis, in twenty minim doses, administered when the patient was first seen, acted as an excellent heart stimulant. The pulse at once became fuller and slower, the heart beating more regularly.

Quinine, used after antipyrin had caused the temperature to drop, was of marked benefit.

When the patients became conscious, *calomel*, gr. x., and *bromide of sodium*, gr. xxx., were administered—the latter repeated every third hour for the space of forty-eight hours, or longer, depending on the condition of the patient.

REMARKS ON THE TREATMENT OF ROSE-COLD AND HAY-FEVER BY COCAINE.*

BY J. M. DA COSTA, M. D.,

Of Philadelphia.

Professor of Medicine in the Jefferson Medical College.

In a communication which I made to the College last December, I suggested that cocaine ought to be advantageous in hay-fever. During the past summer I have had several opportunities of carrying this thought into effect, and, as I see by some recent journals, others, too, have employed the drug with the same purpose; altogether, I think, it has been sufficiently tested for us to welcome it as a very decided addition to our means of counteracting this most troublesome affection.

The first case in which I became familiar with its use was one of great susceptibility of the nasal mucous membrane, which I saw last spring in a Southern gentleman. It was more like rose-cold, strictly speaking, than like hay-fever, but due to the same irritability of the mucous membrane, and always marked and most annoying with early vegetation. A two per cent. solution, which I afterward increased for a time to a four per cent. solution, gave him such comfort and relief that I had some difficulty in inducing him to discontinue the remedy. He said that its local employment not only soothed the intolerable irritation and stopped the sneezing fits, but exerted a quieting influence over his whole nervous system, similar to what he experienced from small doses of morphia, to the influence of which he was very sensitive.

One of the most striking instances of success I had with cocaine was in a young lady who had been for four years a great sufferer with rose-cold, which always came on about the middle of May, and lasted until June. Later, it became a hay fever, and attacks of troublesome asthma complicated the disorder during the summer and the early autumn, especially in the latter part of July and August. She is a young lady with a sound digestion, and calm nervous system. It has been her habit to leave her country home in summer to go to Newport, whence, generally, after a month's struggle with asthma, she has been obliged to move to some of the hay-fever resorts in the White Mountains. Her eyes and nose suffer much in the earlier stages of the complaint; there is, however, no sore throat. Later, a bronchial affection and asthma appear. The main complaint in the earlier stages is from the intolerable sneezing. This occurs especially in paroxysms in the morning, and is apt to stop after breakfast, although on cool days it often continues all day long. There is, also, especially under such circumstances, much running from the nose. All her pleasures have been interfered with, and her life in summer rendered very miserable by the complaint. She had tried many remedies, both local and general, without effect. Late in May I prescribed cocaine for her, a four per cent. solution, telling her if she had any throat irritation to apply the remedy also to the throat. This she did not find necessary; the cocaine injected every morning into the nostril by means of a medicine dropper, about five drops in each nostril, gave her prompt relief. It arrested at once the sneezing fits, and she was comfortable, even free from coryza, all day. Once in a while, especially on cool days, a second application in the afternoon was resorted to, but this was rarely required. The numbness from the application lasted about fifteen minutes, and she perceived it more in the throat than in the nose. The most gratifying result from the use of the remedy was, that it prevented the asthmatic seizures.

She passed her summer at Newport without discomfort, only employing the cocaine after a time occasionally, and as she thought she needed it.

The cocaine employed in these and other cases

* Read before the College of Physicians of Philadelphia.

was a four per cent. solution. A weaker solution, I am convinced, rarely does good. A stronger solution may be found necessary, and, before abandoning the remedy as ineffectual, I should always advise an eight per cent. solution to be tried.

In one case in which I applied a four per cent. solution, cocaine had previously been used, but, I have reason to think, in a much weaker form. The patient, his physician told me, had had hay-fever most violently for fifteen years. He was known all over the West as "the hay-fever man." He had tried everything; cocaine, too, had failed to relieve him. The attack came on always on the 17th of July, and lasted, with great severity, for months; some bronchial catarrh, but very little asthma, accompanying it. On the 26th of September he tried a four per cent. solution in the evening, and slept that night comfortably for the first time for months. He has since used from five to eight drops, thrown up the nostrils with a medicine dropper every evening, and always with the best results. He does not like to resort to it in the daytime, because he finds the fluid passes down his throat, benumbs it, and makes his speech difficult.

Other than the effect just mentioned, I have not seen any unpleasant results from its use. I must, however, except the case of a young married lady, who found so much relief to her hay-fever from the local use of a four per cent. solution, that she employed it a number of times daily. The consequences were increased vascular tension and violent and distressing headache.

There is, undoubtedly, an insusceptibility—in some a varying susceptibility—to cocaine locally used. Thus, in an elderly lady with rose-cold, in whom no local remedies act speedily, a four per cent. solution produced very little impression. I meant to try an eight per cent. solution, but, as she left the city, I had no chance, and am thus forced to record this case as a failure.

The manner of employing the cocaine is not without importance. It may be used with a small atomizer as a spray. But the readiest means is to inject from five to eight drops up each nostril, the head being thrown backwards; in some persons once, in most, twice daily, will be found sufficient. It will be necessary to instruct patients not to irritate the membrane by rubbing it needlessly with the glass tube, or pushing this up too far. Thus a patient who had hay-fever for thirteen years, and who was at the seashore on the 17th of August when the hay-fever came on, and in whom tincture of ignatia amara seemed favorably to influence its course, tried cocaine in one nostril only. He inserted the tube far up, irritated the membrane, and water ran from that nostril, which became sorer and more inflamed than the other. More judicious attempts produced better results, but he could not be persuaded to give the remedy a fair trial, owing to his first experience with it.

Its mode of action in hay fever is partly by the local insensibility it produces, partly by the contractions of the capillaries it induces. The effects are thus chiefly local. It will not arrest the bronchial catarrh or the asthma, which attend some cases; yet it is astonishing how it seems to lessen the tendency to these complications when early applied, and before they have got much headway. Is its action, then, not partly a reflex action? That the remedy is radical, and, strictly speaking, curative, I have not found; but that it gives great comfort, converts bad into light cases, enables those to stay at their homes who otherwise are obliged to flee to hay-fever resorts, relieves much suffering and distress, I know and have fairly tested. In no case of rose-cold or hay-fever ought cocaine to be left untried.

MOVABLE LIVER AND SWAG-BELLY IN WOMEN.*

BY DR. LANDAU,
Of Berlin.

After a short preface, in which the connection between certain symptoms and the essential diseases of the pelvic organs is explained, attention is called to the importance of swag-belly and movable liver as causing many of the various complaints of women.

It is statistically proved that among 24 uncomplicated cases of movable liver there were 23 women and but one man.

Of the hypotheses as to the genesis of the movable liver may be mentioned, that of Meissner, according to which its origin is to be ascribed to a congenital anomaly in the development of the ligaments of the liver, the so-called meso-hepar, to which the liver is attached as the intestine is to the mesentery.

Of quite a different opinion is Winkler, according to whom the causes are as follows: pregnancy, swag-belly, descent of the liver, and tension of its ligaments. The liver is retained in its position, first, directly, by its peritoneal ligaments, its connection with the diaphragm and the posterior part of the abdomen; and, indirectly, by

* Translated by F. Casper, M. D.

the intestines as held together by the abdomen in its normal state, and the arching of the diaphragm due to the elasticity of the lungs. The liver enjoys to some extent a physiological mobility; the empty or full state of the intestines, horizontal or upright position, inspiration and expiration, lying on the right or left side, exert but slight influence on the position of the liver. Pathologically we distinguish between changes of position and changes of place of the liver. Among the former are anteversion, retroversion, retroposition, and oblique positions of the liver. Changes of place are either fixed or movable. The former deserve but little consideration as compared to the original complaints producing them, emphysema, pericarditis, etc.

More important, but less known etiologically, is the movable liver. In its etiology traumatic causes producing extensions of the peritoneal ligaments of the liver, such as coughing, sneezing, convulsive laughter, are of less consequence than an alteration of the indirect means of retaining the liver in its place, principally displacement of the abdominal intestines, in consequence of relative or absolute enlargement of the capacity of the abdominal space. In this respect are to be considered hernia, loss of fat, but above all, the swag-belly. The swag-belly is due to a defective going-back of the abdominal walls after being unduly extended by abdominal tumors or pregnancy. The abdominal walls not recovering their former elasticity, they are no longer capable of fixing the intestines, which change their places. The colon, the ileum and stomach descend into the pelvis, and the liver thus being deprived of its support, its ligaments are strained, and it also follows the downward course.

Swag belly and movable liver nearly always produce symptoms of the most distressing kind. Frequently a movable tumor in the belly gives rise to melancholic despondency. Patients complain of feeling full, of something creeping about in their belly, pains between the shoulders, in the pit of the stomach, and under the right arch of the ribs. Upright position intensifies these symptoms. Not unfrequently a complication arises through a simultaneously existing displacement of the genitals. The displacement of some parts of the intestines produces temporary bending and stenosis, with its consequences—dilatation of the stomach, obstruction of the fæces, meteorism, disposition to invaginations, nervous dyspepsia, cardialgia, etc., and, finally, deeper-going anatomical lesions are brought about in the mucous membranes, chronic gastro-enteritic catarrh, etc.

Owing to the cessation of the pressure of the abdominal walls upon the veins the circulation is also disturbed, retardation of the venous circulation in the abdominal organs, weakness of the heart, varices, hemorrhoidal tubercles, hemorrhage of the uterus, disturbed nutrition, and pathological changes in the genitals. Occasionally, respiration is affected to such a degree, as to make difficulty of breathing, asthmatic complaints and palpitation of the heart, the prominent symptoms of the disease.

According to the author, metritis and endometritis are also in many cases due to the retardation of the venous circulation, arising from swag-belly.

The movable liver, on the other hand, produces comparatively but few symptoms; it is to be regarded as an indeed important partial phenomenon of swag-belly.

The prognosis of the latter depends mainly on the behavior of the patient and the therapy applied. The anomaly of the liver is incurable.

To diagnosticate, swag-belly offers no difficulties. The altered shape of the abdomen in the horizontal and upright position, the lessened contractility and loss of elasticity of the abdominal walls, as shown not only by their relaxation and protrusion, but also proved by the inductive current, are not to be overlooked. But the diagnosis of movable liver is not so easy.

The most important sign is that the normal dullness in the liver region is wanting and palpation proves the existence of a liver-like tumor in the abdomen.

Therapy, with the exception of such remedies as in fresh cases are applied to restore the contractility of the muscles (faradaic current, cold douches, massage), is limited to orthopœdic treatment by means of abdominal belts. These must be made concave, and may, in order to prevent them from slipping upwards, be attached to some sort of short drawers. The best material is a coarse bandage of India-rubber web.

The patient must avoid straining, extension of the abdomen by abnormal quantities of fæces or gases, upright position for any length of time, short and t ght stays, etc.

Prophylactically women in child-birth must be kept in bed as long as possible and made to wear an abdominal belt. Symptoms pointing exclusively to a disease of the genitals must only be treated locally after the orthopœdic treatment of the swag-belly, which may have been caused by them. On the other side, there are also some diseases of the genitals, the cure of which will

greatly help in the treatment of swag belly, as defects in the perineum and displacements of the uterus.

The treatment of movable liver is the same as that of swag-belly.

In conclusion, the author describes sixteen cases of movable liver, that were treated by him, and nearly all of which were complicated with swag-belly and displacement of the genitals.

REPORT OF A CASE OF EMPYEMA.

BY DRS. A. C. EMMERT AND N. T. DULANEY,

Of Blountville, Tenn.

Robert B., a vigorous, stout, young man, aged twenty years, of Sullivan county, Tennessee, after dancing all night, about February 15, 1884, was attacked with acute pneumonia of right lung, having been indisposed a few days with symptoms indicating an inactive liver, such as slight jaundice, etc. He was treated by Dr. A. C. Emmert, of Union Depot, Tenn., with calomel, opium, veratrum, blisters, etc., and in about four weeks was convalescent, and took a trip, by rail, of about fourteen miles in very cold weather. From this, we learn, he took a relapse, but was not seen by either Dr. Emmert or myself till some time in May, when Dr. E. was called in, and the following condition was found to exist, viz., anasarca from head to foot, respiration hurried, labored, and unilateral; orthopnœa *rigid*, pulse 125 to 140 per minute, with some fever; anorexia, sleeplessness, bowels slow, emaciation great.

On May 22, I was called in consultation with Dr. Emmert, and saw the patient for the first time. Upon physical examination, we found percussion dullness (flatness) all over left side of chest; respiratory murmur absent; heart dislocated to a point one inch to the right of the right nipple. A good portion of right side of chest unduly resonant, with increase of respiratory sounds. Intercostal spaces on left side bulging.

The diagnosis being at once made (fluid in left pleural sac), we decided upon aspiration; but having to wait two days for an instrument, we punctured his feet freely, and set him to running like a sugar tree, and when we met on the 25th to aspirate him, the anasarca was very much relieved, but his general condition was no better. We aspirated him at the eighth intercostal space, and drew off 153 ounces of dark pus, free from smell. Marked improvement followed the operation for a few days. Swelling pretty well disappeared; could lie down and sleep with ease. Pulse came down to about 80 per minute. Appetite returned; fever left him; respiration comparatively good.

I forgot to say, we washed him out with a weak solution of carbolic acid at the time of the operation. The general treatment consisted of cream of tartar, tincture or infusion of digitalis, quinine, and stimulants, with nourishment. Heart 1½ inches nearer *home* twenty-four hours after the operation, and kidneys and bowels acting freely.

The improvement continued but a few days, when symptoms of a recurrence of the accumulation began to show themselves, and by the 4th of June patient was in about the same condition as before the first operation. We aspirated him the second time, at same place, on June 4, and drew off seventy-two ounces of pus, similar to the first, and washed out the pleural cavity with a weak solution of carbolic acid. The improvement after this operation was as marked in every particular as after the first. Treatment continued.

The accumulation was more rapid after this operation than after the other, and before the 12th of June, the pus had found its way into the lung, and was being expectorated freely.

On the 12th we tapped at the same place with a common trocar, and drew off 176 ounces of very offensive pus, and washed the cavity with a carbolic wash. Treatment continued.

From this time the opening in the chest was plugged, and opened from time to time to let out the pus and wash out the cavity.

On the 13th, 1½ pints were drawn.

On the 15th, 5 pints.

On the 17th, 7 pints, mixed with blood.

On the 19th, 1 pint.

On the 29th, 1 quart.

About this time a silver tube long enough to enter the cavity, was inserted, and confined by means of tapes tied around the chest, and the discharge was let off and the cavity washed with carbolic water every day (by a member of the family) for two weeks, when the discharge was so much diminished in quantity and changed in quality as to justify its removal.

In the meantime the general symptoms and condition of the patient were as much improved as the discharge was diminished. The discharge ceased, and the patient made a rapid recovery, and now presents a healthy appearance.

This is an interesting case as showing the wonderful recuperative powers of nature under fair circumstances.

Here is a young man reduced to death's door by an acute inflammation, and its product, pus in the chest, restored to health promptly on the

cessation of the inflammatory process and the evacuation of the pus.

It is an important case in a prognostic point of view, as showing what may be accomplished in extreme cases of purely inflammatory or febrile disease, *uncomplicated*, *unmixed* with the disorganizing, disintegrating, devitalizing poison of scrofula, or syphilis, or whisky. For if this young man had not had good collateral (a good constitution) he never would have rallied. If his blood had been poisoned by syphilis or scrofula, with their lowering influence on the nervous system and the blood-making apparatus, or if it had been poisoned with carbonic acid by the habitual use of alcohol, neither the "vis medicatrix naturæ," nor any other human *vis*, would ever have raised him from that bed of prostration.

Here is an important hint on prognosis in all extreme cases, either medical or surgical. Everybody admits the importance of *diathesis* in a therapeutic point of view. It is of equal importance in a prognostic point of view.

Aside from the amounts of pus reported above, it is thought there was enough drawn at different times to have amounted in all to about sixty pounds.

NITROUS OXIDE GAS IN THE EXAMINATION OF FRACTURES.*

BY J. M. BARTON, M. D.,

Of Philadelphia.

I was obliged, during the last three months at the German Hospital, to examine an unusual number of fractures under an anæsthetic, as many of them were near the larger joints and the character and extent of the bony lesion could not otherwise be appreciated. In the neighborhood of the ankle-joint alone, out of a large number examined, there were sixteen cases in which fractures were found. In many of these cases the line of fracture is quite transverse, running through one or both malleoli, but owing to the spasmodic contraction of the muscles the parts are held firmly in place, and without an anæsthetic it would be difficult to say that any bony lesion existed.

With ether many patients struggled so during the period of excitement that I often feared they might seriously complicate the existing injury. Indeed, the struggles of some of them were so threatening that I treated several cases without having administered an anæsthetic, preferring to take the risk of not fully knowing the extent of the injury rather than that a simple fracture should become compound while making the examination.

Early in March I obtained for the hospital, from S. S. White & Co., an apparatus consisting of an iron cylinder containing one hundred gallons of liquefied gas, a gas-bag of seven and one-half gallons' capacity, and the necessary tubing, mouthpieces, etc.

On March 6 the gas was administered to Marie B., æt. 26 years, servant girl by occupation. She became fully unconscious without any struggling whatever. Fractures of the tibia and fibula were discovered, and their lines fully recognized and noted. The recovery from the gas was, of course, prompt.

March 16. Hugh C., æt. 53, laborer, a stout Irishman of probably bad habits, and whom I should have expected to have struggled violently under ether. He took the gas quietly and without a struggle. I made a full and careful examination. Both the tibia and fibula were fractured. The line of fracture fully recognized and noted.

March 21. M. S., æt. 22, baker. Had ingrowing toe-nails. Both sides of both great toes were removed under "nitrous oxide," Dr. Rehfuss, the resident physician, operating upon one toe and I upon the other. The patient stated that he had not felt a particle of pain.

March 23. Anton C., æt. 38, wagon-builder, was examined under "the gas." A comminuted fracture of the tibia was discovered, the position, size, and obliquity of the pieces noted. In addition, a fracture of the fibula at the junction of the lower and middle third, and another just below the head, were discovered.

March 27. Ellen S., æt. 42 years, servant, was examined under nitrous oxide, and a Potts fracture found.

During this time, in private practice, I refractured a radius in the case of Miss L., using nitrous oxide as the anæsthetic. The patient was fully unconscious, and I had no more difficulty than if ether had been used.

I would call the attention of the Fellows mainly to the advantages of nitrous oxide in the examination of fractures. Its advantages in all minor operations, of course, are familiar. That it does not cause nausea nor vomiting, even if the stomach be not empty, the slight risk, the immediate recovery permitting the patient to attend at once to his usual avocations, etc., are well known; but in fractures we avoid that period of excitement which appears during the administration of ether, and during which the patient is so likely to further injure the fractured limb.

* Read before the College of Physicians of Philadelphia.

The period of full anæsthesia is from one to two minutes, but the period of total muscular relaxation is nearly four minutes.

While the anæsthetic is being administered the injured limb is fully exposed and held by the surgeon. Before the patient is quite unconscious the surgeon feels the limb become limp and lax in his hands; all the muscles are relaxed. The examination can now begin, though the patient gives some slight evidence of feeling pain. This period, the period of total unconsciousness, and the succeeding period of muscular relaxation, gives about four minutes, which I have found to be abundant time to examine almost any fracture.

Nitrous oxide has been but little used in surgery, owing to the difficulties of keeping and transporting it; but the apparatus which I show you here, and which is furnished at a moderate price by the dental-supply depots, overcomes these objections, and I am sure it will be found of service in many minor operations. I am well aware that some of the Fellows of the Academy have used this anæsthetic for a long time, and have had great experience in its use; but I also know that very few, if any, of the hospitals use it, and it is not nearly so much used in surgery as it should be.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Service of Dr. W. H. Parish.

Unilateral Deformity of the Pelvis.

This woman presents to our observation a lack of development in the right half of her body; she is pregnant, and the supposition can be safely made that her pelvis shares in this lack of development, and that this condition will complicate parturition. She never received any injury, but this partial paralysis and lack of development followed measles at six years of age. The pelvis is probably not only unsymmetrical, but it also lacks the characteristics of the adult female pelvis. Before puberty the pelves of both sexes are very similar in conformation, but after this period the greater width and other peculiarities of the female pelvis, that fit it for child-bearing, take place. In this case, the sacrum is not wide, and neither is the pelvic arch; one-half of the pelvis has a lesser diameter than the other half. These examinations can only be made satisfactorily under ether. He here finds the pubic arch narrow and somewhat angular, as in the male. This deformity will interfere with the engagement of the head under the pubic arch during labor, so that it will be thrown backwards and thus endanger the perineum. The promontory of the sacrum is not easily reached, which is a favorable sign, as it gives us a good antero-posterior diameter. In a well shaped pelvis, if we introduce two fingers into the vagina, and press well against the perineum, if this latter be not too fat and too resisting, we can reach the promontory of the sacrum. If then we place the finger of the other hand on that part of the introduced fingers just under the pubic arch, withdraw, measure the length from arch to sacrum, and from this deduct from one to one and a quarter inches, we have the most important measurement, the conjugate diameter or the antero-posterior diameter. This woman has been subject to epileptic seizures since puberty; they are not confined to the menstrual period, though they frequently occur at that time. Since she has been pregnant (this is the first time), she has had no seizures. Epileptics will pass through labor as free from convulsions as any other class of patients; and during pregnancy, labor, and the lying-in period, they are remarkably free from attacks, though they usually recur subsequently. It would not do to let this woman remain long in labor; she is not strong, and will have to be assisted. She will at least require the forceps. Dr. P. will make a further examination, and if he finds the strait narrowed, might be induced to perform version, and deliver by the feet. For all cases of deformed pelvis, some form of Tarnier forceps are the best.

Ovaritis—Battey's Operation.

This woman has had two children, and one miscarriage two years ago. Before her first pregnancy, she had occasional hystero epileptic seizures. Two years ago she came into the hospital (immediately after the miscarriage) suffering from metritis and other troubles dependent upon the accident, septicæmia and pelvic irritation. A septic parotid abscess formed; she had a chill, and the pulse rose to 140. No fluctuation could be detected, but as the chills recurred, and the temperature and pulse continued high, Dr. Parish felt sure that pus was present. He made a superficial incision through the skin, nicked the deep fascia, and introduced a grooved director through this nick, pushed it on through the parotid gland until it reached what seemed to be a cavity, two and a half inches below the surface. On the groove, he passed a pair of dissecting forceps, withdrew the director and distended the forceps; this made the canal large enough to allow the exit of a small amount of pus, and rendered safe what would otherwise have been a very dangerous operation. She recovered from this trouble, and her pelvic condition improved considerably. She went home and was, for months, comparatively comfortable, though she suffered much from pelvic pain at the menstrual epochs. Finally, however, the old conditions began to return, and she was treated in various ways, by various doctors, without any relief, growing all the time worse, until five months ago she became bed-ridden. She now has constant pain in the pelvis, which is aggravated at the menstrual period, and when she stands up. During the last two months hystero-epileptic seizures have developed. In these attacks there is a certain amount of consciousness, a certain amount of will, voluntary motions are performed, as, for example, she will seize and violently pull her hair, while later there will be an unconscious tonic spasm. She has not the appearance of health, her body is much ema-

ciated, nutrition has suffered greatly. The abdomen is not much distended. The pain is most marked in the right iliac fossa, and pressure there makes her wince; on the left side there is very little pain. She is etherized and a bimanual examination (two fingers in the vagina and the other hand pressing firmly down on the abdomen) enables Dr. Parish to get hold of the right ovary, which he finds normal in shape, size, and position. On the left, in the place where the ovary ought to be, there is a vacancy, nothing can be felt; going more towards Douglas' pouch, he feels a nodular mass, larger than the normal ovary, fixed to the posterior walls of the uterus. He thinks that this mass is the ovary prolapsed posteriorly and adherent to the uterus; the tube can also be felt here. These ovaries are crippled, especially the left one, hence the pain and interference with their functions. The surface of the organ is thickened, there are inflammatory deposits, which interfere with the escape of the ova, and as the ovary is congested at each menstrual period, so, by this very congestion, this abnormal state of affairs is increased. Some writers maintain that a simple prolapse of the ovary may be caused by a fall or jump from a height, while other equally eminent authorities hold that, unless congenital, it is always the result of some disorder of the ovary itself, and Dr. Parish inclines to this latter view. When the uterus enlarges in pregnancy, the tubes are relatively shortened, while the ovaries are drawn closer to and behind the uterus. If, then, after labor we have some inflammatory disorder, the results may bind the ovary in this position, even after the complete involution of the womb. This woman has been through the routine, and she has received large quantities of morphia to control the pain. The giving of morphia to these cases is a bad practice—it has an evil influence on the nervous system, it destroys appetite and produces anæmia; she is not given it now. Battey's operation, which seems indicated here, and for which she was sent to the hospital, consists in the removal of the ovaries, and, generally, likewise of the tubes as well. The operation was performed both by Mr. Lawson Tait and by Hagar before Dr. Battey resorted to it; but their cases were not published, and they did not systematically work out or advocate the operation until after Dr. Battey had done so, hence the operation is rightly and justly called Battey's. The ovaries, even when normal, have been removed in the hopes of curing epilepsy, but the results have not been such as to encourage the frequent repetition of the operation. In a case like the one before us the operation is very apt to give satisfaction, and it would probably restore the woman to health in a few months. Tait has removed the ovaries 201 times, with 10 fatal cases; the fatality is about the same as for ovariotomy, when we take the results of a number of prominent ovariotomists together. Tait's record is better than that of most operators, for the mortality after the removal of the ovaries is about 16 per cent. in the hands of distinguished operators. It is a good rule to remove both ovaries, though only one may be diseased, because experience teaches us that even when an apparently healthy ovary is left behind, the old train of symptoms is very apt to recur, and the operation has to be repeated. If we desire to arrest menstruation, we must remove the tube, for Tait claims that when the tubes are left menstruation will continue. This operation of course produces sterility, but Lawson Tait refutes this objection with the reply that in the majority of women where this operation is demanded, sterility already exists. The marital relations are not altered, the woman is not rendered masculine, she remains, in characteristics, as before. Local pelvic inflammation, producing local symptoms, may continue even after the operation. Tait argues that there *ought* to be no mortality to this operation, but it is a serious procedure and should be reflected upon carefully, as the question of sterility is a serious one. There are two extremes of opinion in the profession in reference to this operation. Some men are always ready to operate, not always so much to benefit the patient, as to add to their own reputations as operators, while, on the other hand, the general practitioner tends to object under all circumstances. In such women there is a tendency to consumption and heart disease, hence the operation is not infrequently demanded as a prophylactic measure. It is incumbent on every family physician to acquaint himself with the literature of the subject. One thing is sure—this operation does work a marked improvement in the majority of cases, and it will remain as an established operation in gynecology.

Service of Dr. Joseph Neff.

The Specific Treatment of Typhoid Fever—Disinfection of Excreta.

An interesting point in the etiology of typhoid fever is found in the fact that there are now three cases of the disease in the hospital that have all come from the same house, which is located in the low, southwestern portion of the city, in the vicinity of our brick-yards. The patient before us, who has only been in America four or five weeks, was admitted eight days ago, with the disease well marked. At first she was drowsy and easily fatigued, indifferent and had some headache. Two days later she took to her bed, and was admitted to the hospital October 6, when her evening temperature was 103⅘°; she was apathetic, listless, her cheeks flushed, slow in answering questions, tongue tremulous, and she had diarrhœa before her admission. She had pain in the right iliac fossa, her urine was dark, specific gravity 1020, no albumen—such urine as we see in all cases of elevation of temperature. For four nights she was delirious from 9 p. m. until 1 a. m.; first of the low, muttering type, and later on maniacal. The pupils have been dilated, save for one day, when they were contracted. The evening temperature has ranged from 103° to 105°. In order that we may have a satisfactory record of the temperature in this disease, we should not confine ourselves to morning and evening observations, but should register every three or four hours. In reference to the disinfection of excreta, Dr. Neff was wont to rely upon the sulphate of iron, and was satisfied with it, never having seen a new case contracted from an already existing one, when its use was faithfully carried out, but since a scientific commission has decided that it is not a disinfectant, he is

forced to abandon its use. Many very good men rely upon the sulphate of copper. Dr. N. now uses "*Thymolene*," which is composed of the chlorides of zinc, lead, magnesium, sodium, and calcium, with thymol. To this he adds the bichloride of mercury.

℞.		
	Thymolene,	Oj.
	Hydrag. bichlor.,	gr. lvi.
	Sodii chlor.,	℥ss.
	Aquæ,	ad. oj.

With this he thoroughly cleanses the vessels before use. Half a teacupful is placed in the vessel, kept under the bed, ready for use. After it is used, more of the disinfectant is added to the stool, and it is at once emptied, the closet being well flushed or the privy vault disinfected after every stool. Lately, his attention has been called to a new disinfectant called "*hydronaphthol*" (see *New York Medical Journal*, October 3, 1885), which is odorless, not poisonous, and claimed to be very effective. The formula is C^{20},H^{7},O,H,O. While it will prevent the formation of germs, it has not been proven to have very much germicidal power, for it is not germicidal up even to five times the saturation point of a solution. Instruments might first be washed in a bichloride solution to destroy all germs, when they could be kept indefinitely in hydronaphthol.

The specific treatment of typhoid fever consists in the use of iodine and carbolic acid. Dr. Da Costa prefers thymol. Dr. Neff uses carbolic acid (one drop) and tincture of iodine (two drops) in from one to two ounces of water every two or three hours. Calomel is also recommended by some. A hasty gathering of cases shows 387 cases treated non-specifically, with 69 deaths; for calomel, 223 cases, with 26 deaths; and for iodine and carbolic acid, 259 cases, with 37 deaths. It is to be noted that hemorrhage is more frequent in the cases treated with carbolic acid and iodine than when the treatment is expectant or symptomatic. He has had two cases of severe hemorrhage in cases treated with the acid and iodine, and three or four cases in those without; but the latter cases are so much more common that relatively the proportion is much higher in the former. In the specific treatment we are less apt to have serious complications coming on late in the disease. In one of these cases there was a sudden fall in the temperature from 103° to 97°; such a great and sudden fall almost always indicates hemorrhage. In the use of alcohol, Dr. Neff is guided by its effect on the pulse and on the delirium; if, under its influence, a weak and rapid pulse grows weaker and more rapid, it must be stopped, and *vice versa*. As a rule, he does not use alcohol at all in the first week or two, but when its use becomes necessary, he gives it *ad libitum*, not counting the amount, *but to produce effects*. This woman was taking twenty-seven ounces of whisky daily, and as her pulse was weak and she had delirium, it was run up to over two pints daily; under its use she improved, and it was gradually reduced, ounce by ounce, daily. Opium is valuable for the delirium, and it may be combined with camphor, which is a great nerve sedative. We may give one quarter of a grain of the extract of opium, with one to two grains of camphor every two, three, or four hours. He is *somewhat* disappointed in the use of antipyrin; it will reduce, *but it will not hold down* the temperature. In this case, twenty grains reduced the temperature 4⅘°, but in two hours it had already gone up 2°, and again, when the temperature is *knocked* down by antipyrin there is not the expected improvement in the general condition of the patient. He uses this drug to reduce the temperature, and then follows with quinine to keep it down. Quinine is slower in producing its effects, but they are more lasting; it must, however, be given in large doses—not less than twenty grains in the course of half an hour. Five grains every hour will not accomplish the purpose. If it produces vomiting, suppositories may be used. Dr. N. has rarely seen any unpleasant effects from these large doses. He has given as much as one hundred grains in twenty-four hours, with only slight impairment of hearing. It is best to give it in the morning, twenty grains at one dose. If the temperature should suddenly rise to 106°, he would give antipyrin, but would not rely solely upon it.

Remember that diarrhœa may be kept up by too much food, even though the amount ingested may be *absolutely* small, for it may be *relatively* too great. This may be the case, even when the diet is confined to milk. It is essential that the bladder and lungs should be examined at each visit. There may be retention of urine and the stupid, listless condition may be due to uræmia, while congestion of the lungs is liable to occur at any time. Head symptoms, uræmia, coma, and death have not infrequently occurred unsuspectedly in the practice of the most eminent physicians.

Service of Dr. W. S. Janney.

Epithelioma of the Lip.

This case is shown to demonstrate the success of a treatment without knife or cautery. There are a great many cases so cured in this hospital. Five weeks ago this tumor was twice as large as it is now; it was indurated and œdematous. The treatment consists in the application of a saturated solution of lactic acid; it seems able to destroy the foreign element in these growths and leave only normal tissue. The mucous membrane heals kindly, leaving but a small scar. The solution is applied, the part covered with oiled silk, and let alone for ten or twelve hours. The dressing is then taken off, and we may apply warm water.

Paraphimosis.

This gray-haired man has a chancroid and paraphimosis; the prepuce is slit up and the sore cauterized.

Deformity of the Foot—Cellulitis.

As a result of syphilis, this man has a most peculiar deformity of both feet. There is no shapeliness to them; they are thick and clubbed; the toes are crooked and overlapping. When the ankle is grasped between the thumb and fingers the malleoli are found to be too low down, the internal malleolus is near the bottom of the foot. Either the articular surface of the tibia has been absorbed, or the astragalus has become eroded, thus letting the tibia and fibula down. The foot is shortened and pulled back, and there is contraction of the plantar fascia; but he suffers no

pain. There is also diffused cellulitis of the right leg, a condition similar to that which he presented two years ago. There is so much œdema that we cannot tell about fluctuation; he puts in a bistoury, but no pus comes; it will surely form, however, so a counter-opening is made on the other side of the calf and a seton introduced.

Amputation of an Annoying Toe.

The third toe on the left foot has been forced out of position, and overrides the other toes. Owing to pressure, periostitis has set up, which keeps the man awake at nights and interferes with his work. The toe is removed. If this occurs in a younger man, the deformity might be corrected by a proper shoe and suitable padding. The wound is dressed *temporarily* with carbolized water, and when all oozing has ceased, the permanent dressing will be applied; no stitches are put in until then. Waiting until oozing has ceased before dressing, was the secret of the great success of the late Dr. Pancoast.

Cyst Near the Ear.

This young man has a sebaceous cyst near the ear. It is very easy to remove this cyst, but it is not so easy to do so without deforming the beauty, a great desideratum. It is best to make an incision through the skin merely, and dissect out the sac entire; if you evacuate its contents first, it is more difficult to enucleate the sac. Use very fine needles, and put in a few sutures after oozing has stopped, and the chances are that you will have union by first intention.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. WILLIAM GOODELL.

Inflammation of the Broad Ligament.

This woman, aged 25, had one child seven years ago, and one miscarriage. Just here it is well to call attention to the influence of the malarial miasm upon parturition and allied conditions. When a woman who resides in a malarious locality, even though she may have had no malarial manifestations, passes through labor or undergoes any operation, the poison is peculiarly liable to manifest itself, and in such cases treatment ought always to commence with large doses of quinine. Dr. G. once performed oöphorectomy in a woman so tainted, and in a couple of days a most violent pneumonia suddenly set in; in one day he gave her 75 grains of quinine, the next day 40; on the third day the other lung was slightly attacked, but she recovered. To go back. This woman came from a malarious locality; she complained of tenderness in the abdomen. Frequently after labor there will be excruciating pain in one or other of the broad ligaments, which may or may not be ushered in by a rigor. He always leaves some opium suppositories in the house, to be used if this pain comes on, for the prompt use of opium will generally drive it away for good, whereas, if time is lost in hunting for the doctor, it becomes much more difficult to remove. He presumes that this woman has had poultices and blisters and the usual routine treatment—she came in during his vacation. He looks at her face and tongue, and finds that the latter presents a very curious appearance; it is clear on one side, while there is an irregular white strip on the other side; this points to some inflammatory mischief. If there was a bad attack of pelvic peritonitis, we would find the tongue brown all over, and dotted here and there with raspberry-like eminences. Sometimes in nervous cases we will have one-sided phenomena, as unilateral sweating, anæsthesia, etc. The finger is introduced into the vagina and the uterus is found free, not fixed. When a woman has had cellulitis and peritonitis (which usually go together), lymph is deposited about it and the womb becomes fixed. When the finger is pressed up to the fundus of the vagina on the left side, the woman exclaims with pain; he is not touching the ovary, but is in the vicinity of the broad ligament, the inflammation of which will account for the condition of the tongue. She will be put to bed and given copious injections of hot water (as hot as can be borne), a gallon at a time. This water may be medicated, if you wish, with salt, zinc, or iodine, but Dr. Goodell does not think these drugs add any to its efficacy. The result is due simply to heat and the absorption produced by the impingement of the water. In the great majority of these cases iron is interdicted. This woman will be given muriate of ammonia and quinine. She will be blistered with cantharidal collodion (size of a silver dollar) over the seat of pain. Cellulitis tends to cause strangury by pressure and lymph deposits about the neck of the bladder, and the old-time blisters will increase this. In this case there is dribbling or frequent desire to micturate, because the expansion of the bladder is interfered with by the deposits, and it cannot hold much. Three coats of collodion are applied, followed by a poultice; the blister is nicked and cotton placed over it, which forms a scab. The dose of muriate of ammonia should be ten grains, and of quinine four grains, thrice daily. The colon is usually torpid in these cases, and the fæces accumulate and cause diarrhœa. There are two precepts for physicians that should be written in *letters of gold*. 1. When urine dribbles from the bladder of man or woman, it usually means that the bladder is over-distended, and requires the catheter. 2. Diarrhœa may be caused by constipation; the hardened fæces, though not in reach of the finger in the rectum, may collect and irritate the bowel, causing diarrhœa. In such cases of diarrhœa, when you suspect this condition, whether the fæces can be felt or not, a good purge is indicated. Dr. Goodell prefers castor oil, but it is a distasteful dose. You may use compound cathartic pills, giving three or four. If you use the oil, have it carefully prepared, *do not tell what it is*, and the patient will thus often manage to get it down. He related the story of the servant girl who went into a drug store for ten cents' worth of castor oil. She was asked to sit down. After a while the polite clerk asked her if she would have a glass of soda water; she thanked him, drank it, and went back to her chair. Upon being asked what she was waiting for, she replied, for the oil. "But you have had it in your soda water," said the clerk. "Oh!" said the girl, "*I wanted it for my master.*" In ovariotomy cases castor oil is his favorite purge.

You will sometimes have labor cases where the

patient will do well for some days, and then, while not really sick, will not be quite so comfortable. There may be a little increase of pulse and temperature, with some night-sweats; you will give tonics to no avail. *Slow convalescence always means some inflammation of the broad ligaments*, and should be treated as above. Small doses of mercury may be combined with the muriate of ammonia.

Dysmenorrhœa—Dilatation.

This colored girl has difficult menstruation. At her periods *bullæ* appear all over her body. Acne is not uncommon, but bullæ very rarely occur. She has been off and on at the Dispensary, and she now needs forcible dilatation of the cervical canal. A doctor out West, who has taken great interest in this operation of dilatation, recently wrote to Dr. Goodell in reference to it, and among other things said that he would not *dare* to dilate up to one inch. Dr. G. said that the man who would not *dare* cautiously will not succeed. He always dilates to ¾ or 1 inch, and frequently to 1¼ inches. Yesterday he dilated a young girl to 1½ inches, and to-day she has no bad symptoms. He first puts in a suppository of one grain of the aqueous extract of opium, and carefully washes his fingers, lest he carry some fæcal matter up to the cervix, which he is likely to bruise. This cervix is very small, almost a pin hole opening. Ordinary tenacula are not strong enough to hold the cervix when dilating; you must have them strong. He performs this operation nearly daily, and has yet to see bad results. The instruments are washed in carbolized water, and the secretions in the vagina washed out with the same, so as to avoid septic infection. This is an operation that we will all be called upon to perform, and that will reflect us great credit. He can get his piloting, or weaker and smaller dilator, just into the opening, but not into the womb. He makes a little dilatation, but cannot yet get into the cavity, neither can he get a sound in—there is posterior flexion. Gradually he gets the instrument in, by nursing it, and turns the instrument around, thus overcoming the retroflexion. You must always pull on the tenaculum, or the dilator will slip out. This is a very bad case. In some rare cases we may have hemorrhage. Remember that women have died from the passage of a sound and men from the bite of a fly, but so rarely as not to be taken into consideration; so is it with this operation. This has been his 217th dilatation for sterility, and in only one has there been any bad result, and in that case all was eventually well. You should have two instruments, the one weaker, a piloting dilator, and the other, a stronger one, working with a screw. If you use only the weaker instrument, you will have to repeat the operation several times; some women insist upon this, not liking the idea of ether and a radical operation. To such women he always tells the story of the man who had a dog with a long tail, that disfigured him very much; he loved the dog so dearly that he did not wish to pain him by cutting off his tail, so *each day he cut off a small piece.* The instrument has slipped a little, so he closes it, takes it out, and re-introduces it. It is now getting easy to turn (the screw) because he has overcome the spasm of the muscle. He has dilated up to 1¼ inch. Ether is now stopped, and the instrument withdrawn. If the spasm of the muscle had not been so thoroughly overcome, he would have allowed the dilator to remain *in situ* for ten or fifteen minutes. With a syringe, he throws up some carbolized water; no matter if it goes into the uterus, for there is so much dilatation that it will flow out again. There may be a little bloody oozing for two or three days, but that will not signify. This girl has also amenorrhœa, for which he will order her Blaud's pill, which is made up of dried sulphate of iron and pure carbonate of potassium, of each two drachms, divided into forty-eight pills. Glucose is added to the mass to prevent the formation of carbonate of iron in the stomach. For three days she will take three pills daily, one after each meal; on the fourth day four pills, on the fifth five, and on the sixth six. Then remain at six daily for a week, then gradually increase, as before, up to nine daily. If there is no improvement, the pills may be increased to twelve or even fifteen daily.

The Results of Prolonged Labor.

This poor woman was allowed to remain unduly long in labor, with the head pressing on the parts, and as a result, there has been sloughing and loss of all the neck of the womb; the vagina was ulcerated, became glued together, and, in part, obliterated. He finds a small opening, and the sound slips into what is left of the womb. He then proceeds to dilate the uterus, and, in so doing, tears a cicatrix and has hemorrhage. In such hemorrhages it is proper to use a tampon, but in postpartum hemorrhage never, because the womb is then so large and so dilatable that a fatal hemorrhage might occur behind the tampon. He uses vinegar to control this hemorrhage. If this failed, he would put in a sponge and let it remain for twenty-four hours. It is not well to use Monsel's solution, because it will cause plaster-like clots, that only come away by decomposition, and may cause septicæmia; when you are compelled to resort to it, dilute it largely. He fits a pessary to support this womb; there will be trouble to keep the walls of the vagina from agglutinating. This case teaches us that when the head is long delayed, we should always seek a consultation, so that the responsibility may be shared. It is very rare for a party to prosecute two physicians, but they will with one. Many eminent men have been prosecuted for lacerated cervix and ruptured perineum, and the best safeguard is a consultation. The great danger of the day is the abuse of forceps; but some men do not resort to them enough. When the head is long delayed, put them on; it is much easier to do than one generally supposes. Do not be afraid of the forceps, and pull boldly until the perineum is bulging; then take them off and let nature complete the work. Experienced men can keep them on until delivery is completed, but young men should take them off when the perineum bulges; then, if a rupture occurs, the bystanders will attribute it to nature and not to the doctor.

—Dr. Ryerson answers the question, "When should tonsils be excised?" by saying, Whenever they impair respiration, general nutrition, or the health of the contiguous parts.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Meeting October 7, 1885. Dr. J. M. Da Costa, president, in the chair.

Discussion on Cocaine in Hay Fever. (*See page* 524.)

Dr. Harrison Allen remarked: I am glad to hear Dr. Da Costa state that the effect of cocaine is inconstant within a narrow range in different individuals. I have observed the same fact. In endeavoring to account for it, I have concluded that the difference lies in peculiarity of the erectile tissue. Those persons in whom the tissue is sparsely developed are, I think, less susceptible to impression by the remedy than are those in whom it is well developed. I recall one case in which a four (as well as an eight) per cent. solution was used persistently without benefit. If, then, one has under observation nasal chambers with mucous membrane exhibiting but little erectile property (changing very little under any of the conditions, such as galvanism, which ordinarily constrict the capillary network), the remedy will give but little relief. I have had three such cases under care during the past summer. The shrinking up of the erectile masses places the nose in what may be called a normal condition, the air passing through at a normal rate and the irritated surfaces not touching each other. One of the cases in which relief was not secured, was that of a lady suffering from the annoyance due to complete occlusion. After applying the cocaine for half an hour there seemed to be a little relief, but it lasted only a short time. Notwithstanding these failures, I have no doubt that further experience will show the truth of the author's statement, that we have in cocaine a remedy which will, in the majority of cases, give relief.

Dr. H. C. Wood said: In this connection, the observations of Dr. Lyons, of Detroit, may be of interest. He has shown that there are probably two or three alkaloids in cocoa leaf, and that the commercial alkaloid, cocaine, not rarely is composed of more than the one alkaloid, ecgonine, and perhaps a third alkaloid is present. The unexpected results sometimes obtained from the therapeutic use of cocaine may possibly be due to the presence of one of these other alkaloids.

Dr. Ruschenberger asked: Can any one tell us whether or not caffeine is capable of taking the place of cocaine?

Dr. H. C. Wood: I have made some experiments with caffeine on the eyes of patients, and found it to be without effect.

Discussion on Sunstroke. (*See page* 521.)

Dr. H. C. Wood said: The use of musk, as detailed in the paper just read, is, I believe, new. Antipyrin has, however, been used in one of the New York hospitals, and a paper written thereon by the resident physician.

There is one point which is worthy of consideration by hospital authorities. I have noticed myself, in experiments on animals, that time is of the utmost importance in the treatment of sunstroke, and our clinical experience accords with this. If the moment the animal became unconscious I reduced the temperature by cold, the animal invariably recovered; if, however, it was left for ten or twenty minutes, reduction of the temperature caused benefit, and usually return of consciousness, but there were almost always marked signs of an impaired nervous system, and in a large proportion of cases death from paralysis. In the New York Hospital, antipyrin was given to the ambulance surgeon, and thus the remedy could be administered at once. I myself think that in very hot weather the hospital ambulance should be provided, not only with antipyrin, but also with ice, and no time would be lost, the remedies being applied as the patient was being brought to the hospital. The patient could be half undressed and rubbed with ice, and antipyrin could be used hypodermically.

Very few writers report the time which has elapsed before treatment after the sunstroke; and without such report statistics are of little value, because one of the most important elements of the case is omitted.

Dr. J. M. Da Costa said: It is but fair to Dr. Horwitz to state that this use of antipyrin is, so far as I know, original. Looking at these cases, it will be found that they were treated in July, while the paper alluded to, which has escaped my notice, appeared in August; it is evident, therefore, that he had thought of antipyrin himself.

In regard to musk, I have been utterly unable to find any reference to its use in the convulsions of sunstroke, and I am glad to hear so distinguished an authority as Dr. Wood state that it has never been used before for the purpose. The use of opium, or rather of morphia, hypodermically, for the arrest of the convulsions of sunstroke, also originated, so far as I know, in the Pennsylvania Hospital, and was published some years ago.

CINCINNATI ACADEMY OF MEDICINE.

Stated meeting, September 21, 1885. President Dr. Samuel Nickles in the chair.

Wound of the Base of the Brain.

Dr. Philip Zenner, clinical lecturer on Diseases of the Nervous System, Medical College of Ohio, presented a patient of unusual interest. It was one in whom there was a lesion of traumatic origin in the medulla oblongata, or pons varolii, or both.

The patient, a man aged forty-two years, had always enjoyed good health previous to the time of injury. On July 11, nearly eleven weeks ago, while leaning forward on the show-case of a millinery establishment, a transverse bar upon which he was supporting himself gave way, and precipitated him upon a sharp-pointed iron rod used for holding hats. This rod is about one-fourth of an inch in diameter, smooth and round, and within about an inch of the end begins to taper to a point. It penetrated the skin in the right submaxillary region, about one and one-third inches to the right of the median line, the point passing four inches beyond the surface. From the statement of lookers on, the direction was upward and somewhat inward and backward. The rod was held very firmly in a fixed position as if between unyielding tissues, and was only removed after a very forcible effort made by a powerful man.

Patient's wife said that he arose to his feet immediately after the fall, and continued on his feet

until after the rod was removed, some minutes later. Shortly afterwards, while removing him to his room, they observed that he did not move his right arm and leg. He did not speak from the moment of the fall.

The speaker saw the patient perhaps one hour after the accident occurred. There was still slight oozing of blood from the wound, from which, perhaps, an ounce of blood had escaped.

Patient was lying in bed, breathing regularly, but somewhat stertorous, pulse regular, about 80 beats per minute. There was complete paralysis of the right upper and lower extremities, of the tongue, of the muscles supplied by the lower branches of the facial nerve on both sides, and the patient could not swallow nor give utterance to any sound, either articulate or non-articulate. But he was conscious, and to some extent could answer questions by the movements of the left hand or the eyeballs. There was no paralysis of the muscle supplied by the third, fourth, sixth, and upper branches of the seventh nerves. The pupils were normal, the eyes could be equally moved in every direction, and could be readily opened and closed. There appears also to be no impairment of hearing nor vision. The patient was exceedingly restless, and seemed to suffer much with pain in the left side of the face. A few days later anæsthesia in the area supplied by the upper two branches of the left tri-facial nerve was observed, which was probably present in the beginning, but not detected, although an unsatisfactory examination of the cutaneous sensibility was made at that time.

In addition, it was observed that the lower jaw was turned to the left side, so that when the jaws were approximated the right central incisor of the lower jaw corresponded to the left central incisor of the upper jaw. This condition still remains. At first speaker thought it was due to paralysis of the right pterygoid muscle, but he now believes it to be a surgical trouble.

The condition of the patient improved very rapidly. The external wound healed in a few days. At no time was there any evidence that the rod entered the buccal or pharyngeal cavity. There was slight fever, temperature never rising above 101.5° on the second and third day; none subsequently.

On the second day patient succeeded in swallowing a few drops of water, and moved the right leg a little.

On the fourth day he was able to make a slight vocal and even articulate sound.

On the sixth day, he moved the right arm a very little.

On the eighth day he swallowed so well that rectal injections of food, which had previously been given, were discontinued.

At the end of two weeks he could speak single words with some distinctness, though continuous speech was impossible, on account of difficulty of articulation. He could walk with the assistance of a cane. The muscles of the left side of the face seemed to act quite normally, while there was still paresis of the right side. The tongue was easily protruded, but was deflected slightly to the right. There had been an almost constant dribbling of saliva from the mouth, but this had become much less.

He continued to improve for about six weeks, when his condition was at its best. Since then there has been some change for the worse. His speech has been less distinct, and the power of the right extremities less than a few weeks ago. The anæsthesia on the left side of the face is greater. It appeared at first to be only in the area supplied by the upper branches of the fifth, and even in that area sensations of pain were still felt. Now it seems to cover almost the whole area covered by the fifth nerve, extending from the middle of the vertex to below the lower margin of the inferior maxillary line, and from the median line to the left ear, the latter retaining its sensibility. In this area tactile sensibility is lost, as well as that of temperature, and the prick of a pin is only felt in a few isolated spots. The left nares and left side of the mouth and tongue are anæsthetic, and the sense of taste is lost in the left side of the tongue. In addition to this, the subjective symptoms seem to be much worse than they were. He complains constantly of pain or uncomfortable sensations of some kind in the left side of his face.

Another symptom has appeared recently, polyuria. For three or four weeks he has been passing an excessive quantity of urine. Eight days ago he passed two hundred and eight ounces, and its specific gravity was 1001. The quantity has been gradually diminishing since. To-day it was 80 ounces, specific gravity 1010. It does not contain sugar or albumen. The speaker several times examined the electrical reactions of the paralyzed muscles, which were always found to be normal. The speaker then demonstrated the present condition of the patient. There is considerable dragging of the right foot in walking. Grasp of right hand is feeble, the extensors of fingers almost completely paralyzed. The tongue, when protruded, deflected slightly to the right. There is slight paresis of the face on the right side. The articulation is much more indistinct than in ordinary cases of hemiplegia, at least at so late a date. There is no aphasia. Patient can name any object accurately. There is complete anæsthesia in area of the left fifth nerve, left cornea is anæsthetic, etc., there is also some injection of the left conjunctiva. More or less bleeding from the left nostril, and no abraded surface in its exterior part, and a slight abrasion on left side of the tongue.

The speaker then spoke of the diagnosis. The early symptoms, paralysis of the vocal cords, inability to swallow, are bulbar symptoms, and point to a lesion in the neighborhood of the medulla. They were mostly indirect symptoms, and therefore disappeared. Of the remaining symptoms, the paralysis of the left fifth nerve is of decided local significance, and points to a lesion in the nerve-roots or its muscles.

It is possible that there are several lesions present, but one on the left side of the medulla or pons, involving either the ascending root of the fifth nerve, or the nerve trunk itself, might account for the symptoms. In that case the pyramidal tracts and the right hypoglossal and facial nerves must have been affected on the left side, the former before it crossed over to the right side of the cord, and the latter in their central prolongations before they have crossed over to their respective muscles. The lesion must then reach

above the level of the seventh nerve, and in that case it is difficult to understand how the third, fourth and sixth nerves should have been altogether spared, even in the beginning, when so many indirect symptoms were present. Perhaps only a small part of this lesion reaches to this high level, and thus the absence of symptoms is to be accounted for. The lesion must have also avoided the sensory track for the opposite side of the body, and perhaps encroached upon the particular lesions which are followed by diabetes, that is the floor of the fourth ventricle, above the origin of the pneumogastrics. Just how this lesion was produced is very problematical. The speaker believes the rod penetrated the cranial cavity between the atlas and occipital. This is the only place through which it could reach that cavity without fracturing bone, and the symptoms did not indicate fracture. The rod entered four inches beyond the surface, and various calculations made by the speaker lead him to believe that the anterior margin of the the foramen magnum is not more than three and a half or four inches from the external wound.

Nevertheless, all these symptoms could not have been caused by the penetration of the rod into the nervous tissue. According to the speaker's observations on the cadaver, the anterior margin of the foramen magnum corresponds to the lower portion of the olivary body, and a single lesion at this point would not account for all the symptoms, while an extensive injury here would have led to an immediately fatal termination. Perhaps in some way a blood-vessel may have been occluded, and in this way an area of softening in the above-mentioned part was produced.

The prognosis is not altogether favorable. The increase in the anæsthesia, the recent development of diabetes, and the increased feebleness in the parlyzed side, seem to indicate a progressive process, and but slight extension of the lesion in a part of such vital importance might speedily produce a fatal issue.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Relations of Skin Diseases to Marriage.

Dr. A. H. Ohmann-Dumesnil thus writes in the *Journal of Cutaneous and Venereal Diseases*, May, 1885:

Marriage and syphilis have been so thoroughly discussed, and so much attention has been paid to it, not only by syphilographers, but by the profession in general, that all the phases of the question have been considered. Despite this, all authorities are by no means united in their conclusions, although all agree that, during certain stages of the disease, marriage is entirely precluded. That syphilis is hereditary and transmissible is acknowledged by all who have had any experience whatever in the observation and treatment of the disease. Those physicians who have paid any considerable attention to insanity and affections of the nervous system, claim for many forms of the neuroses if not a direct transmission, at least a hereditary tendency to the same or allied forms of nervous lesions, derived from one or both parents. Rheumatism, gout, hemophilia, phthisis, and a number of other general affections are accused by a number of experienced writers to have that power in them by which the parent will hand down the peculiar susceptibility to those diseases, to his unlucky progeny. On the other hand, some very respectable authorities deny heredity as such, whilst acknowledging that the physical weakness is perpetuated.

A few of the more common, and at the same time most troublesome, diseases of the skin will be briefly noticed in this paper, and an attempt made to point out the probable chance of their reappearing in the offspring, together with the reasons why patients suffering from certain dermatoses should, if not entirely give up marriage, at least postpone that relation until circumstances justify such a course. As a prefatory remark it may be stated that it is not necessary for the mother or father to be the recipient of the trouble from the consort in order that the child may be the subject of the disease.

It is not the local manifestation of the disease that constitutes the active factor, but rather the general condition of the entire economy of one of the progenitors, which has undergone certain more or less profound changes which manifest themselves more or less distinctly upon the external surface of the body, as a sort of danger signal; and, generally, there are certain appearances connected with these lesions that, to him who can read, constitute a fair index of the severity of the existing condition.

It is manifestly obvious that a person suffering from an infectious or contagious disease should not marry during the active period of the trouble. No one afflicted with any one of the parasitic diseases would object to submitting to a proper course of treatment before marrying. But there are some troubles of the skin which, although we may admit that they are neither contagious nor directly transmissible, or only rarely so, are sufficiently dangerous, in this respect, to awaken our attention and deserve more study. It will be noted that the extreme views of the French and German schools of dermatology have been avoided, as we are not willing to admit, upon the one hand, the universal constitutional nature of all dermatic affections; nor will we, on the other, concede that they are all purely local and due, almost without exception, to external causes alone. For this reason, whatever authorities we have consulted are chiefly those occupying what we consider the most rational position, which is one situated midway between the two extremes, and from those who are willing to let theory bend to facts.

The object of these few remarks is not so much to uphold a theory as to inquire whether there may not be enough in the question of the heredity of skin diseases or the predisposition thereto, to make it of some moment to the medical practitioner who may be questioned as to such being a bar to marriage.

Eczema is by far the most common, and, unfortunately, it often becomes the most intractable of the troubles afflicting the skin. When first studied the disease was for a long time regarded as purely local; then it was admitted by a large number that it might be somewhat dependent upon internal causes. Its heredity was denied *in toto* at first. We find that, later on, in speaking of the etiology of this protean disease that some authors acknowledge having seen a few—a very few—cases, which they consider hereditary. The latest work on the subject, and one which we, as Americans, are proud to point to, is Bulkley's sterling work. He says:* "But, on the other hand, although the disease appears to come by direct inheritance in but a very few cases, it is still true that in a certain number it is seen to be hereditary, and whole families are sometimes affected, not only in one generation, but in several." . . . Again, "Scrofula or struma undoubtedly appears as a predisposing cause of eczema in the way of inheritance, quite as effectually as when existing in the individual." Van Harlingen, Piffard, Liveing, Duhring, E. Wilson, and even Neumann, acknowledge that, in some cases this disease is undoubtedly hereditary. There is also a greater probability of its being transmitted, if it exists as an old chronic and intractable form of the disease in the parent.

The next most common affection which we meet with in practice is, no doubt, psoriasis. This disease is acknowledged by all authors of any prominence to be hereditary. It is contended, however, by a number of recent observers, that the heredity is more marked, or more liable to be seen, if one or both parents have had the disease in a marked and recurrent form. In those cases in which it assumes the "universal" form, it is pretty certain that the offspring of the affected parent will either exhibit the same disease, or some allied cutaneous affection.

Lupus vulgaris, whose pathology is as yet involved in more or less obscurity is another one of these dermatic affections which would seem to be transmitted from parent to child. We will not inquire whether the neoplasm which constitutes it is scrofulous, tubercular, or of some other origin. Any one of these causes is sufficiently impressed upon the constitution of the progenitor to involve that of the progeny by direct inheritance.

Ichthyosis, especially of that variety known as "ichthyosis hystrix," is undoubtedly a hereditary affection, or, rather, deformity. There is no single author who has ever observed any number of cases, limited though it be, who has not immediately had his attention called to this important fact. It would be useless here to advert to the *dicta* of the many dermatologists who have expressed an opinion upon the subject. The disease is undoubtedly the most markedly hereditary one with which we are acquainted.

*Second Ed., p. 93.

Lepra, or true leprosy, whether it be dependent upon a bacillus or not, is transmissible from parent to child. Although no well-authenticated cases exist to show that it has been acquired by contagion, or that its bacillus has been successfully inoculated, examples of its occurrence in families which have continued leprous for several generations are numerous and well-attested. Whether the primary cause be climatic or parasitic, the fact of its heredity remains.

Chronic pruritus has been observed in a mother, her daughter, and granddaughter, as detailed in the *Journal of Cutaneous and Venereal Diseases*, February, 1885, by Dr. Wm. J. Mapnard. An interesting fact in connection with this is that the male members escaped.

Sarcoma and carcinoma of the skin are further examples—of a malignant type of the disease—of dermatoses which are transmissible from generation to generation.

The writer has observed cases of vitiligo in which the trouble was transmitted to the offspring apparently. Not only was there a reappearance in the children, but all were affected in a manner similar to that of the parent, and identical parts were the first to be involved in the process.

We know well that the color of the skin is very susceptible of being transmitted to the children, and we daily observe such as the results of mixed intercourse. Each race has certain pigmentary peculiarities of the skin, which, by some process or other, seem to be stamped upon the child to a greater or lesser degree. In certain families we find that a lock of white hair in a particular locality is transmitted from generation to generation, just as other peculiarities or deformites are. Often, again, whole generations escape, and the "sign" reappears upon a remote descendant, showing that although this peculiar force may become latent, it does not necessarily lose any of its strength on that account, as all those acquainted with the facts of atavism know.

A cursory glance at these various examples would seem to indicate that heredity plays but a very unimportant part in the genesis of the skin diseases. But when we take into consideration the small amount of care taken, not only to trace diseases back to their origin, but also the inability to follow the various successions through different generations, the amount of evidence offered acquires more force than would be at first accorded to it. Besides this, the cause can often be recognized as being some condition which has shown itself in different ways, and only evidences itself as a skin disease in the last member of a long line of individuals. Were our observers to pay more attention to this subject, there is no doubt whatever that the *rolê* played by heredity would be found to be much more important than it is regarded at the present time.

As a natural conclusion it will follow that, if certain skin diseases are directly transmissible, or if the causes thereof are, marriage between individuals affected with these troubles, whether the disease is confined to one or both of the high contracting parties, should be very carefully considered, if not prohibited. Before permitting such an union to take place, the dermatic genealogy should be carefully examined, and all the possibilities conscientiously weighed. The intention

of this paper is rather to call attention to a few isolated facts, and to direct observation to a new point in connection with the etiology of skin diseases, which may prove serviceable in the prevention of a number of the most intractable and chronic affections which afflict the human skin. There is no doubt whatever that the more these relations are sought after, the more often will they be found, and enable the physician to give safe and reliable advice in those cases where it will be needed or sought.

The Effects on the Health of the Inhalation of Metallic Dust.

Dr. H. Bossmann, of Isselburg (*Friedreich's Blätter für Gerichtliche Medicin und Sänitatpolizei*), writes that, one hundred and eighty years ago, Ramazzini called attention to the post-mortem appearances of the lungs of men employed in the marble quarries of Northern Italy, *exiguis calculus oppleti*; and a few years later Bubbe did the same with regard to the stonemasons of Seeburg. Pearson, Robin, and Laënnec, were the first to refer the black pigmentation of the lungs to the inhalation of soot, etc.; and in England a number of medical men published their observations on the association of this pigmentation with pathological alterations of the parenchyma in the lungs of colliers. But there were not wanting others who found a difficulty in reconciling the theory of penetration of the lung-tissue by solid particles with the views then held as to its anatomical structure; and Virchow stood forward among those who looked on the pigment as the final product of the degeneration of red blood-corpuscles. Traube and Cohnheim, however, showed the presence of particles of charcoal in the ultimate ramifications of the air-passages; and Zenker, in his observations on the "iron lung," demonstrated not only the penetration of metallic dust into the lung-substance, but the mode of its transmission and the precise pathological changes it induced. A host of other observers have since pursued like investigations with regard to metallic, siliceous, carbonaceous, and organic dusts; and the whole subject has been exhaustively worked out by Hirt in his treatise on *Staubinhalation-krankheiten*.

The two questions to be answered are; "By what means does metallic dust enter the lung?" and "What changes does it set up therein?" In the daily pursuit of their calling, these men inhale large quantities of dust-particles, some rounded, others angular in form; but they are for the most part removed, partly by the action of the cilia lining the air-passages, and partly by the cough which the irritation of the mucous membrane sets up. If, however, the persons in question be compelled continuously to inhale an atmosphere laden with dust, the expulsion of these particles is not complete, and a certain proportion remains behind in the finest bronchioles and alveoli.

Cohnheim showed that those particles which had gained access to the alveoli were taken up by lymph-cells that had not acquired their final character, and were conveyed by them along the course of the lymphatic vessels. Rindfleisch demonstrated the incorporation of these particles with the protoplasm of lymph-cells, but maintained that they were enabled to penetrate the pulmonary parenchyma, and thus to enter the stream of nutrient fluids where they met the lymph-cells, in virtue of their sharp and angular form, aided by any pressure or impulse from behind. The cells with which they come into contact are the stellate connective-tissue corpuscles and the wandering lymph-cells, which last convey the pigment to the glands. Those particles which are not intercepted and taken up by either of these are carried to the roots of the lungs, and reach the glands of the mediastinum, where the countless cells, ready to incorporate them into their substance, present an insurmountable obstacle to their further diffusion. If the dust be that of iron instead of coal, we have (as Zenker showed) the red iron lung instead of the black coal lung. These theoretical views are fully borne out by the actual distribution of the pigment, as seen in microscopic examination after death.

The first symptoms produced are those of simple catarrh; but these cases rarely come under medical observation, since the men believe that they must go through a process of hardening. This notion is not altogether unfounded, for with many an increased secretion of mucus and habit of expectoration serves to protect them against further and graver consequences; but others are not so fortunate. Continued inflammatory irritation induces hyperplasia of the connective tissue, with occlusion and obliteration of the finest bronchioles and the alveoli, thickening of the lung-tissue, and the formation of nodules; and, not seldom, destruction of lung-tissue and the promotion of bronchiectasis and cavities. We have here the picture of a chronic bronchopneumonia, terminating in caseation or in true phthisis. This process may be complicated by the supervention of tuberculosis, which we may explain in the light of Koch's observations on the tubercle-bacillus, by supposing that a lung in this state of morbid irritation and disorganization presents a most favorable soil for the development of any bacilli that may chance to be inhaled. Since, however, a very large number of sufferers from the various forms of pneumoconiosis do not become tuberculous, we must assume in these cases a special insusceptibility.

Coming now to the particular classes of workers in metals, we may with Hirt divide them into two categories, viz: miners, and those who are engaged in manufactures. The former are compelled to spend their days underground in hard labor, in a damp and impure atmosphere, and often working in attitudes at once fatiguing and presenting serious obstacles to respiration. The Report of the Royal Commission of 1868 on the miners and colliers of England, gave a melancholy account of the general deterioration of health and early decrepitude of all classes, but showed a far higher mortality for the former, pointing to some specially unfavorable conditions existing among them.

Smiths and others may be divided into workers in iron, copper, lead, or zinc.

Of workers in iron, blacksmiths are but little exposed to dust, carrying on their work in well-ventilated shops, or in the open air. The chief causes of disease among them are great exertion,

extremes of temperature, and too often excessive indulgence in alcoholic drinks.

Cutlers, tool-makers, nail-makers, locksmiths, and sword makers do not seem to suffer much from inhalation of dust; but file-grinders, according to Hirt, show a proportion of lung diseases twice as great as that of any other class (91.8 per cent. of admissions to hospital). The health of others depends far less on the nature of their work than on the conditions amid which it is carried on.

The grinding trades have long been known as among the most unhealthy. In Sheffield, the mean duration of life of the general population is 55 years, but that of the knife-grinders is 32. Oldendorff found in and around Solingen the general mortality to be 19.6 per 1,000; that of iron-workers was 22.9; and of grinders 30.4 per 1,000 annually. According to Knight [but this was at least sixty years ago.—REP.] out of every 100 grinders in Sheffield 69.6 suffered from affections of the lungs, of other workmen only 22.4; and, according to Fox Favell, the majority of fork-grinders die under 30 years of age. But to show how this fearful loss of life may be avoided by judicious arrangements, Hirt mentions a needle-factory at Iserlohn, where, among 200 hands, the mortality for several years had averaged 2.6 per cent., and the mean age at death of twenty-six grinders was 50 years.

An industry in which, though on a smaller scale, the sufferings caused by iron dust are not less, is that of preparing the paper used by gold-beaters—blotting paper, into which oxide of iron is rubbed by a piece of felt. It was in such a factory that Zenker made his first observations on the iron lung; and Merkel says that the conditions under which the girls work are so bad, that it is a wonder that any survive long.

The presence in the lungs of other metals has not been proved. Copper dust is too heavy to be easily inhaled, and it is only brass-founders, workers in bronze, and, under certain circumstances, pin-polishers, who suffer either from the mechanical irritation or the toxic effects. Bronzing is by far the most unhealthy of these occupations; the metal, being beaten in iron mortars to a fine powder, so fills the air with dust that the persons of the workmen appear as if covered with gold.

Lead dust is seen under the microscope to consist of finely rounded particles; the irritation it produces is almost none, but the toxic effects are more considerable. White-lead making is a deadly employment. Type-founders, tin-plate-workers, and others engaged in melting alloys of lead, tin, antimony, etc., are exposed to more or less toxic fumes, and, according to De Neufville, their mean lifetime is at Frankfort about ten years less than that of the general population.

Unfortunately, the statistics given by Dr. Bossmann in his paper, though suggestive, are not sufficiently uniform for purposes of comparison; but the tables which he appends from Hirt are highly instructive, though too long for insertion here.

The Possible Origin of Some Delusions.

Dr. S. B. Lyon thus writes in the *Alienist and Neurologist*, April, 1885:

As the interested observer walks the wards of any great insane hospital, and becomes intimate with the medley of strange and curious fancies which prevail among the patients, he tries to enter into their process of thought—to put himself into their place—and thus perhaps to discover by what mode of reasoning such strange irrational conclusions have been reached.

Many of the minds we meet in our walks, among this little section of humanity, seem to be struggling to see as "through a glass darkly," and to recognize, through a veil of acquired feebleness and incapacity or thought, old familiar objects; gradually the effort grows less, the veil thickens, the face smooths out, expression is lost and the vegetable is all that remains of the demented mind. All that makes man higher than the animal is gone; indeed, the familiar intelligence of many animals is superior to what often remains of these wrecks of humanity.

Sad as is the final condition of the body from which mind has departed, and much as it calls upon our active sympathy, we find a far more interesting study in the active, but not less abnormal, minds about us, those which live in a realm of curious fantasies, a grand masquerade, where the *propria personæ*, and not the costume, is assumed. How has the original *ego* been lost, and this strange individuality been developed in the person?

A class of delusions I wish to call attention to seem to be developed outside of any misconstruction of morbid sensations, and to be the waking belief, in dreams. In the persons I have observed, these delusions were of a fleeting character, and existed in enfeebled minds where other and more fixed delusions also existed.

In our own experience we have at times noticed after vivid or painful dreams, that the impression persisted even after waking, and a little time and some effort was necessary to shake off the feeling of oppression; and what takes seconds or minutes in the sound intelligence, may take hours or days in minds which have lost something of their original vigor, through any pathological cause, or through the natural decay of old age. The impression of the vision asserts itself more strongly without doubt, and its influence lasts longer; nay, indeed, becomes a lasting delusion.

The dreams preceding insanity, acts of homicide, suicide, etc., are well recognized. Abundant authority, as well as our own experience, shows that painful and strange dreams occur often in the prodromal period of attacks of insanity, being concomitant to the disturbed mental action, which is beginning to manifest itself, and these are due to the distress of the patient, who is already overshadowed by the approaching clouds, which will soon completely envelop him.

In more startling form are the visions which form their intensity and the previously prepared nidus where they immediately incubate, cause outbreaks of violent excitement and complete overthrow of the former habits of mind, or provoke the suicides or homicides which startle the community.

Instances of these intercurrent or violently exciting dreams are given by Winslow, Bucknell, Tuke, and others, and Dr. Spitzka, in his late book, mentions a striking illustration of the latter

in a case occurring in Germany and discussed in the Medico-Psychological Society in Berlin, where a systematized delusion had such an origin in a person who had not before shown any insanity.

A milder and less sensational effect of vivid dreams, than those just mentioned, is the production of fleeting delusions in feeble minds, and I will cite a case under my care to illustrate this point:

E. F., aged 76 years, has passed three years and a half under hospital care and treatment. She was at one time the owner of a comfortable property, which she lost through the fortunes of the late war, but for years, not appreciating that whatever the equity of the case might be, it was no longer *sub judice*, she exhausted her strength and the generous aid of her friends, moving about restlessly from place to place, pursuing her *ignis fatuus* through lawyers' offices and the courts, until she became at length so debilitated by disease and so weakened in mind, that her friends found it impossible longer to make her life at all comfortable, while she had liberty to dissipate all the aid they could give her, in her efforts to regain her lost property, and she was committed to his hospital.

Adding to a naturally imperious disposition the *foibles* of age, she constantly quarreled with those about her, charging them with stealing from her valuable dresses, jewels, watches, etc., which articles she had long since ceased to possess. Her partial blindness caused her constantly to mislay small articles, such as her glasses, in moments of forgetfulness, which she fancied had been stolen from her. And her suspicions led her to keep a number of worthless papers locked in a box, the key of which she as frequently lost as she did her other small articles. Naturally, or by education, she could be exceedingly pleasant, when not the prey to her suspicions, and at such times she would invite numbers of persons to go with her to her former home—not being able to realize that it had been destroyed by fire long since, and was no longer hers had it existed. Nor did she realize that to take away at once from the hospital most of its executive force might be some inconvenience to those remaining to care or be cared for.

Later in her history she developed the delusions on account of which I cite the case. Early in the morning, and lasting for a day or longer, she would suffer the greatest distress, believing and saying she had seen her husband, long since dead, lying before her, stupefied with chloroform, administered by her nurses to him for unlawful purposes, and she knew the nurses had hidden him away in some dark place, and her pleas to whoever would listen to her, to go and find and release him, were heartrending. These ideas which took various shapes would gradually fade away, to be renewed at a later date in much the same sequence.

Later in the case, although she was "old and well-stricken in years," and without the promise or opportunities offered Sarah, she asserted that she had given birth to a beautiful girl, and for sometime fancied this had been spirited away, and begged me and others to find and return it to her, and in this connection she after a time asserted that she saw her nurse hold it up by the feet until it died from congestion of the brain; which made her terribly unhappy, as much so at the moment as though it were true.

These ideas in regard to her husband being alive and being under the power of her enemies, and the birth and death of her child, etc., have the force to her of facts which she has seen or experienced, and of which at first she has not a shadow of doubt. They are things which she remembers as much as she would any others facts or events which had a real existence. There is no disturbance of the special senses at work here apparently, for she hears no voices and sees no unusual sights in her waking moments; indeed, she has in some directions a quick perception and an excellent memory of persons and events connected with her former life. It does not seem to be a fault of perception or memory, but a defect in her ability to judge of the true relation of things; to discriminate between the real and the visionary; in fact, to realize that a dream is but a dream, and to throw it aside.

There is a gradual and steady fading out of the impression produced by the dreams, the effect upon her being less marked from day to day, until perhaps it is rekindled in all its original force, without doubt, by a repetition or variation of the original dream.

I should say that she has never confessed to any such dreams to my knowledge, and I base my belief on an observation of her habits of mind, and the want of judgment shown for a long time in her conduct, her easy belief that she had been robbed of things she did not possess, and her great distress, early in the morning, over the great outrages she had herself seen recently. My deductions may be quite without foundation, and I simply offer them to the friendly consideration of the reader.

Nutrition and Growth in Connection with Pulmonary Phthisis.

Dr. A. James thus concludes an article in the Edinburgh *Med. Jour.* for October.

1. That phthisis tends to occur when the assimilative power fails, as indicated by the occurrence of it, or tubercle in the lungs, intestine, and brain at different ages, and that the development of the reproductive function, the disappearance of enlarged cervical lymphatic glands, and the growth of hair, indicate a lessened activity in the vital processes in adult life as compared with early years.

2. On the general principle of the connexion between supply and demand, we may suppose that this assimilative power is to a greater or less extent dependent on functional activity of the part. This seems borne out by the fact, that in tall people with large lungs and with proportionately less demand for vital activity (*i. e.*, less loss of heat) phthisis is common, and also by the fact that as age advances the natural tendency to emphysema, by increasing the functional activity of the lungs, seems to render them less liable to phthisis.

3. This assimilative power, though in part dependent on functional activity, is *innate* as regards the individual. Of this we have evidence in the different sizes to which individuals grow, the functional activity being the same, and in the varying proneness to phthisis in individuals, the surroundings being the same.

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IS EXTRACT OF BEEF POISONOUS IN LARGE DOSES?

Kemmerich was the first to pronounce the caution against the use of too large quantity of beef-extracts. Notwithstanding the researches of Bunge and v. Pettenkofer, the belief has since been generally maintained, that on account of the potash-salts large doses of extract of beef are poisonous, and may even produce death. That such would be the case has not been the opinion of the laity alone, but even many adherents of the medical profession, especially such of England, France, and our own country, have assumed the statement to be correct, and we have often heard the explanation that the poisonous effect of extracts of beef, when administered in large doses, was due to the deleterious action of the potash-salt on the heart.

It is a well-known fact that these extracts, as usually prepared, simply have a stimulating effect, but are not nutritious as was thought long since. A dog fed on such an extract alone is apt to die after a certain time, but not in consequence of any poisonous action, but simply of inanition. It is probable that this fact has contributed its share to the superstitious belief of the poisonous agency of beef extracts.

Dr. K. B. Lehman, of Munich, *Aerztl. Intell.*, Bl. 27, 85,) has recently investigated the subject and instituted a large series of observations to arrive at a correct and final conclusion. These experiments he partly made on himself, partly on animals.

The experiments on himself were made in the mornings, fasting while at rest in bed, and without any injury one to two ounces of beef extract were taken dissolved in a little tepid water. Immediately after the pulse increased by 8 to 12 beats, but then resumed its normal frequency, again to increase when the purgative action of the large dose of potash ensued. Controlling experiments were made with salts, of which the fact has been well established that they are indifferent in their action on the heart as half an ounce of chloride of sodium, sulphate of sodium, sulphate of magnesia, and chloride of potash. With all of

them the effect was the same. From all these the conclusion is undoubted that beef-extract has no specific action on the heart, and that the acceleration of the pulse is simply due to irritation of the par vagum by the large doses of salts. Similar results were obtained with animals. Such as were well-nourished even increased in weight, and surely did not lose any, while ill-fed animals evidently lived longer under the large doses of extract of beef than they would have done if without the latter.

Two very much debilitated young children took daily each two ounces of beef-extract. Under their effect they rapidly recuperated.

L. believes, therefore, that Liebig's beef-extract is by no means a heart-poison, and that healthy individuals as well as sick people may for months use so much of it as their stomachs will bear, without the least injurious results.

REMIMISCENCES OF PROFESSOR GROSS.

Dr. Oscar H. Allis, of this city, who was long and intimately acquainted with the late Professor Gross has contributed some personal recollections of the distinguished surgeon to the *Columbus Medical Journal*. From his reminiscences we quote a few characteristic traits of one who stood so long at the head of his science in this country:

PUNCTUALITY.

He was not one who would come rushing in, half out of breath, at the very last moment, with the remark, "What have you got for me to-day?" He was always present in ample time to see, examine and arrange for himself the details of the clinic. And this was also true of his didactic course. With all the study he had given his lectures, with their annual repetition, with his constantly-increasing practical experience, with the authorship of a most complete and extensive work on surgery, a work which he had revised before I ever knew him, he was still as particular in his preparation for every duty that brought him face to face with his class, as he could have been when delivering his first course of lectures. To be late, or to reach the lecture-room just in time, would have been pardoned by his *class*, but never by himself. To be late—to appear before his class with thoughts diverted—would be a violation of an obligation that he held sacred, viz., to give his class the best he had, and that, too, in the best possible form. Dr. Hearn, who was longer connected with him than any other Philadelphian, says that in four years, during which time he attended nearly every clinical and didactic lecture, Professsor Gross was not late on a single occasion.

ASSISTANTS IN OPERATION.

It is usually regarded as good medical ethics for a surgeon to give the one who has brought him a case, the place of honor at the time of operation, *but such was never the practice with Professor Gross. He had a trusty guard for every avenue of danger*, and he placed the life of a patient upon a higher level than the platitudes of medical ethics.

In his public and private operations he always provided himself with ample assistance. Better too much than too little, was his invariable rule. I do not remember ever seeing him put forth his own strength to control a patient while in the delirium of an anæsthetic.

ADVICE TO GRADUATES.

Dr. Wirgman tells me that at the close of the last lecture of one of the sessions, he paused a moment, and glancing merrily toward his class, said: "I suppose you expect a parting word from me." Then, after a second pause, he said: "One of the most beautiful sights on earth is that of a young mother leading a little child. Gentlemen, marry early; cultivate flowers; occupy your minds with the delightful things of earth, and leave no time to the seductiveness of vice."

HOUR FOR OPERATIONS.

He always arranged his private operations as near the middle of the day as possible. He once alluded to this, and asked, as we were assisting, the advantages of a midday hour. Various reasons were suggested, but the only one he approved was that "the light was best."

NEATNESS IN DRESS.

Few persons ever lived whose example in dress could be so safely and exactly followed. I do not remember seeing him when his hair or beard stood in need of care, and as to the poor boot-black, I hardly think one ever had the presumption to accost him with the familiar "Shine 'em up, sir?" He made it an invariable rule to use the whisk before entering the lecture-room.

OPINION OF GREAT MEN.

I once asked him if he had ever noticed a certain peculiarity in great men. "Great men? I never knew a great man!" He said no more. He did not launch forth in platitudes upon what constituted greatness. He had been engaged all his life upon problems that he could not solve;

he had measured the limit of human possibilities, and he saw nothing in which man in his most exalted state could boast.

From our long acquaintance with Professor Gross, we should single out the anecdote last given as the most characteristic of the man.

We are somewhat surprised to find Dr. Allis expressing regret at Dr. Gross's wish—which was carried out—that his body should be incinerated. It is plain to us that this request was not merely the expression of a personal preference; it was intended as an example, and as such it will in time surely carry great weight.

Dr. Allis says nothing of Dr. Gross's religious views. We believe that in this respect he was like the great philosopher Kant, who when asked toward his closing hours what his vast learning had taught him on this subject, replied, "*Nichts bestimmtes.*"

LITHOLAPAXY WITH ANÆSTHETIZATION OF THE BLADDER AND URETHRA BY MEANS OF COCAINE.

Prof. Bruns, of Tübingen, describes a case of crushing a stone in the bladder, in which, instead of a narcotic, anæsthetization of the bladder by cocaine was successfully carried out. After previously disinfecting the bladder with a solution of boric and salicylic acids, one ounce and a quarter of a two per cent. watery solution of cocaine was injected into the bladder, and two and a half drachms of the same into the urethra; there the liquid remained for six or eight minutes, after being as much as possible brought into contact with all parts of the bladder, by moving the patient in different directions. The crushing of the stone (which consisted of the oxalate, was very hard, and weighed 60 grains,) was done in thirty-three graspings, lasting about twenty-two minutes, without the patient feeling the least pain. After evacuation, half an hour later, anæsthetization had become incomplete and the patient complained of pain when the bladder was full. After three days he was allowed to leave the bed, and after a week he was discharged.

Bruns concludes from the above that fifteen grains of cocaine suffices for the complete anæsthetization of the bladder and urethra during half an hour, and believes this fact to speak in favor of litholapaxy against cystotomy. At the same time he tries to refute all objections that have been raised to litholapaxy. First, he denies the superiority of cystotomy on account of antiseptic treatment, for its success has hitherto not been infallible, whatever the method of operation. Not until we succeed in obtaining by suture a regular healing *per primam intentionem*, will cystotomy be fully protected by antisepsis. The further objection, that after crushing fragments remain in the bladder is no longer justified, for with the aspirator even the smallest fragments will be recognized, being felt and heard with the catheter. Besides, a second attack is not obviated by cystotomy, for it does not always come from fragments remaining behind. Finally, one of the highest authorities on this question, Sir Henry Thompson, founding his opinion upon a great number of cases, says that in most cases crushing entails less danger to the life of the patient than any kind of cystotomy.

With reference to this communication of Bruns, the *Lancet* of June 20, 1885, publishes an account by Dr. Fenwick (Hospital for Stones and Urinary Diseases), describing a case in which he failed successfully to anæsthetize the bladder; but we are not told how long the cocaine remained in the bladder, and besides half an ounce (16 grms.) of fluid is not sufficient to produce the effect intended.

NOTES AND COMMENTS.

Cocaine in Surgery.

Speaking of the various uses of this late valuable addition to our materia medica, Dr. Samuel Logan, writing in the *New Orleans Med. and Surg. Jour.* for September says that in relieving the suffering due to painful defecation, from any cause, much distress may be averted by means of the oleate, simply applied on a pledget of absorbent cotton as far into the anal orifice as the special case may demand. He has thus used it with marked satisfaction in cases of painful piles and fissures, that is, so far as the relief of pain is concerned.

In many of the important operations in rectal

and anal surgery, he has strong hopes that its proper use will enable us to dispense in a very great measure with the use of general anæsthetics.

A short time since he operated by internal urethrotomy on three urethral strictures, very old, and recently causing much urethral and vesical trouble. He first thoroughly cocainized the canal, by injecting into it three drachms of a four per cent. solution of cocaine, and after waiting fifteen minutes throwing in an additional amount of water, and had the pleasure of seeing that his friend stood the cutting process with perfect indifference. He informed him that there was not the least pain, though the canal had been very sensitive to the passage of instruments.

It has been used in the operations for phimosis. It will answer better for the adult than for children in this, as in many other operations.

In division of the contracted frenum a thorough application of the solution or the oleate on absorbent cotton, well pressed against each side, will be all that is necessary, while similar plans will answer for snipping off condylomata.

Preparatory to the cauterization for chancroids and chancres, the local application of a four per cent. solution, or of the oleate, may be made by means of a dossil of absorbent cotton arranged to extend a little beyond the margin of the sore, and well pressed into its surface, the latter having been gently dried. The cotton may then be covered with a fragment of surgeons' rubber tissue, and the whole bandaged snugly and kept thus dressed for about five minutes.

Turning our attention next to urethral troubles, we find the agent useful in facilitating our diagnosis, as well as in aiding us in reducing the terrors of the surgical treatment. In exploring, with any kind of instrument, the urethral meatus and canal, and in entering the bladder for diagnostic purposes by way of this canal, we often find ourselves giving great pain; and we also find that these are just the subjects most liable to urethral fever, as a result of such explorations. This suffering can certainly be avoided or greatly mitigated by the use of cocaine.

Novel Method of Delivery.

The modern and, in some cases indispensable, instruments of the accoucheur are not always at hand, hence it will be well to remember the expedient to which Dr. Thomas W. Buckley resorted and which he reports in the *Brit. Med. Jour.*, August 22, 1885. While at sea, he was called to see a woman in labor with her first child. The membranes had broken forty-eight hours previously, and she had been occasionally having strong labor-pains up to an hour before he saw her. On examination, the head was found wedged in the bony outlet; the vagina was hot and dry. Having a good reason for concealing her state, she did not send for help until she found the pains were leaving her, and she felt almost "worn out." She was, in fact, in an extremely exhausted condition, and it was evident she would die if not quickly delivered. The pains had entirely left her, and neither ergot nor friction had the slighest effect on the uterus. Being without midwifery forceps, his first idea was to perforate, but he found that the child was living. Having acquired a knowledge of the fillet, when a pupil, the following substitute for it occurred to him: From a married lady passenger, who kindly assisted him, he got a piece of steel hoop, twenty-three inches long and half an inch wide, thin and pliable, covered with coarse calico; its previous use had been in a crinoline or crinolette, or whatever these ungainly and unnatural fashionable excrescences are called. This he made into a loop, covering the ends with a towel to prevent cutting the hand. After considerable difficulty, he got this well over the forehead of the child, and succeeded, with twenty minutes' hard traction, in delivering the head, the soft parts offering little or no resistance. The child seemed at first sight to be dead; but perseverance for some time with the usual remedies brought it round. The mother made a good recovery, and her son also did well.

Diabetes Mellitus.

In an interesting article on the above subject in the *Deutsch. Arch. f. Clin. Med.*, 37 Bd., 1 and 2 H., 1885, Dr. O. Dornblüth speaks against treating diabetes mellitus only by regulating the diet, and mentions the fact that many patients cannot live from animal diet alone. He recommends the employment of medicine, while the diet should be limited only according to the idiosyncrasies of the patient. He considers salicin the best remedy. His experience has proven to him that this drug is best administered in doses from forty-eight to ninety-six grains three times daily, about half an hour befor meals. The results obtained by him in a large number of cases are very satisfactory.

D. uses this opportunity to make a few important remarks concerning the action of medicines in diabetes. He says that all the remedies that have any value in this disease are excitors of the vaso-motor nervous system, and have a definite action on the medulla oblongata. Dr. Rothe, in Rostock, as well known, first gave a scientific ex-

planation of the fact that salicylic acid, like quinine and salicin in many patients causes buzzing in the ears. He examined the tympanum in a patient under the influence of a large dose of salicylic acid and found the blood-vessels greatly injected. This observation reminded D. of the effect of ergot, which, as well known, causes a contraction of the peripheral capillaries. To avoid the tinnitus aurium in his cases of diabetes, where it was produced by the large doses of salicin, he added ergot to the latter remedy and found that not a single case ever again complained of the buzzing.

As decided doses of quinine and of salicylic acid are often indicated and not rarely save the life of a patient, D.'s observation is of great value, for we now know that it is only necessary to add ergot to the drugs in question, to avoid the annoying and by no means innocuous tinnitus. Morphine, if given in doses large enough, has the same effect, but as this remedy is often contraindicated in cases where quinnine or salicylic acid is the right drug, morphine cannot find so universal an application as ergot.

Earache.

There probably are but few minor ailments so annoying as earache. Besides, the pain occasionally becomes so intense that immediate relief is often desired. In children it frequently happens that the moment the pain ceases a purulent discharge makes it appearance. But such is by no means the rule, and especially not in adults. Dropping glycerine, to which a few drops of laudanum have been added, into the external meatus, steaming the passes with boiling chamomile tea, and injecting warm watery solutions of borax, have been heretofore considered the most efficient means. Though they are not without value, they never succeed in putting at once a stop to the pain.

A short time ago we had a case of intense earache under our charge. The patient was a married lady æt. 31. The entrance to the external meatus seemed greatly swollen, and was very tender to the touch. The patient apparently suffered great agony. From 4 to 6 drops of a two per cent. solution of muriate of cocaine were dropped on a piece of absorbent cotton, and the latter pushed into the meatus. By the time we had succeeded in placing the cotton as we wished, all pain had ceased. The patient was advised to repeat the procedure herself every three to four hours. Two days later the symptoms had all disappeared without any visible discharge.

A little boy, æt. 3, was suffering from earache. For two hours the little patient rolled around in bed, the severe pain preventing him from sleeping. When we arrived the boy did not permit us to touch his ear, and we had considerable trouble in persuading him to allow us to apply the cotton, wet with a two per cent. cocaine solution, to his ear. The pain also yielded in this case at once, and the earache did not return.

Oxalate of Cerium in the Vomiting of Pregnancy.

This is not a new remedy, but in order that its best effects may be procured, Dr. W. R. Chittick tells us in the Detroit *Lancet* that it must be given in much larger doses than those usually set down in the text books. It is, he claims, as harmless, and may be given in as large doses as bismuth. He has seen it given in scores and scores of cases, and has yet to see the case in which it has done any harm.

By large doses he means from five to thirty grains, or even more. An effectual dose is from eight to ten grains given every two, three, or four hours until relief is obtained. In giving these large doses we obtain relief much more quickly than if we were to give a greater number of small doses. It is best given in powder form, dry, upon the tongue. Sometimes it is desirable to give it combined with other remedies, such as codeia, scale opium, bismuth, ipecac, calomel, ingluvin, pepsin, etc., but this will depend upon the purpose for which it is given. It is his custom to prescribe the remedies that the diseased condition calls for, and, if vomiting occurs, to order the cerium alone, in powders, to be taken as needed. If it is desirable to give but one prescription, then it may be combined with almost any pulverized medicine that is agreeable to the taste, thus, for pain, it may be given with codeia or opium, and, as the former drug is not any stronger in its action than opium itself, it is necessary to give it in fully as large doses. If headache is present, powdered ergot, digitalis, caffein or codeia are useful and efficient drugs to combine with it.

Syphilis in Cape Colony.

The *Lancet*, October 17, says that the *Friend of the Free States and the Bloemfontein Gazette* gives a sad account of the spread of syphilis in Cape Colony. The *Gazette* speaks from memory, but thinks that one out of every three of the colonial colored population is syphilized. The disease is especially rife in Basutoland and in the Barolong Territory, not only among the natives, but in many places among the burghers and their families. Our contemporary laments the abeyance of

all attempts to check the disease and to control those who propagate it. He remarks especially on the prevalence of religious objections to the application of reasonable measures to this end. The disease is spread, by reason of filthy habits, even amongst those who are not guilty of sexual immorality. We do our part to give publicity to these painful facts, and urge on the legislature to consider them wisely. The existence of a religious feeling that does not prevent the contraction of syphilis, but prevents the application of means for the abatement of it, is a phenomenon for the attention of moralists as wellas medical men.

Migraine, with Paralysis of Third Nerve.

Under this heading, Dr. R. Saundy describes in the *Lancet*, 2, 1885, the case of a boy æt. 7, who during three days suffered from intense headache and pain in the right eye; there were also present ptosis and paresis of the internal rectus muscle. A few days later everything had disappeared, but after a year the same symptoms returned. The case is mentioned as something rare.

By the title, "Relapsing Paralysis of the Motor Oculi," a disease exactly like the one described, has long been known in Germany. It is by no means migraine, for the pains are accidental symptoms, while those of paralysis of the third nerve are invariably present. The disease returns in shorter or longer intervals, but never oftener than three times. It leaves no sequela whatever. As no fatal case of the malady is on record, its pathology is thus far unknown. The facts, however, again prove, that one ought never to consider anything as a new observation without having extensively read the literature on the subject.

The Use of Anæsthetics in Normal Labor.

While it is true that normal labor is a physiological process, that the lower animals receive no assistance in its accomplishment, and that reasoning by analogy, the human female should accomplish this purpose of her existence without extraneous aid; yet the process is so wonderfully painful to most women, that it is but just for us to endeavor to reduce this pain to the minimum.

Dr. R. A. Kingman discusses the propriety of using anæsthetics in normal labor in the Boston *Med. & Surg. Jour.*, Oct. 8th, and concludes that "having at our disposal substances capable of safely and effectively relieving pain without materially affecting the progress of labor, it becomes our duty as physicians, to at least offer to our parturient patients a mitigation of their sufferings."

Having thus arrived at a conclusion favorable to the use of anæsthetics in normal labor, he quotes Professor Barker's rule of practise and statement of results, as contained in a private letter to Piachaud. He says: "I employ chloroform in all cases except those very exceptional ones in which the pains are not sufficiently violent to cause its request. I have never, in any circumstance, had the least reason to regret having made use of it."

Rare Symptoms of Locomotor Ataxia.

M. Charcot has recently had under his care, at the Salpétrière Hospital (*Journal de Médecine et de Chirurgie Pratique*), a man, aged fifty-two, who was suffering from locomotor ataxy. Besides the usual symptoms, the patient presented the peculiar deformity known as tabic foot. The right foot was broader and thicker than the left, and the arch much less marked. There was neither œdema nor pain. Professor Charcot is of opinion that the absence of pain and inflammation is a most important point in the diagnosis of all diseases of the joints caused by locomotor ataxy. M. Charcot's second case was that of a man with symptoms of tabes anæsthesia of the face; the loss of sensibility had begun in the upper lip, and invaded gradually the whole of the face, the mouth, and the soft palate; but the sense of taste was still retained. There were patches of anæsthesia on the chest, and of hyperæsthesia on the back. The patient presented, also, some remarkable trophic lesions; he had lost nine teeth without pain in one month, and at the same time small pieces of the inferior maxilla had become detached. The disease of the jaw showed, however, a decided tendency to spontaneous cure.

A Modification of Emmett's Cervix Operation in Certain Cases, with a Case.

To the American Gynecological Society Dr. R. Stansbury Sutton, of Pittsburgh, said that although the operation was original with him, he did not claim it exclusively.

Cicatricial tissue is found in every old laceration. It is found not only at the angles where it is readily removed, but also in the tissue of the flaps. This is especially true where nitrate of silver applications have been used. Sometimes the cicatricial tissue is more marked on one lip than on the other. The case described was that of Mrs. ——, age 42, the mother of several children. There was double laceration of the cervix.

The anterior lip was hypertrophied and as hard as cartilage. It was convex from side to side, and from before backward. The posterior lip, which was not the seat of much cicatricial tissue, was denuded in the usual way. The anterior lip was denuded entirely across. The strip of mucous membrane was left wider than usual. The lips were united in the usual way. The result was excellent.

Ammonia and Alcohol in Snake Bite.

Writing to the *Medical Times* from the Delaware Water Gap, where poisonous snakes abound, Dr. J. B. Shaw says that he was called to see a child, aged 10, female. She was bitten by a copperhead on the foot, about one inch above the middle toes. He saw her in four hours from the time she was bitten. Her symptoms then were: extreme prostration, with nausea; respiration very slow; pulse weak; eyes fully dilated, with a wild look. The foot and leg were very much swollen and purple, and very painful.

He gave her 60 minims of spts. ammon. aromat. hypodermically, ordered one ounce of whisky every two hours, and a large poultice of bruised raw onions to be applied to the foot and to be renewed every hour. The whisky and onions were kept up until the child was well, which was on the third day.

The above has been his treatment for the last six years, and he has never lost a case; nor has he heard of a death from snake bite where the treatment has been carried out.

Borax as an Internal Disinfectant.

In the *Union Médicale*, Dr. Cyon confirms the statement made by Dumas in 1878, that borax is possessed of most valuable antiseptic powers. Independently of its value for the preservation of food, it is a great preventive of infectious diseases, and may be employed internally to ward off epidemics. It may be taken for months or years with impunity, and constitutes a valuable prophylactic. Dr. Cyon states that it is a remarkable fact that in all epidemics of cholera the workmen in boracic acid factories have always escaped the disease. The usual dose is five or six grammes (75 to 90 grains) daily, taken for an indefinite time.

Dysmenorrhœa Due to Stenosis.

It has been the custom to teach that dysmenorrhœa is often due to narrowing of the external or internal os uteri. There is not a text-book on gynecology where this statement can not be read. Dr. E. Burton (*Centrlb. f. Gyn.*, 23, 1885,) has recently investigated this subject. He examined a large number of women who were suffering from dysmenorrhœa, during the time of their severest pains. Not only did he not find in a single case any stenosis whatever, but, on the contrary, he had no difficulty at all in introducing the uterine sound. He says that in consequence of the greater quantity of blood in the uterus during this period, the organ assumes its upright position, and any flexion that may be present disappears meanwhile, so that the sound finds not the slightest obstacle to its passage. Instead of mechanical treatment, hitherto in vogue in these cases, B. recommends the local application of the tincture of iodine to the lumbar spine, or of hot water, or the employment of scarification.

Apomorphine in Croup and Bronchitis.

Dr. Stutz, of Neuminster, is loud in his praises of apomorphine, subcutaneously injected in diphtheria complicated with croup, and in primary croup itself. Of ten of these latter cases, he lost only one, and this he attributes to his not having been called in quickly enough. Similar treatment is also very valuable in dyspnœa due to bronchitis. He has also been successful in cases of arsenical poisoning in children; and in one where a woman had such severe pharyngitis that she was quite unable either to swallow or speak. An apomorphine injection quickly emptied the stomach of pus and mucus, and enabled her both to speak and swallow.

Salix Nigra (Aments) in the Treatment of Masturbation, Excessive Venery, Spermatorrhœa, and Ovarian Disease.

After relating several cases in the *Southern Clinic* for October, Dr. F. T. Paine says that the posibilities of the agent is very great—its future exceedingly promising. Before closing, he says that having used it five years, he has as much confidence in its virtues as he has in calomel or quinine in appropriate cases. The dose is one drachm of the fluid extract thrice daily.

Swallowing a Scarf-Pin.

It is well to be prepared to allay the anxiety that is always caused by the swallowing of a foreign body. Dr. Arthur Trevor reports (*Lancet*) the case of a baby who swallowed a sharp-pointed scarf-pin about three inches long. He let matters alone, and the pin was safely passed, per rectum, in a few hours.

CORRESPONDENCE.

Case of Scrotitis with Sloughing.

EDS. MED. AND SURG. REPORTER:—

Thinking the following case might be of interest to your numerous readers, I will report the same. Was called August 25, 1885, to see L. F., aged 45, and found him suffering from severe scrotitis. The account he gave upon being questioned, was that the scrotum had been irritable and itchy all summer, that he had frequently scratched it with his nails when in bed at night, and that some three or four days previous to my visit the acute inflammatory action had set in. I found him broken in constitution, having had repeated hemorrhages from the lungs for some years past.

To resume the history of the case, on the following day—August 26—I saw him again, and found the scrotum greatly enlarged, and looking somewhat discolored on the bottom. The next day actual sloughing had set in, which continued until there was not enough scrotal tissue left to more than half cover the testicles. By the diligent use of carbolic applications the sloughing was checked at this point, and the patient showed some signs of rallying from the typhoid condition into which he had fallen. From this time on he gradually improved, and the scrotum remaining showed some signs of granulating.

The question now arose what to do—to remove one testicle and use the remaining scrotal tissue for a cover for the other; to make an artificial cover from the skin of the thigh; or to wait and see what nature would do. Deciding on the latter, I began by pulling down the remaining scrotum by adhesive straps, and finally got the edges so closely approximated that by introducing sutures, and giving them good support with adhesive strips, I had the satisfaction of having complete union take place.

I saw the party to-day, October 13, and find him looking well, and very much gratified at the result. The scrotum, although very short, seems to answer every purpose for which it was intended. The moral of this sketch is, don't be in too much of a hurry about removing a part, no matter how urgent the symptoms may be at the time.

Kittanning, Pa. D. M. ALLISON, M. D.

Inflammation of the External Malleolus.

EDS. MED. AND SURG. REPORTER:—

I notice an article by Dr. Blackwell on "Inflammation of the External Malleolus." I have a similar case now. Mr. M. A., aged sixty-one years, got a slight scratch over the outer ankle, and it became inflamed and was very painful, and angry blood-poisoning set in; an ulcer formed on the outer ankle bone, the margin of which was surrounded by a high crest-like brim; a scanty, glairy fluid escaped from the surface; the margin was very highly inflamed and of a deep purple color, and the foot was very much swollen or rather œdematous or dropsical, and he could not put his foot to the ground at all. This was his condition about three months after the trouble set in, at which time I first saw him. I immediately bandaged his foot with a strip of thin old muslin from the toes to a point above the ankle, cauterized the ulcer with a five-grain to the ℥ solution of nitrate of silver once every third day, and used an ointment as follows:

℞. Vaseline, ℥iv.
Tr. iodine, ℥ss. M.

This ointment I used constantly, and also as a disinfectant a weak solution of carbolic acid. Internally I gave him quinia sulphate gr. v., once daily, and tr. ferri chl., gtt. xx., mixed with six times the amount of glycerine, night and morning. Also as a laxative I gave tinc. cascara sagrada, alternated with rhubarb and nit. potassa. I had the bandage removed at night, and the foot well rubbed, and occasionally a poultice applied during the night to quiet his pain. I also applied locally tinct. of iodine to the highly inflamed surface. I did not open it at any point. He has been under treatment four weeks, and is about well.

Modoc, Indiana. D. M. CARTER, M. D.

Fracture of the Skull.

EDS. MED. AND SURG. REPORTER:—

A stout, hearty policeman, who during the war received a fracture of the frontal bone from a sabre cut, was recently severely beaten about the head when making an arrest. He received a scalp wound which, at the time, was considered very slight; his wound was dressed, and he returned to duty. Two days later he was seized with nausea and vomiting, and while visiting me in my office, fainted. He was taken home and put to bed; his pulse was 60, pupils contracted, respiration labored, and mind clouded. The treatment consisted of small doses of calomel and opium, with chloral to control his violent delirium, which assumed such a maniacal form as to require two men to hold him. He had frequent epistaxis, and the orbits were extremely ecchymosed. Six years ago he fell from a height of sixty feet, suffering at that time from concussion of the brain. He completely recovered, and is now on duty again, though his mind is somewhat dull. A feature in this case is that his temperature was usually $97\frac{2}{5}^{\circ}$ and never exceeded $97\frac{5}{10}^{\circ}$.

M. S. FRENCH, M. D., *Police Surgeon.*
Philadelphia, October 23, 1885.

NEWS AND MISCELLANY.

What Becomes of Medical Students?

This question, which is annually asked, when our various medical colleges turn out their hosts of graduates, is answered in the *Brit. Med. Jour.*, June 20, 1885, by Sir James Paget, who has carefully traced out the career of one thousand students at St. Bartholomew's Hospital. Out of these, twenty-three achieved distinguished success, holding important public and hospital appointments, or gaining leading practices. Sixty-six had considerable success, holding good appointments or lucrative practices in good districts, or gaining more than ordinary esteem and influence in society. Five hundred and seven, or rather more than half, attained fair success, being able to live by their profession, or to gain promotion in ordi-

nary appointments, maintaining in all cases a good reputation. One hundred and twenty-four had very limited success, not having made a fair practice within fifteen years after entering the profession, or appearing likely to do so, or were only just making an uncertain livelihood, or were still employed as assistants in ordinary practices, or were erratic, or doing much less than had been expected of them. Fifty-six "failed entirely." Sixteen of these ill-fated men did not get on in life, though no reason could be assigned to account for their failure, and ten failed through ill-health or some distinct misadventure. Ten were habitually irregular in their habits, and five failed because of scandalous misconduct. Fifteen were never able to pass examinations, "some because of idleness and listlessness, a very few through sheer want of intellect." Ninety-six, or nearly ten per cent., left the profession after beginning either its study or its practice; in the same space of time only seven entered the hospital after abandoning other studies or callings, and five of the seven again changed their minds. This is a tolerably clear proof that medicine is not a profession to adopt as a change or last resource, a fact that certainly does not apply to several other vocations.

Of the ninety-six, three were wisely removed from their hospital studies by their friends, and thirteen left pupilage of their own accord, or were expelled. Two retired through acquiring means which put them in a position to dispense with work of any kind; four, after beginning practice, had to leave in disgrace; three took to the stage, one with success; four gained commissions in the army; three enlisted, one winning a commission; one successfully took to the bar; seven took holy orders; twenty went into business; nine became farmers; three homœopaths (all unsuccessfully); whilst twenty-four left the profession for various other pursuits. Eighty-seven died after beginning practice, twenty-one of diseases incurred in their duties, five by suicide, and one "judicially," attaining, nearly thirty years since, a terrible notoriety by his crimes. The remainder died of various diseases, when either prosperous or otherwise. Forty-one died when students, seventeen of phthisis, four (at least) of fever caught in the hospital, whilst two committed suicide.

From these statistics we may glean just what might have been expected through guessing, namely, that a large proportion of those who enter the practice of the profession manage to make a little money, or, at least, to pay their way; that a very select few achieve fame (and still fewer fortune); that a few, not many, render themselves infamous, and that a considerable proportion become the victims of casualties.

Medical Department, University of Pennsylvania.

The passage of the law of 1881, entitled "An act to provide for the registration of all practitioners," etc., placed the Medical Faculty of the University of Pennsylvania in a very embarassing position. It had no knowledge that the act was before the Legislature, so that no opportunity was afforded of considering it.

Hitherto, with great hesitation, the Faculty has issued certificates as to the genuineness of the diplomas possessed by applicants, and these certificates have been acknowledged by officers of registration. It is, however, evident that, in doing this, the Faculty has not complied with the law which requires it to be "satisfied as to the qualifications of the applicant," and it is very doubtful whether the certificates which have been given legally entitle their recipients to registration. During the last few months it has become more and more apparent that the University of Pennsylvania, if it continues to grant certificates as to the genuineness of diplomas, must issue such certificates for the diplomas of all sorts of colleges. The genuineness of the diploma is in no way dependent upon the scientific character of the body issuing it. A diploma is genuine if the body from which it emanates has a legal right to issue such diploma, and if the law is to be interpreted by the University as requiring its Faculty simply to testify as to the genuineness of a diploma, it can make no difference whether such diploma is issued by a regular or irregular college. Further, the gradations between colleges in this country are so close as to make the drawing of lines a task of great difficulty, and the Medical Faculty cannot set itself up as a judge between colleges, and say that the diploma of this suffices and that does not.

A very serious matter is the fact that these certificates issued by the University are looked upon by persons ignorant of the circumstances, *i. e.*, by the general community, as endorsements of the medical qualifications of their possessor, and as being in some measure tantamount to the diploma of the University. When the ease with which genuine diplomas are obtained in America, and the little significance which so many of them have, are remembered, it becomes evident that the issue of these certificates by the University is an injustice to its own graduates.

The Medical Faculty also feels that the qualifications of applicants can only be determined by examination, and that it is not legally justified in issuing any certificates whatever, unless "satisfied as to the qualifications of the applicant." It, of course, believes that no one is qualified to enter upon the practice of medicine who cannot pass the examination required from students of the University. It therefore proposes hereafter to exact such examinations from applicants.

In the future, all persons desiring from the University of Pennsylvania the endorsement on the diploma demanded by Sect. 4, of the Act of 1881, will be required to pass an examination on chemistry, anatomy, physiology, materia medica and therapeutics, pathology and morbid anatomy, practice of medicine, surgery, and on obstetrics; failure in any branch will cause rejection. To compensate for the labor of such examinations, a fee of $30 will be charged.

JAMES TYSON, *Secretary.*

Philadelphia, October 20, 1885.

Peroxide of Hydrogen as a Beer Preservative.

The *Western Druggist* tells us that since peroxide of hydrogen has been recommended as a good preservative for beer, the following experiment by Weingartner will be of interest to our readers, although only negative results were obtained.

Some flasks of beer treated with hydrogen peroxide became clouded, while some Pasteurized samples remained perfectly clear; the taste of the beer had changed to a flavor of rum, a microscopic examination showing much albumen and many living yeast cells. In another series, nine flasks of beer, to which had been added 3, 5, 6, 7, 8, 9, and 10 c.c. hydrogen peroxide, were placed on board a ship for a sea voyage lasting a month; they were daily inspected as to color and transparency; three days after commencement of the voyage, two flasks which were not so treated, but kept as control, became muddy; the nine flasks treated with hydrogen peroxide remained clear and bright throughout the voyage; but on opening the flasks four days afterward, during very hot weather, it was found that the beer became clouded, although the taste and aroma remained good.

Too Professional.

Harper's Magazine tells us that in a Western city lives an undertaker, by name Brown, a great wag, and always ready to play a joke; also a doctor who is a joker, and is always ready to tell on himself, and a "monument-maker" who is of the same kidney.

One day the doctor was driving at full speed down a business street when Brown spied him. Brown was in his wagon with the sign of his profession on the side. Whipping up his horse, he came as close to the doctor as possible, and glancing around, he spied the monument-maker. Calling to the monument-maker to hurry up, Brown called out: "Go on, doctor, go on; were coming."

The doctor looked round, and dismay was pictured on his countenance. He whipped up his horse, but all to no purpose, the undertaker and the monument-maker following closely. At last the ridiculous part of the thing struck him, and leaning back in his buggy he gave vent to his laughter, in spite of the thought, "What a sign for a prominent physician this is!"

The Insensibility of Decapitated Heads.

Dr. Bonnafont, writing in the *Revue de Thérapeutique*, No. 12, observes that after every decapitation which takes place in Paris the question is raised whether sensibility is not retained by the head one or more minutes after its removal; and that many writers on the subject have, from imperfect observations, maintained the reality of the occurrence. He thought that he had settled the point fifty years ago; for in a communication addressed to the *Academie des Sciences* in 1834, he narrated the observations which he had made with every possible precaution, for the express purpose of testing this prevalent opinion. These were made on a marabout and a sheik who were beheaded in Algeria (no rare occurrence in those days), and the results were entirely negative—no effect having been produced by the voice conveyed through a speaking-trumpet, or by puncture made with a pointed instrument. He is not aware of any experiment of the kind having been since conducted with all the care which surrounded his own.

Hippocrates.

The Cincinnati *Lancet & Clinic* tells us that Hippocrates, the so-called Father of Medicine, was born on the island of Cos, in the Ægean Sea, not far from Rhodes. He was the first to free medicine from the superstition of false systems of philosophy. Hippocrates did not believe that Heaven was the sender of plagues and pestilences. He did not believe that human prayer was any bribery to the All-High, and thought that medicine and religion should be separately considered. He lived to see his hundredth year and died 360 B. C.

A Cow with a Wooden Leg.

The *London Medical Record* tells us that Mr. Snarry, an English veterinary surgeon, has accomplished a novel feat in the way of surgery. A cow broke its leg, and there being no chance of reducing the fracture, the limb was amputated, and Mr. Snarry tried the experiment of affixing a wooden leg. This has been found to answer admirably, and the cow may be seen grazing, with a calf by its side.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the two weeks ending October 24, 1885.

Long, W. H., surgeon. To proceed to Detroit, Mich., and assume charge of the Service, October 23, 1885.

Austin, H. W., surgeon. To proceed to Albany, N. Y., on special duty, October 14, 1885.

Williams, L. L., assistant surgeon. Relieved from duty at Norfolk, Va., to proceed to Washington, D. C., for temporary duty, October 20, 1885.

Gynæcological Instruments.

In a letter from Dr. R. W. Anson, of Virginia, he reports unusually excellent results in chronic uterine cases from the employment of Staufer's supporters. They can be worn without causing distress, and with promptly benficial effect where the inflammatory conditions of the parts prevent the application of supporters of other patterns. A description of these appliances can be seen in the advertising pages of this journal, and more fully in circulars which are sent on request.

Nessler's Reagent.

We are informed by Dr. Joseph C. Egbert, of Pennsylvania, that at his request, Messrs. Park, Davis & Co., of Detroit, are preparing this reagent in glass capsules for convenience in making a rough quantitative examination. This form will be found a useful one in many cases.

Veterinary Department of the University of Pennsylvania.

The hospital of this department has now been opened for two months. Sick animals of the various domesticated species are treated on moderate terms, and those belonging to individuals in indigent circumstances are taken at a reduced rate, or as charity patients. The institution is starting off under the most favorable auspices, and there can be no doubt but that it will be entirely successful.

OBITUARY NOTICES.

DR. GEORGE HAMILTON.

George Hamilton, M. D., died October 30, 1885, four a. m., of paralysis, at his residence in this city.

Dr. Hamilton was a Philadelphian, born on November 15, 1808. He studied medicine at the University of Pennsylvania, his preceptor being Dr. Thos. T. Hewson, graduated in 1831, and soon acquired an extensive general practice, the first ten years of his professional life being passed in New Castle, Del. He married a daughter of the late James Delaplaine, a resident of that vicinity. Returning to this city, he fixed his residence at the southwest corner of Sixteenth and Summer streets, where for thirty-five years he engaged actively in the practice of his profession. He was highly successful in his treatment of typhoid fever and kindred diseases, and took a somewhat exceptional position in his life-long condemnation of the cruelties of vivisection. He was at one time president of the Philadelphia County Medical Society, and for twenty years was an active and influential member of the College of Physicians. Dr. Hamilton's rapidly-failing health in the last few months was attributed mainly to the terrible bereavement he suffered in the loss of his daughter, son-in-law, and grandson in the frightful calamity of the burning of Mr. King's residence at Fifteenth and Pine streets last winter. It is believed to have been his mental trouble that brought on a paralytic attack on Sunday last after Dr. Hamilton's return from church, when he was seized with hemiplegia, and from that time lay in a semi-unconscious condition till he breathed his last. Dr. Hamilton leaves a widow, one daughter, Mrs. King, and a son, John M. Hamilton, the well-known artist.

DR. J. A. ARMSTRONG.

Dr. John A. Armstrong, one of Camden's (N. J.) most prominent physicians, died of a stroke of paralysis on October 28, 1885. He left his home, 405 Cooper street, upon his usual round and was seized with dizziness at the house of a patient, at No. 214 York street. Physicians were summoned in haste, but he grew rapidly worse and did not rally. Dr. Armstrong was inspector of the State Board of Health for the counties of Camden, Gloucester and Cumberland. He held several important positions and was at one time coroner. He was fifty years of age.

DR. SAMUEL G. ARMOR.

Dr. Samuel G. Armor, Dean of the Faculty of the Long Island College Hospital, died suddenly from apoplexy on October 28th. For three weeks he had been under treatment for a bronchial trouble, from which no serious consequences were apprehended. On Friday, however, he became unconscious, and lingered in that condition until his death. He was born in Ohio about sixty years ago. He first practiced his profession in Cincinnati, and later in Louisville, whence he subsequently removed to Ann Arbor, Mich., to accept a professorship in the University of Michigan. About fifteen years ago he came to Brooklyn and entered the Long Island College Hospital as an instructor. He was prominent as an anatomist, and wrote frequently upon that science. Aside from his professorship, his services were in considerable demand as a consulting physician.

He was twice married, the second time about eighteen months ago to the widow of General York, of Cincinnati. His only child, a daughter, is the wife of Dr. Ward, of Fargo, Dakota.

WILLIAM WORKMAN, M. D.

Dr. William Workman died in Worcester, Mass., October 17th, in the 88th year of his age. He was a native of Colerain, Mass., and a graduate of the Harvard Medical School in the class of 1825. After practicing in Shrewsbury ten years, he settled in Worcester in 1835. In 1869 he retired from active practice with a large fortune. He was a member of the Massachusetts Medical Society for over fifty years, and held high rank in his profession from 1862 to 1872. He was a member of the Board of Trustees of the State Lunatic Asylum. He married in 1828 Miss Sarah P. Heminway, of Shrewsbury, whom he survived four years. He leaves three daughters and one son.

Items.

—The Professorship of Physiology in Kasan has been filled by the appointment of Dr. Voroshiloff.

—Menthol has been extensively used in New York city as a remedy for hay fever, and with some success.

—The deaths are announced of Prof. Haeser, of Breslau, in his seventy-third year, and Professor Baeckman, of Warsaw.

—Dr. S. Guttmann has succeeded the late T. Boerner in the editorship of the *Deutsche Medizinische Wochenschrift*.

—One of the most prominent physicians of Indianapolis, on his return from a summer vacation of three weeks, was met by the leading undertaker, who said: "Ah, doctor, so glad to see you safe back; we have missed you so much."

—At a recent meeting of the District Medical Society for the county of Hudson, N. J., Dr. S. A. Helfer, of Hoboken, exhibited portions of a tapeworm, in all about five feet in length, removed from a nursing infant five months old.

—In St. Petersburg during last year 14,874 houses and 9,776 institutions of various kinds were inspected by the police and police surgeons, and 239 persons fined for disregard of hygienic regulations, reaching a total sum of over $4,600; twenty-three institutions were also ordered to be closed.

—The largest turpentine farm in the world is located at Live Oak, Fla. The owners run eight stills, own 25,000 acres of well-timbered land, employ over 300 hands (chiefly convict labor), work one hundred crops of boxes (1,200,000 trees), and turn out annually nearly 30,000 barrels of rosin and 6,000 (300,000 gallons) spirits of turpentine.

—Dr. T. Spencer Cobbold publishes, in the *Lancet* of September 26, reports of additional cases of tapeworm, bringing his series up to two hundred cases. His additional experience fully confirms all that he has previously urged in favor of

male fern remedies as compared with kousso, turpentine, pomegranate root, bark, and other drugs.

—De Wecker recommends the appended formula for relief of photophobia and orbicular spasm, antecedent to the removal of foreign bodies from the conjunctiva:

℞.	Aquæ dest.,	ʒiss.	
	Cocaine, hydrochlor.,	gr. iv.	
	Hydrargyr. chlor. corros.,	gr. $\frac{1}{60}$.	M.

S.—Two drops into the eye.

—Dr. Antonio Fibbi, on September 2, performed the operation of laparotomy for the removal of an enormous suppurating echinococcus cyst of the spleen. The seventh day after operation the patient was in a favorable condition, and recovery seemed probable. At no time after the removal of the tumor did the temperature rise above the normal.

—Salicylate of cocaine has been tried as a hypodermic injection in an obstinate case of trigeminal neuralgia by Max Schneider. It acted marvellously well; 0.4 gramme was injected under the skin of the cheek. This was repeated several times, and almost entirely relieved the pain and the distressing insomnia. Galvanism completed the cure.

—A Hungarian physician has examined the vaginal secretions of a number of little girls who were suffering from all kinds of chronic diseases in a children's hospital, with the result that the coccus which existed in all was, according to the observer, identical with Neisser's gonococcus, and with that found in vaginal blenorrhœa.

—Seventeen myomatous tumors have lately been excised, together with the uterus and left ovary, fallopian tube and lateral ligament, by Dr. Don M. C. Sabater, of Madrid. The patient did well. The total weight of the mass removed was 4 kilogrammes 480 grammes; the largest of the tumors weighing 3 kilogrammes 100 grammes, and measuring 25x20x21 centim.

—A case is related in a Dutch medical journal of paralysis of the facial muscles on one side, with loss of taste on that half of the tongue, following on a painful attack of herpes affecting the whole side of the face. It was noted that the eruption and the pain ceased on the supervention of the paralysis. The observer, Dr. Waller, considers that the branches of the fifth nerve only were affected.

—"Mrs. Brown sent me to inquire how Mr. Smith is to-day," said the servant girl, as she met Mrs. S. in the hall of the Smith residence. "He is much worse," answered Mrs. Smith, with a deep sigh, "the doctor says we must now only wait for the end." "Ah, me! then mebbe I might as well sit down and wait for it, so I can take it to Mrs. Brown," said the girl.

—For retention of urine,

℞.	Extracti nucis vomicæ,	4 grammes.	
	Adipis præparati,	40 grammes.	M.

S.—One or two inunctions in the lower bowel with a piece as large as a walnut in case of retention or stasis of urine in the bladder.

—At the annual meeting of the Washington Obstetrical and Gynecological Society, held on October 16, 1885, the following officers were elected for the ensuing year:

President—Dr. A. F. A. King.

Vice-Presidents—Drs. W. W. Johnston and J. Tabor Johnson.

Recording Secretary—Dr. C. H. A. Kleinschmidt.

Corresponding Secretary—Dr. S. S. Adams.

Treasurer—Dr. G. B. Harrison.

—A doctor visited one of his patients the other day, and producing a bottle said, "if you take some of this medicine every hour, and have confidence in it, you will speedily recover." Next day the doctor saw that none of the medicine had been taken, and asked the cause. "Wey, thoo said," was the reply, "aa had te tyek it an' hev confidence in't. Aa sent te aall the shops roond aboot, an' they aall said they had ne confidence in stock!"

—A Mexican medical paper publishes a monograph on the use and abuse of tobacco, by Dr. F. Valencia y Castilla, of Guadalajara. Smoking quickens the pulse, but causes it to become irregular. An observer, whose normal pulse was 80, smoked a cigar, and found his pulse 92. After eight minutes, however, it was again 80. Another observer, whose ordinary pulse is 84, finds it to be 96 after a cigar. Smoker's dyspepsia is believed by the author to be partly direct and partly reflex, the particles of tobacco swallowed with the saliva acting directly on the gastric mucous membrane; the indirect or reflex action being shown by the increase in the salivary and gastric secretions. The author thinks death from phthisis is rare amongst smokers.

MARRIAGES.

KELL—FREEMAN.—October, 1885, at Lima, O., by Rev. Dr. Wallace, of Trinity M. church, Dr. J. B. Kell and Clara B., only daughter of Dr. and Mrs. B. R. Freeman, of Decatur, Ind.

SKELLENGER—BURTIS.—October 18, 1885, in Trenton, N. J., at the residence of the bride's parents, by Rev. Samuel M. Studdiford, D. D., Dr. Edward B. Skellenger, of Chambersburg, N. J., and Lizzie M., daughter of Henry and Harriet Burtis, of Trenton.

SMITH—DUNN.—Oct. 28, 1885, at St. Michael's church, Germantown, by Rev. S. C. Hill, Dr. Alexis Dupont Smith and Emma Martyn, daughter of J. Henry Dunn, esq.

THURSTON—BUCHELER.—September 25, 1885, at the Dixon House, Pomeroy, O., by Rev. E. W. Brown, Dr. J. H. Thurston, of Burlingham, O., and Miss Emma Bucheler, of Pomeroy, O.

UNDERWOOD—PARTRIDGE.—October 22, 1885, at the residence of the bride's parents, by Rev. T. W. Illman, Dr. George B. Underwood, of West Gardner, Mass., and Miss Idell M. Partridge, daughter of Adam Partridge, of this city.

DEATHS.

ARMOR.—October 27, 1885, at his late residence, No. 126 Pierrepont street, Brooklyn, Prof. Samuel G. Armor, M. D.

BARTHOLOMEW.—October 23, 1885, in this city, Dr. George R. Bartholomew.

DIBBLE.—October 2, 1885, at Red Bank, N. J., Dr. Wm. H. Dibble.

NAYLOR.—October 9, 1885, in Cincinnati, Ohio, of typhoid pneumonia, Dr. John E. Naylor, aged 77 years.

SKINNER.—September 14, 1885, of locomotor ataxy, Henry Skinner, M. D., of Kingston, formerly of Horncastle, Lincolnshire, England, aged 49 years.

STEPHENSON.—October 23, 1885, at Amenia, N. Y., Marcus P. Stephenson, M. D., formerly of New York, aged 52 years.

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Original Department.

Lecture.

THE NEW ANTISEPTIC, HYDRONAPHTHOL.

BY R. J. LEVIS, M. D.,

Of Philadelphia.

Reported by Dr. M. E. Hennessy.

There is an element of danger in all compound fractures which does not enter into simple ones, however severe they may be. Germinal matter from the atmosphere enters the wound, tending to produce putrefaction, which is the ordinary cause of septic infection and interference with the formation of callus. If a clot of blood undergo putrefaction, it cannot form bone. Herein lies the great value of antiseptics in compound fractures. As an illustration of their efficacy, here is a man aged 40 years, admitted to the hospital October 7, with a severe compound comminuted fracture of the leg, the result of a heavy hogshead falling upon it. When the case first presented, the question of amputation arose.

On the anterior surface of the leg was an external opening more than an inch in length, from which fragments of bone protruded. This opening I enlarged, and from it removed seven detached pieces of bone. The wound was then thoroughly washed out with a solution of the bichloride of mercury (strength 1-1000), and closed with a carbolized dressing. (I may here remark that as carbolic acid is volatile, dressings containing it should have an additional covering of waxed-paper, oil-silk, or something of the kind.) During each removal of the dressing, the parts were irrigated with carbolized water.

The day after the operation, the patient's temperature rose to 101° F.; since then it has been normal, and the patient on the road to complete recovery without one unpleasant symptom.

In the surgical wards of this hospital can be seen rows of cases of compound fractures, which, under antiseptic precautions, do quite as well as simple fractures.

Hitherto it has been somewhat the custom to use the words "antiseptic," "germicidal," and "disinfectant," as synonymous terms, or at least in a loose manner; there is, however, an important distinction to be observed, and it is now becoming customary to speak of such substances as are both germicidal and antiseptic, as disinfectants or germicides; while those which are antiseptic without possessing the power of killing organisms endowed with a decidedly tenacious hold on life, such as anthrax, are called antiseptics. This distinction is probably the best attainable with our confessed want of knowledge of the life history of these lower organisms. Sternberg asserts that "the vital resistance of bacterial organisms to chemical reagents differs within certain limits for certain species."

Therefore, unless some known standard of vitality were fixed, different investigators would use the special terms, "disinfectant," "antiseptic," and "germicidal," with different meanings, and the consequent confusion would be great. It is best, then, that the term germicide should be limited to such agents as will destroy reproductive spores; because these possess powers of resistance far in excess of bacterial organisms in which development takes place by the process known as "multiplication by fission."

If, therefore, the reproductive spores be taken as the standard test of strength of a given germi-

cide, but few agents supposed to be active germicides are found to be efficient in solutions which it were safe to employ in practical surgery.

The one exception to this rule is bichloride of mercury; and even this has been shown to be an unstable antiseptic.

Hydronaphthol, the new antiseptic recently introduced into the surgical world by Dr. George R. Fowler, of Brooklyn, bids fair to supersede most of the antiseptics now in common use, as its claims are undoubtedly stronger than those of any one agent at our command.

It is antiseptic in the truest sense of the word —*it prevents putrefaction.* Its action is chiefly inhibitory, and excepting corrosive sublimate, it is most powerful in this particular.

To review what Dr. Fowler has brought forward in its favor—

1. It is non-irritant, non-poisonous, and non-corrosive.

2. Though only soluble in water to the extent of one part of hydronaphthol to one thousand parts of water, in this proportion it is antiseptic.

3. It is inodorous, hence cannot disguise the odor of putrefaction.

It is not decomposed nor rendered inert by the products of putrefactive decomposition—such as sulphuretted hydrogen, ammonia, etc. It is not volatile at the ordinary temperature of the atmosphere, hence is more stable than carbolic acid, than which it is fifteen times more efficient. It is positively harmless alike to tissues and fabrics.

Being non-corrosive, it will not injure the polished surfaces and keen edges of cutting instruments, and is in this respect more desirable than corrosive sublimate.

A saturated solution, as above stated, is about the strength of 1 to 1000, and in this proportion, perfectly preserves for an indefinite time, animal tissues and fluids; yet, upon living tissues this solution has no other perceptible effect than the formation of a slight albuminous film—this being rather an advantage than otherwise, as it secures against infective germs floating in the atmosphere.

It is easily powdered, and in this state triturated with carbonate of magnesia or oxide of zinc, etc., etc., in the proportion of two parts of hydronaphthol to one hundred parts of one of the above-named substances (oxide of zinc probably the best) may be dusted over the wounds, along the lines of incisions, and over the mouths of drainage-tubes—in this latter application, it presents an advantage over iodoform, now so commonly used, in that it does not dry up the serum escaping from the wound cavity, and thus block up the exit extremity of the tube.

Its ten per cent. (alcoholic) solution perfectly sterilizes silk, and hardens, sterilizes, and preserves cat-gut.

Though as an antiseptic it proved active in arresting the development of bacteria in the proportion of 1-1000 parts, it did not stand the test of a germicide in a solution five times above saturation.

Here, as elsewhere, holds good the old proverb, "An ounce of prevention is worth pounds of cure." If we prevent the formation of sepsis in a given case, we will obviate the necessity for a germicide or disinfectant.

This week, for the first time, we relied upon hydronaphthol as the sole antiseptic used in a case of compound fracture of the leg. When the patient was admitted to the hospital, he had a temperature of 100° F.; now, at the end of the fourth day, it is normal, and the wound doing well in every respect.

As a true germicide, for use where septic conditions already exist, the bichloride of mercury is the most efficient agent; for simple antisepsis, or inhibitory or preventive action, hydronaphthol appears to be preferable for general use, and may well displace carbolic acid.

Philadelphia, October 29, 1885.

COMMUNICATIONS.

PAIN REFERRED TO THE EYES.

BY F. C. RILEY, M. D.,
Of New York.

Pain undoubtedly ranks as one of the highest subjective symptoms in the estimation of most people. To ascertain the degree of pain existing in a given case, it is essential to note carefully the accompanying facial expression, as it is often truly indicative. The latter may assume an exaggerated degree of intensity, leading the observer to anticipate a more serious affliction than in reality exists; this depending, in part, upon the individuality of the sufferer—the neurotic element possessed, and the general composition of his characteristics.

Carefully considering the delicacy, timidity, or heroism of an individual, the real degree of pain existing can be quite accurately ascertained, and such estimation is often a true indication of the amount of impairment an affected organ has undergone.

As a means of diagnosis, pain, as a symptom,

should not be too slightingly reckoned. Pain is of a relative degree always, and although the individual suffering may not draw any fine distinctions, reflection on the subject not being accorded during the paroxysms, a recollection of this fact may be of service to the physician.

Pain referable to functional disorders is often more severe than that dependent upon organic derangements, thus demonstrating that pain, *per se*, is not a reliable symptom upon which to rest an opinion regarding the ultimate result in most instances.

Referred to the region of the eyes, pain may be of an acute or chronic nature, and either character may predominate in cases of functional as well as organic disturbances.

FORRIGN BODIES IN THE EYE PRODUCING PAIN.

Probably as frequent a cause of sudden and severe pain is the advent of some foreign particle within the palpebral opening. Such a particle, be it a cinder, or chipping of steel or stone, is generally possessed of a very rough and jagged surface, which, while in contact with the delicate structure lining the lids, as well as that covering the front of the eyeball, produces a scratching of these membranes, and the most intense pain ensues. True, the tears may have a dissolvent action upon such a particle, and after a little time has elapsed it, in consequence, becomes more smooth, and produces less irritation. It is therefore inadvisable to resort to rubbing the eye just subsequent to the entrance of a foreign body, for by so doing, more conjunctival surface becomes scratched and irritated, and the danger of supervention of inflammatory action increased.

Foreign bodies of whatever nature should be removed as soon as practicable, thus relieving the patient of the temporary annoyance they cause, as well as to prevent any inflammation that their presence might entail.

An eye-lash is frequently the cause of much painful annoyance, if perchance it becomes turned in, so that its free end pricks or rubs upon the front of the eyeball or the lining of the lids. Inspection is all sufficient to determine if such a condition exists, and is accountable for the discomfort experienced.

Conjunctivitis, granular lids, etc., are terms which designate varying degrees of inflammation of the conjunctiva or membrane lining of the eyelids. The order most frequently met with of an acute nature is catarrhal conjunctivitis, and often accompanies a "cold in the head," or an acute catarrh of the upper respiratory tract. The inflammation is at times severe, and the pain experienced considerable. An excessive secretion of a muco-purulent nature causes much alarm, and inconvenience, especially the latter, as the overflow of secretion from the lids bathing the lashes, eventually causes those of the upper lids to adhere to those of the lower, and, evaporation ensuing, a hard crust is formed, which binds them securely together. This condition is most frequently observed subsequent to a nap or night's sleep, although in cases occurring in infancy, the agglutination of the lids is quite constant, except it be prevented by frequent bathing. The character of the pain attending all forms of conjunctival trouble is similar and is best illustrated by the action of astringents when instilled between the lids. It also resembles the sensation of sand in the eye.

Sties, with which all are more or less familiar, are at times very painful, they being of the nature of a small boil in the margin of the lid. Inspection is sufficient to determine their existence.

KERATITIS: AN INFLAMMATION OF THE CORNEA—THE TRANSPARENT MEMBRANE FORMING THE FRONT PART OF THE EYEBALL.

Inflammation of the cornea is especially painful. The terminal nerve-filaments in this structure are exceedingly sensitive and become completely exposed while the cornea is undergoing an ulcerative or inflammatory action. In consequence of this exposure, the atmosphere irritates them in the same manner as it does the nerve terminations existing in a denuded surface of skin, the result of a burn, and with the same distressing result.

The evaporation of moisture constantly occurring causes intense pain and photophobia (intolerance of light), and the eyes are consequently closed for protection. When closed, however, the epithelial cells of the conjunctiva rubbing over the ulcerated and diseased surface irritates sufficiently to produce constant pain in the part. Thus it is seen that with affections of the cornea, pain is necessarily present, and is often very severe.

IRITIS: INFLAMMATION OF THE IRIS.

In this affection the pain is very acute at times and generally of an intermitting nature. It involves the region of the eyeball, shooting upwards and outwards, traversing the forehead and temples, producing the most intense frontal neuralgia.

The pain attending an attack of iritis, whether due to exposure to cold (rheumatic iritis) or to general systemic disease, may be equally distressing. The appearance of the muscle (iris) gener-

ally exhibits sufficient evidence of an inflammatory state upon which to make a correct diagnosis.

REFRACTIVE ERRORS, OR OPTICAL DEFICIENCIES, A VERY GENERAL CAUSE OF PAIN ABOUT THE EYES.

Such errors are of several kinds, and can only be determined by skilful investigation. Pain following upon steady and protracted use of the eyes at any close occupation, such as reading, writing, etc., is significant of an optical deficiency. The amount of pain in such cases seems not to be dependent wholly upon the mathematical degree of the deficiency, but rather upon the general muscular tone or lack of tonicity existing in an individual. The feeble and poorly-nourished suffer a greater degree of pain subsequent to protracted muscular exertion than do those of a more robust nature. The latter are able to maintain an equilibrity of muscular action for longer periods with much less inconvenience and fatigue. It is absolutely essential that equilibrity of muscular action exist in order to maintain good vision. Provided a refractive error remains uncorrected it can only be overcome by muscular effort, of an involuntary nature it is true, but just as fatiguing to the muscles called upon as would it be were it an act of volition and preference.

Such effort is frequently insufficient to accomplish and maintain the compensation necessary to perfect sight, and the impairment of the latter is the direct cause of apprehension.

In other instances the equilibrity of muscular action may be maintained for long periods and no pain result, when, after some effort a trifle more severe than common, an intense neuralgia gives notice of something wrong.

Pain incited by refractive or optical deficiencies may assume many and divers forms under various circumstances. The most common and persistent is of a dull and continuous order located principally in the back of the eyes and extending over the forehead. It is often accompanied with a sense of burning and itching of the eyelids. The eyes feel abnormally dry, and an irresistible desire to close and rub them supervenes.

A mild form of conjunctivitis frequently appears in connection with the foregoing, and most effectually resists all therapeutic measures; which is not to be wondered at, when it is remembered that the causes being of a refractive nature, can not be removed by any topical remedies to the conunctival membrane. Pain caused by refractive errors has its seat in the muscles governing the movements of the eyeball, which are not only called upon to perform their function, as intended by nature, but undergoing a superlative action in an endeavor to atone for nature's optical deficiency.

Under such circumstances the eyes of the patient should be carefully tested for any error that may exist, and when found, properly corrected, when the muscles will no longer be called upon for extra work, and relief consequently obtained.

Pain referred to the eyes may depend upon causes or complications not enumerated above; nevertheless, the foregoing incitants may be considered as by far the most frequent, while at the same time they amply illustrate the general significance of pain referred to these important organs.

105 *Madison Avenue.*

SOME ERRORS IN PHYSICAL DIAGNOSIS.*

BY WM. PORTER, M. D.,
Of St. Louis, Missouri.

The doctor opened with the statement that in a society like this clinical facts are most in demand, and his hearers as physicians in active practice, have probably little time or inclination for the discussion of theories. Hence the doctor chose to bring before them a few cases in which errors had been made by himself and others in early diagnosis. Carelessness in examination was not the fault, but in each was a hidden snag in the channel of successful investigation.

In the first case, the diagnosis at the initial examination was hæmoptysis. Mr. N., of slight figure, but in fairly good general health, consulted me two years ago, after having had a slight hemorrhage, in which the blood came freely, though not in large quantities, mixed with mucous. Physical examination found slight pharyngitis, some redness of the vocal chords and laryngeal hyperæmia, and in the right infra-clavicular region, where he had pain, there was some dullness and small mucous rales, and mucous non-purulent expectoration. Slight elevation of temperature, and pulse 98. A few weeks later I saw him during a hemorrhage. He again referred to a pain in the chest. This time I found little or no dullness, and no rales or other symptoms of bronchial or pulmonary lesion. Looking into his pharynx, I saw blood slowly trickling down from behind the soft palate, and with the rhinoscopic mirror found the lesion to be a ruptured superficial vessel, high

* Abstract of paper read before the Mississippi Valley Medical Society, September 9, 1885.

upon the posterior pharyngeal wall, a phlebectasis pharyngia.

Hemorrhage from the larynx and pharynx may, under certain conditions, be thought to be hæmoptysis, especially if abnormal bronchial or pulmonary conditions be present. Laryngeal hemorrhages are not well recognized phenomena, though not very often seen even by the laryngologist. Sometimes the lesion is submucous, as reported by Fraenkel* and Sommerbrodt, when we have rapid infiltration of the laryngeal tissues, and consequent dyspnœa. Hartman† reports a case in which had there been no laryngoscopic examination the hemorrhage would undoubtedly have been considered bronchial in its origin. There are few cases of bleeding from the air-passages in which a pharyngeal and laryngeal examination should be omitted, if only to confirm the diagnosis by exclusion.

The next case is not one of error in location, but of nature.

Mr. T., aged 50, came under notice in September, '76, with the physical signs of phthisis sufficiently well marked to warrant a diagnosis. There was a dullness over a small area two and a half inches below the clavicle, prolonged expiration, cough, expectoration, and shortness of breath. At first, the true nature of the disease was not suspected, and he was treated as an ordinary case of phthisis. Later he complained of pain over the tibia, and frequent headaches. Upon inquiry, he gave a history of syphilis contracted twelve years ago, but thought that he had been entirely cured. Under specific treatment he was relieved of his pain, and his pulmonary symptoms became less urgent, and in one year no evidence of deposit in the lungs could be found. He has improved in weight, strength, and appetite, and considers himself almost well. It is reasonable to suppose that this patient was suffering from tertiary syphilis, that there was a deposit or syphilitic nodule in the left lung, which at first was supposed to be tubercular infiltration, and that under the influence of anti-syphilitic remedies this was removed, at least so far as to give no evidence of its existence.

In every case, the diagnosis must depend in a great measure upon the history of the disease. There can be but little difference between the physical signs of this and the ordinary tubercular disease. In both forms there is a deposit. May be hemorrhage and cavities may result from breaking down of infiltrated masses.

*Berlin Klin. Wochenschrift, 1874.

†Am. Laryngological Association, 1879.

It is well to remember that syphilis of the lung is now a well recognized condition, and may closely simulate phthisis pulmonalis in physical symptoms. Hutchinson, in his essay on constitutional syphilis, enumerates almost every organ but the lungs as the seat of tertiary trouble, yet Fournier, Goodhardt, Von Barensprung, and Rollet, in Europe, and Tiffany and the writer, in this country, have made reports of this trouble.

A young lady came to the writer with what seemed an almost complete stricture of the œsophagus. There was a history of dysphagia and well defined pain beneath the sternum and above the cardiac orifice for eighteen months. For eight months she had subsisted on liquid food. An attempt to pass the œsophageal sound failed. Organic stricture was thought probable—spasmodic stricture possible. After tonic treatment for some time a No. 12 bougie was passed. Deglutition immediately improved. The diagnosis of spasmodic stricture is assured.

Next case, man aged 30, general health good. In winter of '62, while in the army and much exposed, "caught cold in his throat." Hoarseness ensued, and in twenty-four hours his voice was quite gone. Since then, 11½ years, he had never spoken aloud. Several physicians had said the aphonia was permanent. With the laryngoscope the writer found a slight bilateral paralysis of the adductor muscles of the vocal cords, which was barely sufficient to produce aphonia, the cords moving when phonation was attempted almost to the median line, leaving only a narrow space between them. Two applications of faradization completely restored phonation, and has remained perfect. It is interesting to note there was no atrophy of the parts, though there had been no treatment for so long.

He next reported a case of reflex asthma in a woman, aged fifty-one. The nares were found filled with small polypi. Upon these being removed, the dyspnœa gradually disappeared.

The next case was one treated for chronic nasopharyngeal catarrh, for a long time with no success. At last a foreign body was expelled from one nostril, and recovery followed soon after. It was an embryonic tooth which had evidently ulcerated through into the maxillary sinus, and so escaped into the nostril, owing, no doubt, to the thinness of the floor of the antrum.

In reviewing these mistakes, I trust I have not, in so doing, added to the list. The most proficient among us often err. We are fortunate when we can learn from our errors.

THE DEVELOPMENT OF THE CHEST.

BY JOSEPH H. LOPEZ, M. D.,
Of Philadelphia,
Physician to St. John's Orphan Asylum.

The general practitioner is frequently asked by anxious parents, "What shall I do for my boy; he is getting so awfully stoop-shouldered that I am afraid he will get consumption; I will have to get him a brace. What kind would you recommend?"

Many different instruments have been devised for such cases, the most of them more or less clumsy and uncomfortable, imposing a certain amount of uneasiness, if not actual pain. This causes the average boy to rebel at what he considers an instrument of torture, devised for the express purpose of rendering him miserable. He is ever ready to discard it, not caring at what sacrifice on the part of his parents it was procured for him.

It requires no extended argument to prove the importance of a well-expanded chest. Apart from the incalculable benefits to health, an erect carriage and graceful movements attract the attention of the most humble. It causes them to correct, as far as they are able, in their children any tendency to awkward, stooping, or ungainly positions. Apart from the cost and inconvenience of expensive instruments, but few meet the requirements. In many cases better results may be obtained by attending to a few simple details, within the reach of every one, in the ordinary clothing.

The boy's pockets are to him a very important part of his dress, and the natural tendency is to keep his hands in them. When not actively engaged, there they are usually found, and if the pockets are properly placed, they will inadvertently cause him to throw back the shoulders and more or less expand the chest. For instance, the jacket or overcoat should have what is called breast-pockets, the opening should be high and as far back as possible, parallel with and in the line of the body, instead of low down and transverse as usually found in the ordinary jacket or overcoat.

The pants should have what are called "hip-pockets," and no others. It will then be apparent that whilst the hands are in the pockets, a better, if not a perfect, position will be assumed, and the boy spared the many admonitions to "Keep your hands out of your pockets," and the accompanying box on the ear.

There is another and important advantage in the hip-pocket. It is well known that the boy's pocket is the receptacle for all known articles in the world, from an inkstand to a hard-boiled egg—a sort of general depot. Thus distended, as they frequently are, at times they are apt to cause pressure and friction in the region of the genitalia; or, should the pockets be empty, the restless hands whilst in the ordinary side pockets often wander toward those organs, and thus bad habits be unwittingly acquired which may be difficult to correct and may prove disastrous in after life.

This can be prevented in a great measure by having only hip-pockets in the pants, and is of sufficient importance to claim the careful consideration of those who are entrusted with the care of the coming man.

Additional advantage might be derived by substituting for the ordinary school satchel, a knapsack similar to that used by soldiers. It could be made of some inexpensive material, with suitable curve for the back, with loops or straps for the shoulders, and belt around the waist by which an erect carriage could be secured. It need not be heavy, and by leaving the arms free to play marbles, throw stones, and indulge in many of the amusements peculiar to boys, would meet their approval, especially if ornamented and accompanied with a military cap.

126 *North Seventeenth Street.*

PROGRESS IN MEDICINE.*

BY ARCH. DIXON, M. D.,
Of Henderson, Ky.

A review of the history of medicine during the past year will bring to our attention much of interest. Solid advances have been made in methods of treatment, remedies of value have been added, and the usefulness of older ones confirmed. The introduction of cocaine as a local anæsthetic, had nothing more been done, would mark it as a year ever to be remembered by our profession. While other lands have been devastated with epidemics, ours has been exceptionally healthy, excepting a local epidemic of typhoid fever at Plymouth, Pa. Yellow fever and cholera have given us a wide berth. To-day the great question is, Is cholera a preventable disease, and if so, can it be averted from our shores? There is an old saying, that history repeats itself, and it is eminently true of the history of cholera. Beginning in India, where it is endemic, especially true of Bengal, where every third, sixth, ninth and twelfth years the great

* Abstract of paper read before the Mississippi Valley Medical Society, Sept. 9, 1885.

pilgrimages to Juggernaut and affiliated shrines assemble, it spreads slowly westward, following the routes of the returning pilgrims and in the course of traffic by land and sea, until it reaches Europe, where it prevails for a year or two before it is brought to this country. The influences of these pilgrimages on the epidemics of cholera can be traced from 1781 to the present epidemic in Spain and France. Unless measures are taken to prevent it, we shall have a repetition of those fearful visitations which, beginning at Quebec in 1832, extended to the Gulf, spreading horror and desolation in its track. There is no doubt that each and every visitation has been the result of importation.

Now, the point to be determined is, is the germ origin of the disease the true one? Is the germ always present in cholera; is it ever present elsewhere? Koch maintains there is a definite organism associated with cholera, and this opinion is supported by many of the best men of our profession, both in this country and in Europe.

After discussing the bacillus question in all its phases, he thought that it followed that the poison of cholera must be a micro-organism, for nothing but a living thing can reproduce itself, and I consider that Koch's position so far has remained unassailable. If then the germ theory of cholera be true and it be a contagious and portable disease, then as a matter of course it must be admitted that it is a preventable disease, and the point at once arises how best to destroy these germs. The answer is by disinfection and the proper use of germicides, with a sufficient quarantine to guarantee detention until the process is complete. Detention without disinfection is not effective. With the efficacy of germicides, quarantine should become what it is intended to be, a delusion, and not a snare. There is no better plan presented than that of Joseph Holt, M. D.,* president of the Louisiana State Board of Health, which the doctor presented in his paper. Perhaps in New Orleans, whose people have been so often scourged, these precautions of Dr. Holt may be carried out, but not elsewhere.

Dr. Rauch,† Secretary of the State Board of Health of Illinois, says that if no vessel were allowed to leave a port infected with cholera, or carrying persons or things from an infected region without being first made secure against the possibility of carrying the disease, it would of itself render unnecessary all other means of combating cholera so far as we are concerned. But this has never been accomplished.

During the existence of Asiatic cholera in Europe this country is only safe when a system of sanitary supervision is practiced over the immigrant and his effects. The instructions of our best sanitarians if carefully heeded will demonstrate that cholera can be kept from our country.

The Italian Society of Royal Hygiene have arrived at conclusions which, owing to their experience with the cholera during the past year, are worthy of receiving great consideration. These conclusions the doctor quoted *in extenso*.

*Review of Quarantine and Maritime Sanitation, by Joseph Holt, M. D., New Orleans, 1885.

†North American Review, August, 1885.

ON NATURAL AND IDEAL CHOLECYSTOTOMY.*

BY A. C. BERNAYS, M. D., M. R. C. S., ENG.,
Of St. Louis, Mo.

He related a case of ideal cholecystotomy performed on September 12, 1884, on Mrs. O., of St. Louis, who had been suffering for seven years almost constantly from biliary colic, with most excruciating pains, accompanied by nausea; no jaundice, but considerable emaciation was present. A large movable tumor in the right hypochondriac region. Diagnosis impossible. From explorative laparotomy he found a very much enlarged gall-bladder, the cystic duct occluded by a firmly impacted calculus. Puncture by trocar emptied a clear mucous fluid; then incision followed, and removal of twenty stones. The large obstructing calculus was removed through the gall-bladder in the same manner after considerable trouble. Czerny-Lembert suture of the incision. Bladder dropped back into abdomen. Case progressed favorably, complete recovery and relief of all symptoms. The author then gives a careful review of the anatomy, physiology, and some points in the history of the operations on the ducts, and also description of cholecystotomy, cholecystectomy, and cholecystenterostomy.

By *natural cholecystotomy* is meanst *Sims'* operation, which exactly imitates nature in its method of relief.

By *ideal cholecystotomy* he means the method which aims at immediate *restitutio ad integrum*, successfully practiced by himself.

The paper concludes with the following propositions:

1. The symptoms which indicate an operation, opening the system of gall-vessels, are (1) jaundice, (2) paroxysmal pain, (3) tumor in the region

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of the gall-bladder, (4) suppuration, (5) malignant disease, being either jointly or singly recognizable.

2. Obstruction of the common duct is no contraindication for cholecystotomy, but we may often save life by its early performance.

3. The incision in the linea alba must be preferred to the one parallel to the free margin of the ribs, when the diagnosis is in doubt regarding the seat of the obstruction.

4. Explorative laparotomy must be preferred to acupuncture or aspiration as a diagnostic measure.

5. The escape of bile through an abdominal fistula is not injurious to the process of normal digestion. The bile is an excretion, and probably has no more use in the intestinal canal than the urine in the bladder.

6. Three operations are justifiable in the treatment of biliary obstruction. They are cholecystotomy, *ideal* and *natural;* cholecystectomy, and cholecystenterostomy.

7. The operation of *ideal cholecystotomy* is indicated when the bladder and ducts are normal, and when all the ducts have been cleared of obstructing material.

8. *Natural cholecystotomy* is indicated when the bladder is diseased, or when an obstruction is found to be immovable.

9. *Cholecystectomy* should be limited to malignant disease of the bladder; *cholecystenterostomy* can not yet be classed among legitimate procedures.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Service of Dr. John M. Keating.

Hereditary Syphilis.

The question of heredity in syphilis ought, Dr. Keating thinks, to play a very important role in the treatment of the diseases of children, and we ought to thoroughly realize its importance. Most authorities of to-day agree in stating that hereditary syphilis usually manifests itself very shortly after birth, and that earliness of its appearance is in proportion to the severity of the infection. A thoroughly syphilized child seldom reaches six months of age, and very rarely lives to two years. The poison itself, the heat, teething, or other incidentals of the first two years, usuallly prove fatal. It is often supposed that a child born from parents who have enjoyed an immunity from syphilitic manifestations for a period of three or four years, is likely to be free from all taint; but this idea Dr. Keating receives only with great caution; the disease may be latent in the child, and only require some circumstance, occurrence, or accident to light it into activity. He related the case of a baby in private practice, who had been born apparently healthy (after some years of immunity on the part of the parents), and who evidenced no symptoms of syphilis until he was six months old, when, after vaccination, he was covered with a specific eruption from head to foot, though the virus used was bovine; the irritation of the vaccination brought out the latent syphilis. We should be extremely careful, for when such a case occurs, we might be apt to consider all the possibilities of syphilis as passed, when such was not the case. Syphilis manifests itself in so many peculiar ways, it is so protean, that it behooves us to be very careful in venturing our opinion. In order that we may feel reasonably sure that the disease has been eradicated from the parents, we must know that they have undergone three or four years of *continuous treatment.* He tells the case of a child where parents had undergone intermittent treatment for this length of time, and the child appeared healthy up to one year of age, when three or four gummy tumors appeared on the back, suppurated and broke down; there was no doubt, in his mind, of their nature, though the general nutrition of the child was not affected.

We have here a case of eczema in a child who has no taint. Remember that eczema is a local manifestation of a constitutional weakness, and it will not do always to pin our faith only to local remedies. If the child's nutrition is faulty, we must regulate the diet and give cod-liver oil. Eczema is exceedingly difficult to cure, and is the bugbear of private practice. You will run the gamut of ointments, and the disease will continue, and you will lose your dissatisfied client. This child has a long foreskin, his urine is passed exceedingly frequently, and the scrotum, abdomen, and thighs are excoriated and raw; he must be circumcised. Eczema is frequently caused by this constant saturation of the parts with urine. We notice that this eruption is scarlet or salmon colored, and very superficial; were the disease specific, it would be more coppery. A peculiar brown, coppery, or lead tint is absolutely pathognomonic. In syphilitic children there is usually an enlargement of all the glands of the body, and this sometimes proves very serious, as in a case related, wherein by the pressure of the enlarged glands on the veins, a heart-clot slowly formed, convulsions set in, and the child died.

For ordinary, non-specific eczema, Dr. Keating prefers greasy dressings—cold cream (unguentum aquæ rosæ), oxide of zinc ointment, or an ointment of subnitrate of bismuth and oil of almonds, which was a favorite combination with the late Dr. F. F. Maury. He does not like cosmoline so much in this affection, as he is commencing to think that it is a little irritating. Eczematous children are often the offspring of phthisical parents, or they are poorly nourished. They will oftentimes take an abundance of food, will have ravenous appetites, but they are not nourished, owing to faulty preparation of the food. Condensed milk is usually too much diluted by one-half; for a child from five to six months of age, the dilution should be as 1 to 10, not less; you must be particular to give instructions when you order condensed milk. Cod-liver oil is called for in such cases, and it may be given in emulsion or by inunction rubbed in over the eruption or

placed on a binder. When the eczema is specific, local treatment alone will be absolutely useless. If you have the least suspicion of a taint, it will be well to give a little hydrargyrum cum creta (especially if there be acid diarrhœa), one to two grains every two or three hours, until there is a change in the bowels. This treatment will also serve as a diagnostic factor, or you may use mercurial ointment by inunction, one drachm to an ounce of lard.

Snuffles.

Dr. Keating took advantage of having this case in the wards to exhibit what is usually the earliest manifestation of constitutional syphilis. Three years ago this mother had syphilis; she had an eruption, that disappeared after a time, leaving scars. Seven weeks ago this child was born, and it was, to all appearances, healthy. The labor was normal, but shortly after the child had purulent conjunctivitis, œzena, and later, a copper-colored eruption on the back. This catarrhal condition (snuffles) is very characteristic. There is so much secretion in the nostrils that the child is compelled to breathe through its mouth, and its nursing is thus very much interfered with; it sputters, and puffs, and has a hard time generally. This condition may go on to necrosis, perforation of the septum, and falling in of the nose, which does sometimes occur in children.

Umbilical Hernia.

Dr. Keating showed the class a little baby and an old woman of seventy-five years of age, both with umbilical hernia, in order to demonstrate the necessity for early treatment. The treatment by pressure should be begun immediately after birth, for only by so doing can we hope to radically cure these cases.

Service of Dr. J. B. Walker.

A Peculiar Case of Typhoid Fever.

This case is shown to the class because it presents some peculiarities (particularly of temperature,) that would be apt to puzzle us. He entered the hospital on the sixth day of his sickness, with a temperature, at noon, of 102⅗°; in the evening it was 104⅘°. The next morning it was 100⅗°. The day following it was 99⅗° at 8 a. m.; 100⅘° at noon, and 103° at 6 p. m. The next day 98⅗° at 8; 98⅘° at noon, and 101⅕° at 6. The next day 99° in the morning, and 102° in the evening; on the subsequent day 98⅕°, and 100⅘°; the next 98⅖°, and 101°, and the next 98⅖° and 101⅕°. This morning (October 17) it is 98⅕°. The peculiarity is that the morning temperature has been normal ever since the seventh day of the disease. Dr. Walker has noticed this to occur on and after the thirteenth or fourteenth day, but never before so early as the seventh day. He was taken *suddenly* ill about noon, was drowsy, chilly, had pain in back and limbs, as in the onset of any febrile disease, but it is peculiar in so much as he can locate the time of onset, which is not usually the case in typhoid fever. He had anorexia, headache, and has had no diarrhœa, though the stools have had the characteristic ochre color. His face is somewhat flushed, but the expression is not heavy, the eyes are bright and he answers questions well. The pulse is somewhat dicrotic, which, in connection with other symptoms, is *suggestive* of typhoid, but nothing more than *suggestive*. His tongue has a white coat in the centre (through which the papillæ can be seen), and a triangular, clean red tip at the point, a tongue quite suggestive of typhoid, to which attention was first directed by Dr. Da Costa. The abdomen is very slightly tympanitic, there is now no gurgling (there has been some), but a few characteristic rose-colored spots can be seen. While the temperature record in this case contra-indicates, the other symptoms point to typhoid fever. Another important factor in the diagnosis is, that he comes from the same house from which his brother and cousin have come to the hospital with well pronounced typhoid. There is such a disease as *aborted* typhoid; there can be no doubt of this, and some authorities maintain that relapses are more common in this type. The treatment here has been chiefly dietetic. He has had quinine, in fifteen grain doses, to control the temperature and to counteract any malarial element, if there be such. He has also had every four hours seven drops of dilute muriatic acid. Attention has been recently called to a sign of diagnosis in typhoid: it is said that if you *whip* the biceps between the thumb and fingers it has been found to rise, to stand up, as it were, at this point. He has noticed this fact very often, but has also observed the same phenomenon in cases that were not typhoid.

Hæmaturia.

This man is 46 years old. He has had all the diseases of childhood. Sixteen years ago he had severe pain in the right loin, and since then has had many similar attacks when he caught cold or drank heavily. Every summer, for some years, he has had a well marked attack of chills and fever; this summer past he escaped, through the use of quinine. This is rather unusual, because one generally has such attacks in the spring or fall, and this man's location, surroundings, and habits were the same in the spring as in the summer. He was admitted to the hospital October 12. One week before, after taking cold, he was seized with pain in the right loin, headache, and pains in the bones. He also commenced to pass bloody urine, which was something new to him. His urine had been high-colored before the attacks of ague, but he had never noticed blood. Bloody urine may be caused by lesions of the urethra, bladder, ureters, or kidneys. The microscope revealed blood discs, but no tube casts. The urine was straw-colored, there was a brick-dust deposit, there is albumen, and the urine is alkaline, with a specific gravity of 1012. To day (October 17) there is more albumen, but less blood than when he came in, while the specific gravity has risen to 1023. If the blood came from the urethra, it would be also discharged between the acts of micturition; if from the bladder, besides that incorporated with the urine, there would be passed a few drops subsequent to the act; this would be the case usually, but not invariably. The fact of the urine being alkaline is in favor of a cystic origin (of cystitis), but at the same time it is not against a renal origin. When the urine is purulent and at the same time acid, the pus is undoubtedly from the kidney. When the blood comes from the kidney and is small in amount, it will give a smoky appearance to the urine, while if the amount

be larger, discoloration will be well-marked. If this blood were cystic there would be other evidences of cystitis, which are here wanting. We must exclude chronic cystitis because the attack came on suddenly, and in simple cystitis we rarely have hæmaturia; in very severe inflammation of the bladder we may have bloody urine, but then the other symptoms will be well marked. Concretions passing from the kidney may irritate and wound the ureter, thus giving us blood, but here we have no history of renal colic. The kidney is subject to acute inflammation or congestion, and we thus account for the blood. We may have paroxysmal or intermittent hæmaturia, due to a chill congesting the renal tissue, especially in those who have a tendency to kidney derangement. This may be manifest only for one or two micturitions, or it may last for a few days. It is not uncommon in connection with periodic fevers. This is a simple case of congestion of the kidney from cold. These cases tend to spontaneous cure under favorable conditions. The therapeutic indication is to keep the urine alkaline, for which we may give the ordinary acetate of potash mixture every few hours; alkaline urine is less apt to precipitate its albuminous constituents and block up the tubules. When these cases are somewhat severe, we may apply poultices to the loins, and give aromatic sulphuric acid or ergot, or, if there be any malarial condition, quinine. In convalescence and during cold weather, such persons should wear a flannel bandage about the loins.

Gastritis.

This man, who has been a hard drinker, had intermittent fever three years ago. Two weeks ago he came into the hospital with a chill, headache, loss of appetite, weak, despondent, and depressed. His temperature was normal in the morning, but ran up in the afternoon. He had been given quinine by the mouth, which, along with his habits, had thoroughly disorganized his stomach. The malarial element in this case was slight, but the gastritis so complicated it, that for a couple of days it was deemed impossible for him to recover; he could not retain even the smallest quantities of peptonized milk. Even when he did not vomit spontaneously, he would endeavor to excite the act with his finger, because his food tormented him so greatly. Acute alcoholism or acute malaria are both easy to handle, but when you have this severe gastric complication the case becomes very grave. His pulse became very weak. He was given quinine by suppository, and the vomiting was ultimately checked by the use of calomel ($\frac{1}{12}$ grain), subnitrate of bismuth (five grains) and opium ($\frac{1}{4}$ grain) every two hours for several days. For five days he was sustained solely by enema of peptonized milk, and then gradually he was able to retain food on his stomach, until now he can eat everything, and has very much improved. After the stomach got in shape, he was given one drop of Fowler's solution before each meal.

Service of Dr. J. F. Hearn.

Acute Gangrene of the Foot.

This old man, who "tramped it" to this city from Baltimore, is very much "run down." He was so much exhausted when he entered the hospital, that he was not expected to live. However, under the influence of nourishing food, with iron and quinine, his condition has much improved. The circulation in his foot has been occluded, and gangrene has occurred. A line of demarcation is forming, and when this becomes well marked, and his condition improves, the foot will be amputated. Charcoal poultices are being used on the foot. It is well that we should remember the difference between dry and moist gangrene, because the question may sometimes be asked by examiners. In acute, moist gangrene, we have an occlusion of the veins as well as the arteries of the part, while in dry gangrene the veins are pervious, thus carrying away the moisture and leaving the part dry.

Leg Ulcers.

This familiar topic is discussed because they form a large portion of every man's practice, are very obstinate, and yet if intelligently treated can nearly always be cured. But routine treatment will not answer; each ulcer must be managed in accordance with the peculiarities that it presents. When the surface is too red, that is, when there is too much blood in the part, we must elevate the limb; while when the reverse condition holds, it must be left dependent. When the margins are inflamed, we cannot cure the ulcer until we remove the inflammation, and this we must do by elevation and the use of lead-water and laudanum. Indolent ulcers must be blistered to stimulate granulation, and when the edges about the ulcer are hard and callous, thus preventing the circulation of blood, we must incise them, thus making new points of departure for granulation. In chronic indolent ulcers, Martin's rubber bandage will often act like magic, but if used for varicose ulcers, it will likely produce eczema and make matters worse. In this latter form, the enlarged veins should be supported by a flannel bandage, cut bias; this shape makes it elastic. The bandage should be put on as soon as the patient leaves his bed, or, better, in the recumbent position, worn all day and removed at night. Syphilitic ulcers can never be cured without constitutional treatment. For irritable ulcers, with a sanious discharge, constitutional tonic treatment is called for. When an ulcer occurs around the knee, or the upper third of the limb, we may be almost sure that it is specific. When the cause is given as traumatism, yet the ulcer will not heal, the chances are in favor of its being syphilitic, and specific treatment is called for. In simple sores that are doing well, Dr. Hearn satisfies himself with the use of simple cerate; he is commencing to think that cosmoline is somewhat irritating. If a little stimulation is required, we may incorporate a little carbolic acid or zinc ointment with the cerate. For indolent ulcers we may use a wash of chloride of zinc (gr. xx.–℥j.). Poultices, when carried to an excess, will destroy the vitality. They should be stopped when the granulations reach the level of the skin. Always instruct the patient with a varicose ulcer about pressing the finger on the vein in the event of hemorrhage. Fatal results have followed the neglect of this simple precaution. A blister over the whole surface will some-

times aid the healing very much. In inflamed ulcers we have a glazed surface, no pus, no vitality, and no granulations; in such cases he would use a wash of nitrate of silver (five grains), and mucilage of acacia (one ounce); apply this to the limb, and over it put lead-water and laudanum. Give opium at night to relieve pain, and order quinine and potassio tartrate of iron. In indolent syphilitic ulcers, keep the leg down, and use ung. hydrarg. nit. ʒj., and simple ointment ʒxv., or carbolized water (1–40). If the granulations are too exuberant, and project above the surrounding surface, they may be touched with nitrate of silver (solid), and kept down by bandaging. Remember that the officinal ointments are too strong for use, and must be diluted.

(*To be continued.*)

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Stated meeting, September 24, 1885. The President, Dr. E. O. Shakespeare, in the chair.

Dr. William Osler presented specimens of

Tænia Echinococcus.

This rare parasite was reared experimentally by feeding a dog with hydatids from the liver of a pig. The animal was killed about seven weeks after the feeding, when the small intestine was found to contain many hundreds of the mature tape-worms. The portion of bowel exhibited had many adherent to the mucous membrane. From the small size of the worms, only a few lines in length, they are very apt to be overlooked. Cobbold states that the only specimens procured in England have been experimentally reared. Dr. Leidy has never met the adult worm in this country. That it must occur here in the dog is very evident from the frequency with which echinococcus cysts (the larvæ) are met with in the hog and other animals.

Cysticercus Cellulosus.

Dr. Osler exhibited the heart, brain, and a portion of the flesh of a pig containing the "measles," as the larvæ of the tænia solium are called. Both organs were thickly studded with the cysts, which were also very numerous throughout the muscular system. The animal was fat, and had seemed to suffer very little inconvenience. Attention was called to the cysts beneath the tongue, and to the possibility of telling whether an animal was measled by an examination of this part during life. Microscopic slides of the parasites were shown, and a slide of a cysticercus, with a very large caudal vesicle, from the omentum, in which situation they may grow to the size of a walnut.

Distoma Hepaticum; Effects on the Liver.

Dr. Osler also showed the liver of an ox with enormous enlargement of the bile-vessels and calcification of their walls, due to the chronic inflammation excited by the presence of the flukes. The main ducts were thicker than the thumb, and even the smaller tubes were hard as the stem of a clay pipe. The liver substance was wasted, but not cirrhotic. In spite of this extensive disease, the animal was well-nourished. Specimens of the flukes in spirit and mounted were also shown.

Dr. Pepper presented the head and neck of a specimen of

Tænia Medio-canellata.

It occurred in a young man. A course of starving, followed by castor oil and pelletierine, removed a portion of the worm; afterward a repetition of the starving process, without the castor oil, but with the alkaloid, brought away the entire worm dead.

Dr. Pepper said he was particularly interested in this series; it spoke forcibly of the necessity of studying comparative pathology. The specimens were very perfect, and more instructive than more highly organized species. In practice, he had found the tænia medio-canellata as difficult to expel as the tænia solium. The exhibition of the small variety, the flavo-punctata, taught the necessity of careful examination of the stools.

Dr. de Schweinitz exhibited the kidneys, ureters, and bladder from a man who died after the operation of

Litholapaxy.

The patient, æt. 73, had for two years previous to the operation suffered with straining during the act of micturition, and other symptoms of hypertrophy of the prostate gland and vesical calculus. The urine contained albumen, pus, epithelium, and granular casts, and had a specific gravity of 1018. The patient's habits were intemperate. The operation of litholapaxy was performed, marked difficulty having been experienced in the introduction of the instruments.

After the operation the patient exhibited great restlessness, præcordial pain, and a rapid, feeble pulse. Later he became comatose, and died twenty hours after the operation, the immediate cause of death being, apparently, the formation of a heart-clot.

The post-mortem examination was made about ten hours after death. Body well made; nothing of note anteriorly; the usual ecchymoses posteriorly. Thorax: old pleuritic adhesions on the right side; left side free. Lungs crepitant, with slight posterior congestion. Heart surrounded with fat; muscular fibres flabby; valves normal; firm "chicken-fat" clot in the right ventricle. Abdomen: position of viscera usual. Marked deposits of fat in the omentum. Liver slightly enlarged, soft, but otherwise normal. Both kidneys granular and containing cysts. Bladder thickened and showing two spots of ecchymoses on the mucous surface. Prostate enlarged; other organs normal. Brain and membranes not examined.

Dr. Tyson thought this case added one more to the list showing the impropriety of crushing for stone when kidney disease was present. He did not know why, but under such circumstances the cutting operation was more suitable. Dr. Tyson cited the case of Louis Napoleon as an instance of the danger of crushing in the presence of kidney disease. Dr. Tyson said, in answer to a question of Dr. Barton's regarding the kidneys, that they were contracted, though not markedly so, as there was good secreting structure left. The cysts were part of the pathological anatomy of granular kidney. He believed the cause of death to be uræmia.

Dr. G. G. Davis said that in such cases a post-

mortem examination was in reality of the nature of an investigation. Death might be due to direct violence done the urethra, the prostate, or the bladder; or it might be due to extension of inflammation to the peritoneum, or to unknown cause, as in the present case.

Dr. de Schweinitz said that the urethra was not examined, and agreed with Dr. Tyson that the cause of death was uræmia. This was the more probable, because an officious attendant, against orders, had administered rather full doses of morphia.

Dr. Henry Beates presented a specimen of

Syphilitic Abscess and Necrosis of the Tibia,

removed by amputation at the middle of the thigh. The patient is a strumous man, who three years previously had suffered from an attack of obstinate sciatica, accompanied by a marked degree of muscular atrophy of the affected limb, followed by lameness. Two years later a swelling developed at the femoral side of the gluteo-femoral crease, which opened and discharged small fragments of necrosed bone. The sinus was finally healed, and fair health enjoyed for several months. Seventeen weeks ago ostitis of the tibial head developed, followed in a short time by suppurative synovitis. The pus perforated the ligamentum posticum, and burrowed beneath the gastrocnemius, elevating it and the posterior tibial muscular structures from the bone. Free incision evacuated this, but the destructive process continued, resulting in the formation of sinuses and complete disintegration of the joint. Hectic was pronounced, and to save life amputation was performed on the day previous. Longitudinal section through the femur, joint, and tibia discloses the extensive destruction effected in so comparatively short a time. The articulating surface of the condyles is denuded of its cartilage and the surface of the bone is roughened. The patella is bound firmly to the trochlear portion of the condyles. The articular elements are destroyed. The head of the tibia is completely necrosed and broken down. The medullary canal of the tibia throughout its entire extent is infiltrated with pus. The surface of the bones is also the seat of the morbid process. The pus from the joint has burrowed upward beneath the internal and external vasti muscles, and deprived the femur of its periosteum for a considerable distance. The anterior face of the tibia is similarly denuded, while the crest at the middle is the seat of ulceration. At the time the disease occurred, the patient first noticed a chancre. Six weeks later the secondary phenomena developed, and were promptly met with antisyphilitic remedies. Was the strumous disease influenced by the syphilis? The specimen was referred to the committee on morbid growths for microscopical examination with instructions to look for tubercle bacilli and for those said to be peculiar to syphilis.

Dr. Davis was desirous of knowing if the disease of the head of the tibia was due to scrofula or syphilis; the worm-eaten character of the ulcer on the tibia looked like syphilis.

Dr. Chas. M. Wilson inquired if there had been fevers, rigors and evidences of pyæmia in this case. It was undoubtedly one of osteo-myelitis, and in a similar case of traumatic origin which he had exhibited rigors had been present.

Dr. Jurist asked how the presence of acute syphilis in the patient would affect the prognosis.

Dr. Beates replied that there had been symptoms of septic fever, and, as the acute symptoms of syphilis had been absent for some weeks, he did not think this would mar the prognosis.

Dr. Louis Jurist presented the

Larynx and Trachea

removed post-mortem from the body of a man, æt. 38, a book-keeper, who had suddenly died. He had not had syphilis. He had taken cold on Saturday and had a sore throat; on Tuesday he chatted with the doctor, and an examination gave no evidence of anything, except ordinary pharyngitis. On Wednesday he went to his business; on the evening of that day the doctor was sent for in haste, and on going at once found the man dead. Nevertheless a hurried laryngotomy was done and efforts were made to restore the heart, but without avail.

Dr. Jurist removed the larynx through the thoracic cavity. He was in doubt as to the mode of death. The lungs were fairly healthy, though cheesy on one side. There must have been an abscess present.

Dr. Tyson was surprised that marked improvement should have followed the treatment by emetics and sedatives, as the abscess must have been present; perhaps the outlying œdema was subdued and the condition thus improved.

Dr. Wharton had had no experience in such cases, but agreed with Dr. Jurist that the operation of tracheotomy, and not laryngotomy, was indicated.

Dr. Jurist was in doubt in regard to the diagnosis; it rested between perichondritis and a subsequent abscess or phlegmonous laryngitis. He was inclined to the former view.

VERMONT MEDICAL SOCIETY.

[Reported for the MEDICAL AND SURGICAL REPORTER.]

The seventy-second annual session of this Society was held at Montpelier, Thursday and Friday, October 15 and 16, 1885. President Dr. J. Draper, of Brattleboro, presided. Dr. J. S. Richmond, of Woodstock, Secretary. The session was opened with prayer by Rev. Howard T. Hill, of Montpelier. Drs. C. G. R. Jennings, of Bennington, and Anderson D. Dyer, of Brandon, were received as new members. Dr. R. H. Sabin, of West Troy, N. Y., was present as a delegate from the New York Medical Association and was cordially invited to participate in the proceedings. The report of delegates to the Med. Dept. U. V. M. was presented by Dr. Hoisington. It commended the institution to the good will and support of the profession. The delegates were cordially received, and participated in the examination of the graduating class, of which there were eleven from Vermont; eighty-six per cent of the class were from other States.

Dr. Charles E. Chandler, of Montpelier, read an excellent paper on "Reduction of Shoulder Dislocation by the Cochor Method," giving cases illustrating it, which elicited considerable discussion, participated in by Drs. Rugg, C. M. Chandler, and D. G. Kemp. At the afternoon session, Prof. W. T. Smith, of Dartmouth Medical College, Hanover, N. H., was present as a delegate, and was cordi-

ally invited to participate in the proceedings of the Society.

Under the order of the printed programme, "Advances in Medical Science," Dr. O. W. Sherwin, of Woodstock, read a paper on Anatomy, Physiology, and Histology, and Dr. D. G. Kemp, of Montpelier, an elaborate paper on Surgery. His reference to the use of cocaine as a local anæsthetic, elicited considerable discussion, during which Prof. Smith mentioned the removal of ingrowing toe-nail under its application without pain, the patient looking on quite unconcerned, while this usually very painful operation was performed.

Dr. Sabin mentioned the use of it in diphtheria and tonsillitis, with better effect than from any other local treatment. He also spoke of the new operation of examining the abdominal cavity to make diagnosis of disease as recommended by Dr. Tait. He mentioned a case in his practice where the operation was performed against his counsel with fatal result.

Dr. Sperry, of Quebec, reported a case of skin-grafting in case of diseased fibre, with the skin of a frog. The pieces inserted varied in size. It does not unite with the skin, but after a time it is absorbed, and seems to promote healthy granulations in the ulcered surface. The portion of the frog-skin taken was from the belly and legs. The patient's leg was thereby saved from amputation. After healing, the skin was fresh and fair, and apparently healthy. Dr. Sabin questioned the nomenclature of skin-grafting, he thought it was skin-dressing. In answer to questions, Dr. Sperry said the skin absorbed in four to six days, granulations formed from the edges, and were thickened by the applications as they were made; very little general treatment; no particular preparation of the ulcerated surface before application; no scrofula in family to his knowledge. Dr. Davenport suggested the use of the frog-dressing in indolent ulcers.

Prof. A. P. Grinnell, of the Medical Department of the University of Vermont, spoke upon the subject of small-pox, and vaccination as a preventive. The ignorance of the people on these subjects should be enlightened. They fear small-pox, and they fear vaccination, the latter lest some other disease should be communicated to them thereby. Of this there is no danger when the vaccine virus has been properly taken, and the vaccination properly performed. The bovine virus is better and safer than the humanized virus, because the latter may possibly have in it some commingling of the blood of the person from whom it is taken. But there need be no fear of either in the hands of those who have a proper knowledge. True vaccination shows itself in three to five days from the insertion of the virus, and goes on to its completion about the eighth or ninth day. It is a prevention of small-pox. Occasionally there may be an exception, but this is the rule. Revaccination may be well as a safeguard, but the virus having once wrought its true effect in the system, the person is as safe from small-pox as if he had the marks of it on his face. The doctor's remarks were followed by a long discussion, in which the conclusions he presented were unanimously concurred in by the society.

The failure of some of the parties named in the programme to respond, led to discussion upon other topics not mentioned in it.

Prof. Smith suggested the inquiry whether such a condition could exist in the system as physiological albuminuria, or a condition in which albumen existed in the urine without the presence of diseased kidneys. He related a case coming under his observation of a student who had albuminuria, as proved by actual examination, during his collegiate course, breaking down only in his senior year, recovered, and is now at work, the albumen still continuing. This suggestion opened a wide discussion, during which Drs. Crain, Cutting, Sabin, Richmond, and others related cases in practice where albumen in the urine had appeared and disappeared without seeming to indicate disease of kidneys.

Dr. O. F. Farris, of St. Albans, mentioned the case of one Jaquis of that place, for whom he had frequently prescribed for albuminuria, but without curative results, whom he is reported as certifying as cured by that quack's specific, Warner's Safe Kidney Cure, which is not true, either as to the alleged certificate from him, or the fact of the cure. The man still has albumen in his urine, and well marked indications of diseased kidneys.

The evening session of Thursday was occupied by the annual address of the President, who is Superintendent of the Vermont Asylum for the Insane, upon the subject of "The Record of the State in Respect to Legislation, and the Medical Jurisprudence of Insanity." In speaking upon this subject, reference was first made to its published literature, which was comprised in some half dozen papers printed in the transactions of the society, together with the annual reports of the Vermont Asylum for the Insane at Brattleboro, and the reports of the Boards of Supervisors of the Insane. Legislation was traced from the first act of the legislature in 1825, which provided for "the safe custody of dangerous lunatics in prison, or in charge of their friends, the latter giving bonds for them in the discretion of the county courts."

Since that time more than fifty acts have been passed by the Legislature having a bearing upon the care and oversight of the insane. Of these the acts of 1878 and their subsequent amendments are those now chiefly in force. Besides these, several special acts have been passed relative to insane convicts and criminals. In relation to the commitment of persons to the asylum, the first act was passed in 1855, requiring a medical examination and certificate, and that continued in force till the revision of the lunacy laws in 1878, when the certificate of two physicians was required. The speaker next referred to the statistics of insanity in the State. The census of 1880, he said, was incorrect inasmuch as it included more than 100 insane persons from other States. These eliminated would leave the number of such persons in the State about 900. The records of the asylum show that fifty-three criminal lunatics have been received into the asylum,—twenty-five directly from the county courts, and twenty-eight from the prison.

In this connection the speaker gave a detailed history of those sent to the asylum from the courts, and in some cases quoting in full the form of indictment, showing the legal verbiage of the early times, and also embodying the ancient idea

of the criminal having been prompted by his Satanic majesty, "being in mind seduced by the instigations of the devil." Reference was also made to certain notable instances in which the plea of insanity was unsuccessful before the courts of the state, no instance having come to the knowledge of the speaker "in which either popular feeling or untenable theories respecting the nature of insanity, or the responsibility of the insane, have triumphed over impartial juries and sound judicial rulings." The speaker regarded this as remarkable, since the tests for insanity have been greatly modified within the last fifty years. Allusions were also made to the occurrence of two insane tragedies in the State which were peculiarly interesting in a psychological point of view.

In his concluding remarks, the speaker gave a general resumé of the provisions for the care and curative treatment of the insane at the present time, showing the marked progress which has been made within the last fifteen years, and emphasized the importance in any method of provision for them, of considering the interests of the sane as well as the insane in our communities, in respect to their reciprocal influence upon each other.

The address, of which the above is only a brief abstract, was listened to with rapt attention by the members of the Society present, and a unanimous vote of thanks was tendered to the President for the able and elaborate manner in which he had presented the historical facts connected with the legislation of the State on this subject.

At the morning session of Friday, Dr. Crane presented an adverse report upon the matter referred to the Society from the American Medical Association. The legislation asked for would be well enough if it were upon our statute-book, but the effort to place it there would quite likely be a failure.

Dr. E. T. Upham reported his attendance as delegate to the American Medical association, and made some explanation in regard to the International Medical Congress, which is to be held at Washington, D. C., in 1886. His remarks indicated that the contention relating to the conduct and admission of members to that Congress, was confined mainly to the class of "specialists," so-called, in some of our larger cities, who are not now recognized in their associated capacity by the American Medical Association.

Dr. Henry Janes, of Waterbury, read a paper on ethics, which elicited a lively discussion, in which Drs. Richmond, Upham, Somers, Crane, Jackson, Chandler, and Kemp participated, which was characterized by the proverbial disagreement of doctors, and came to no conclusion other than to lay the resolutions presented by Drs. Janes and Upham upon the table till the next annual meeting, and directing them to be printed in the programme for that meeting.

Obituary notices of Dr. Horace Tales, of Waterbury, and Dr. H. H. Whitcomb, were presented and referred.

The officers of the Society for the year ensuing are as fallows:

President—Dr. D. G. Kemp, of Montpelier.

Vice-President—Dr. E. R. Campbell, of Bellows Falls.

Secretary—Dr. J. S. Richmond, of Woodstock.

Treasurer—Dr. Sumner Putnam, Montpelier.

Auditor—Dr. C. E. Chandler, Montpelier.

Censors—Drs. D. J. Rugg, W. S. Hoisington, and D. C. Hawley.

Delegates to American Medical Association—Drs. L. C. Butler, S. J. Allen, W. W. Huntington, J. Draper.

Delegates to Maine Medical Association—Drs. Sumner Putnam, H. F. Crane.

Delegates to New Hampshire Medical Society—Drs. O. W. Daley, O. W. Sherwin.

Delegates to Massachusetts Medical Society—Drs. E. F. Upham, W. P. Hoisington.

Delegates to Connecticut Medical Society—Drs. J. Conland, D. P. Webster.

Delegates to New York Medical Association—Drs. O. F. Fassett, W. R. Crain.

Delegates to Dartmouth Medical College—Drs. J. S. Richmond, O. W. Sherwin.

Delegates to Medical Department, U. V. M.—Drs. L. M. Green, C. S. Caverty.

The semi-annual meeting is to be held in Burlington in June neqt.

This meeting of the Society was not largely attended, some forty only of the four or five hundred physicians of the state being present. The proceedings were quite interesting, the papers presented were well prepared, the discussion animated, and the session profitable to those present.

B.

MISSISSIPPI VALLEY MEDICAL SOCIETY.

Discussion on Errors of Diagnosis. (*See page* 566.)

Dr. Louis Bauer reported in detail some of his errors in physical diagnosis.

Dr. Wallen reported a case of functional aphonia and hysterical aphonia, also a case of syphilis which had been mistaken for phthisis.

Dr. Eastman reported a case in which he had diagnosed hysteria in a man. True he had no uterus, his prostate gland had not developed. It is a mistake to think that hysteria occurs only in women. He took the man to see Dr. Wallen, who agreed with him in his diagnosis. He returned with the man to his office. No sooner was the door shut than he began to ask in a pitiful, strained whisper if they thought anything could be done for him. Thinking this to be his chance the doctor wheeled on him, and said in a tone of thunder, "You can talk as well as I," and proceeded to give the man a good scolding. He trembled and cowed under the tongue-lashing which he received, and in a fair tone of voice acknowledged that he could. He had not spoken above a whisper for two years.

Dr. Wm. Cheatham, of Louisville, Ky., and Dr. H. H. Clark, of Danville, Ills., discussed the paper farther.

—MM. Gréhant and Quinquad have reported to the Paris Academy of Sciences their experiments proving that the pressure necessary to cause the rupture of arteries is much greater than that to which they are normally subjected. The carotid artery of a dog required from thirty-five to fifty-five times the normal pressure of the blood, and the jugular vein from thirty-two to forty-five times the usual force.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Therapeutic Value of Arsenic in Anæmia and Atrophic Conditions.

Dr. Samuel Wilks thus writes in the *Lancet*, April 11, 1885:

Although the value of arsenic in many diseases is well known, yet I believe the extent of its efficiency has by no means spread through the profession at large, judging from the frequent skepticism one meets with when its use is suggested. I should therefore wish, as briefly as possible, to state my experience of the great value of this most remarkable remedy during many years of practice. It has been best known as a medicine in skin diseases, but this only of late years, for Addison, who followed directly in the school of Willan and Bateman, rarely ordered it. Next to its use in cutaneous affections has been its administration in neuralgic affections and ague; after that in special cases of various kinds. More recently the great value of arsenic has been recognized in anæmia; but it is not widely known, I believe, as being equally efficacious in various forms of cachexia, of which I am about to speak.

When a remedy acts—to adopt the expression of the older schools—as an alterative, by modifying nutrition in some unknown way, a question arises which is quite open to consideration: whether those diseases which succumb to its action may not depend upon the same cause; whether, indeed, they are not bound together by some common origin. Be this as it may, there can be no doubt that many of the cutaneous affections cured by arsenic have a gouty origin, and therefore it is not surprising that the same remedy has a great power in preventing attacks of gout. This I have known for many years, and in some cases have by its use undoubtedly kept the attacks in abeyance. Then, this gouty class of persons are often neuralgic, and it may be in them especially that arsenic is the best nervine remedy. I have certainly found it amongst the most efficacious medicines, and in some cases the only remedy. Thus, before the introduction of nitrite of amyl and glonoin for angina pectoris, I relied mainly on arsenic, and in some cases kept off attacks for weeks when they had previously occurred almost daily; but this is by no means a novel treatment, for a reference to the *Lancet* of May 26, 1832, will show a letter setting forth the virtues of arsenic in this complaint. In some forms of nervous affection I have found it quite unique in its action. For example, a lady for many years has been the subject of ciliary neuralgia—that is, she has attacks of violent pain in the eyeball accompanied by intense congestion and lacrymation. No ophthalmic surgeon to whom she has applied has afforded her the slightest relief either by medicines or local applications. The only respite she has from her sufferings is during the time she is taking arsenic. How I became acquainted with the use of this remedy in asthma from one of my out-patients I described many years ago.

But the most remarkable effects of this remedy are seen in anæmia and various forms of cachexia and atrophy. My attention was first markedly drawn to it in this connection owing to the controversy which took place between my old colleague, Dr. Alfred Taylor, and others in reference to the statement published in Johnston's "Chemistry of Common Life," in the year 1855, about the arsenic-eaters of Styria. Young girls were said to add to their charms by using it, acquiring blooming complexions, full rounded forms, and a healthy appearance. Soon afterwards I began to use arsenic in chlorosis with much benefit, but it was not until about ten years afterwards that I had some striking examples of its good effects. If I remember right Dr. Sutton of the London Hospital was then using it in the same class of diseases. The case I especially recollect was a lady about forty years of age, who was pronounced by myself and other physicians to be the subject of idiopathic anæmia, the form of disease subsequently discovered by a German, and styled "pernicious anæmia." Her bloodless and feeble condition compelled her to keep her bed, and it was never believed that she would rise from it again. I suggested arsenic as a possible useful remedy, and she began soon to improve, and in a few weeks was able to come to my house. I saw her some years afterwards, in 1874, when she was quite well. The case is more especially impressed upon my memory on account of the remarks of the husband. When I told him of the remedy which had cured his wife he expressed no surprise, saying it was just the medicine he should have thought of, for if he had a horse which was not "thrifty" he gave it arsenic, rendering it again plump and its skin glossy. Subsequent to this case I have had several of a similar kind, my last one being only a few weeks ago. It was that of a gentleman living at Holloway, and whom I saw with Dr. Blackstone. He had gradually grown anæmic and breathless, so as to be unable to leave his house, and he walked with much difficulty. I called it one of idiopathic anæmia, and feared that he would never recover. He took five drops of liquor arsenicalis, and in a month he was comparatively well. In most of the cases where arsenic has succeeded, iron had previously failed; and it is a question, therefore, whether the latter be of any use in the so-called pernicious anæmia. This, however, does not seem invariably the case unless the diagnosis is at fault. For example, a woman came into the hospital in so bloodless a state that she could not leave her bed, and it was said that iron had been given in vain. An examination of the blood displayed, as was thought, characteristically altered blood-globules; and arsenic was prescribed. After a long course of this medicine she was no better, when iron was ordered for her. She then immediately improved, and left the hospital well.

I remember two cases of anæmia with some discoloration of the skin, suggesting the existence of Addison's disease, and which was cured by arsenic. One was a lady whom I saw as long ago as 1869, who had been gradually getting thin,

sallow, and bloodless. She was first thought to have liver disease, and then Addison's disease; but of these there was no evidence, and I recommended arsenic. She speedily recovered. The other case was that of a lad who was sent to me from Suffolk by Dr. Manthorp, as he was supposed to be the subject of Addison's disease. He was anæmic, sallow, very feeble, and breathless on exertion. Arsenic was given him, and he completely recovered.

It is another class of case, however, which especially prompted me to take up my pen and extol the virtues of arsenic, for although its efficacy is known in anæmia, I do not find that a knowledge of its merits has extended to wasting and general cachexia. It was in the year 1868 that I went to see a lady who was confined to her bed and in an extreme state of emaciation. I found on physical examination nothing tangible except an enlarged spleen. She had been staying at a friend's house in a doubtfully malarious district, and therefore might have been affected by ague poison. Arsenic was given, and she made a rapid and complete recovery. It is well known that in cases of inveterate malarious poisoning arsenic is often the best remedy, but the possible existence of such a cause will not account for the marvellous effects of arsenic in other cases; and I have notes of two patients who lived in Margate, where a miasmatic influence could not be suspected. The first case was that of a lady sent to me by Dr. Thornton. She was much impoverished, and at the same time had loss of appetite and other gastric symptoms, so that I suspected early malignant disease. I could not, however, prove this, and suggested a trial of arsenic. The result is seen in a letter which I received from Dr. Thornton, dated December, 1875, in which he says: "I fancy you will be pleased to know that Mrs. B——, for whom you prescribed arsenic, and of whom you took not the most sanguine view, thinking probably that some hidden malignant disease might develop itself, strange to say, is now convalescent—that is, she has recovered her natural complexion, lost all pains and feeling of debility, and, indeed, is as well as she has been for the last few years. I never saw a more unpromising case, and I do not remember ever to have seen any one improve so steadily as she did under the influence of arsenic(?); at all events, she was very ill, and now she is comparatively well."

The second case from Margate was that of a young man resident in that town, and brought to me by Mr. Dunstan of Tollington-park. He was twenty-one years of age, and had been gradually wasting away for many months until he had become, as his friends said, a perfect skeleton. He certainly was emaciated to a most extreme degree. On examination I failed, like other medical men, to discover any disease, but saying that if the patient had been an infant he would have been called the subject of marasmus. I suggested arsenic as the only likely remedy to do him good if he had no organic disease, and four drops of the solution were prescribed three times a day. He immediately began to recover; in two weeks he had gained five pounds, and in a few more weeks he was perfectly well.

Another case where the remedy was of great service was that of the Rev. Mr. S——. He had been acting as curate both in London and Brighton, but, his health gradually failing, he was obliged to give up his duties. No medical advice was of any value to him, and he was recommended to take a voyage to Australia. He, however, grew worse and worse, and on his arrival at Melbourne he was sent into the hospital. After a while he was again placed on board ship, under the care of a medical man, and sent home to Hampstead. He was carried into the house, being far too weak to walk, and when I saw him I found him as wasted as any living man could be. He was lying on a couch too feeble to rise, and very little more than a skeleton. His weight on leaving the ship was five stone seven pound. With the exception of a cardiac bruit I found no disease, and as he had had every kind of medicine, and every variety of essences of meats and other foods, there seemed little for me to do; but I prescribed arsenic. He slowly began to improve, and in a few weeks he was able to leave his home and visit me. He walked feebly, but his limbs had increased in size, and he weighed seven stone ten pound. He then left for the country and the continent.

I have now mentioned a sufficient number of cases to show the value of an old remedy, and certainly one of the most remarkable in the Pharmacopœia. I would not have it supposed that it cures all cases of anæmia and atrophy, or that it has never failed in my hands; for if I collected all the cases in which I have given it and noted the result, it is probable that the failures might equal the successes. But an explanation will show that a statistical method of arriving at the truth is of no value, seeing that the cases where the remedy was administered were not of a like kind, and that the unsuccessful cases, although resembling in outward appearance those of simple anæmia and atrophy, were in the majority of instances examples of early malignant and other organic disease. The only cases which can be rightly compared are those of a like kind, but the question of its comparative value under the circumstances named cannot affect in any way the undoubted fact of its curing numerous cases of apparently fatal disease. No question can arise as to the efficacy of a medicine when it is prescribed for a person who is weekly and monthly declining in health, and who as rapidly, or more rapidly, regains his health and strength under its use. When this has been observed in a large number of instances, the proof of its value is complete. I have never given very large doses, generally four or five drops of the liquor arsenicalis three times a day, or a little more of the soda preparation. I have never observed any injurious effects from its long use, although, as is known, it becomes absorbed into the system, the urine showing its presence many weeks after its administration has ceased. I will not pretend to say how the remedy acts. Why, when wasting is going on and the blood-corpuscles becoming disintegrated, arsenic should stop the process, and the globules begin to grow, or why it should allow the carbon to be stored up as fat, I do not know. I lay the clinical facts before my readers, and hope that those to whom they are not altogether new will excuse my doing so in the wish to make their knowledge and mine more extended and useful.

Periosteum-Grafting.

Dr. C. W. Trueheart thus writes in the *Medical Record*, October 3:

J. F. W., a vigorous, healthy man, aged twenty-two, while bending forward dragging a gun—muzzle foremost—from under the deck of a boat, received the whole charge in the left clavicular region. About three and one-half to four inches of the central portion of the clavicle and extensive mass of the adjacent soft tissues were shot away, and the vertebral portion of the first rib comminuted, the charge being lodged between the scapula and the ribs.

Two days thereafter, and as soon as shock was fairly recovered from, assisted by Drs. John M. Haden and Charles Ganahl, I exposed the dorsum scapulæ by a free crucial incision, trephined the bone with a one and one-fourth inch trephine, and removed sixty-four shot, three wads, fragments of clothing, and numerous spiculæ of bone.

Appreciating the importance and also the difficulties of securing union, osseous or ligamentous, of the widely-separated fractured ends of the clavicle, I made haste to secure fixation of the parts and give support to the badly drooping shoulder, by means of an angular leathern splint, made to embrace the whole arm, with straps passing front and back, and buckled to a padded leathern shoulder-cap resting over the opposite shoulder.

Aided by skin-grafting the healing of the wound, except the excavation left by the portion of destroyed clavicle, was accomplished in six or seven weeks; but on the removal of the support afforded by the leathern splint, nine weeks after the injury, the shoulder was found to droop in a most disfiguring manner; and, by reason of want of fixation of the shoulder, the movements of the arm were seriously impaired.

A thorough examination revealed *no evidence whatever of any chance for union of the bone, osseous or ligamentous.* I then determined to resort to periosteal-grafting. By means of the curved scissors and fuming nitric acid, the new tissue formation in the tract of the lost bone was removed, and by scraping off the cartilage formed on the ends of the bone, an excavation about three-fourths of an inch in depth below the surrounding surfaces, an inch to an inch and one-fourth in width, and measuring two and three-fourths inches between the nearest projections of the ends of the fractured bone was made. To maintain the proper length of the clavicle, a wedge-shaped axillary pad, etc., was applied. Having secured healthy granulations, rendered more vigorous by pencillings with a ten to twenty-grain solution of nitrate of silver, I proceeded to graft the wound with periosteum taken from healthy dogs, chloroformed or killed for the purpose. In case of the animals chloroformed the grafts were obtained from the superficial portions of the long bones of the legs; the scapulæ from the dog killed furnished the best grafts. I found a short, stout resection knife, curved on the edge at the point, best suited for cutting out the grafts, whether of periosteum alone or combined with laminæ of the subjacent bone, using the curved scissors for smoothly completing their separation. The grafts taken were the size of a large flax-seed, and applied with as little delay as practicable. The entire surface of the excavated wound, and the ends of the fractured bone were set with the grafts, placed about three-eighths of an inch apart. After waiting some thirty or forty minutes for the wound to take on the glazed appearance due to the drying of the lymph on its surface, the grafted surface was covered with perforated oil-silk; a compress of picked lint, moistened in two per cent. carbolized water, put on, the whole being held in place by adhesive strips.

Results.—Two months after the periosteum-grafting, examination of the parts revealed the fact that *the two-and-three-fourths inch gap in the clavicle had become filled out* with a tissue presenting the characteristics of bone as to hardness, inflexibility, and perfect performance of the function of giving support to the heretofore drooping shoulder. As felt, beneath the tegumento-cicatricial covering—the result of skin-grafting—the surface of the new section of bone was nodulated and rough, like a mass of rapidly developed exostosis. It was wanting in the natural contour of the adjacent portions of the clavicle, being more flattened out in its transverse, and more or less distorted in its long axis. There was no appreciable difference in the length of the two clavicles at this time. A careful measurement, made two years later, showed the bone to be one-fourth of an inch shorter than its mate on the opposite side.

A Case of Triplets.

Dr. J. B. Buist thus writes in the *Edinburgh Med. Jour.*, for September:

Cases of triplets in which all the children survive are so extremely rare that I think the following case worthy of being recorded:

E. S., æt. 31, wife of a Polish Jew, has had three boys, two alive, aged 13 and 11 years, and a third, born six years ago, who only lived six weeks. She is a short, stout woman, and her former labors have been easy. Her immense size during gestation had been subject of remark, and it was expected that she would bear twins. Neither in her own nor in her husband's family was there any history of plural births having occurred.

On the 8th of March, 1885, about 6 p. m., I was called to see her, and on examination found that the membranes were ruptured, and the os was the size of a crown-piece and dilatable. The head presented in the L. O. P. diameter. The pains were regular and good, so that in half an hour the first stage was nearly complete. The pains now commenced to flag, and the patient complained much of their severity and loss of strength, and begged to have chloroform. Seeing that the labor could be easily terminated, I commenced its administration about 6:50 p. m. At 7 p. m., I applied the forceps, and delivered a female child without difficulty. Its small size struck me as remarkable, and passing my hand over the patient's abdomen I at once found that scarcely any diminution in her size had taken place, and that in all probability there were two more children. After placing a double ligature on the cord and separating the child, I found that the uterus was well contracted over its contents.

On again examining, a second bag of membranes was felt. Passing my hand into the uterus, I immediately ruptured the membranes, and grasped the head of a second child, which I drew down and engaged in the brim of the L. O. A. diameter. The forceps were again put on, and the delivery of a female child completed with ease. The umbilical cord in this case was so short that it was with some difficulty that a double ligature could be placed upon it. Passing my left hand over the abdomen once more, the outline of a third child was easily made out; and after finding that the uterus continued to contract, I again introduced my hand into the uterus, and failing to rupture the membranes, I grasped a foot through them, when they were easily broken, and the delivery of a male child at once completed. In this case the cord was of considerable length, and the child was the largest of the three. The whole of the above proceedings only occupied a quarter of an hour. By subsequent gentle pressure over the uterus, the whole of the deciduæ were expelled *en masse* in twenty minutes. There was scarcely any hemorrhage, and a well-padded binder was at once applied, and a dose of ergot administered.

Mrs. S. made a very good recovery, but for a few days she suffered severely from after-pains. All three children on 12th of May are alive and well. One month after birth, No. 1 measured 17½ inches, weight 4 lbs. 2 oz.; No. 2 measured 18 inches, weight 4 lbs. 12 oz.; No. 3 measured 19 inches, weight 5 lbs. 3 oz.

Description of Deciduæ.—Weight 2 lbs. 13 oz. On examination of the uterine surface, there were two distinct placentæ, a larger with two cords, and a smaller with one cord. The larger corresponds to the two females, the smaller to the male child. The two placentæ are connected together by membrane, from one to two inches in width. The larger mass is irregularly quadrilateral, and is divided by a longitudinal groove into two unequal parts, 12 × 8 in. and 9 × 7 in. The smaller mass is crescentic 7 × 4 in.

Membranes.—The chorion forms a continuous envelope for the three amniotic sacs. It dips between the sac of the male and the female sacs. Apparently it does not dip between the two female sacs, their amniotic membranes being in close apposition; but on close inspection, a small amount of chorion connective tissue can be distinguished.

Umbilical Cords.—No I., length 13 inches, with 3 inches velamentous insertion at margin of double placenta. No. II., length 14 inches, with normal insertion. There is a "kink" or twist on this cord 4 inches from the placenta. No. III., length 24 inches, with 1½ inches velamentous insertion into the margin of the small placenta. The vessels to the small placenta do not pass into the larger. The vessels through both cords to the large placenta intermix freely.

Remarks.—This case is unique in my experience. Cases of triplets occur only once in between 7,000 and 8,000 labors, so that it rarely happens that accoucheurs have the good fortune to see them. Frequently one or more of the children are still-born, and in many cases they only survive for a few hours. Curiously enough, plural births occur most frequently in Russia; and it is worthy of remark that the father and mother of these infants had emigrated to this country from Russian Poland.

Their length and weight are also remarkable. The least length of a fœtus at full term is 17 inches, while its least weight is 2 pounds 6 ounces, while the average length is 19 inches, and the average weight 6 pounds 11 ounces. We thus see that they are nearly up to the average in length; and although they are below the average in weight, they are considerable heavier than the least recorded weight of a fœtus at full time. The combined weight of the children and placentæ was 16 pounds 14 ounces; and if the weight of the amniotic fluid be added, the total weight of the uterine contents must have exceeded 20 pounds.

The case is also interesting from the ease and rapidity with which the delivery was accomplished, the interval between each child being only five minutes. I have since asked myself whether it was quite safe to proceed so rapidly, and whether the danger from hemorrhage was not thereby increased. It appears to me on consideration to be the safest practice to empty the uterus at once when an anæsthetic has been given. We thus avoid bad effects from the prolonged administration of chloroform given without special preparation, and the tendency to uterine inertia which in such cases it might aggravate or induce.

Sponge Tent Remaining Eight Days in the Uterus.

The following instructive case is reported by Dr. James P. Boyd in the *Albany Med. Annals*, October, 1885:

August 11, 1883, Dr. John Swinburne asked me to see a patient with him, who had arrived the day previous from a distant part of the state. The history which he gave me as we rode to the house of the patient was as follows:

The patient had been brought to him by her physician, who stated that she had suffered from menorrhagia and metrorrhagia for many months. She complained, also, of pain in the lower part of the abdomen, and had lost strength. After treating her for a time without benefit, he determined upon a thorough examination of the cavity of the uterus, as he suspected that the hemorrhage was due to a growth situated above the os internum. Accordingly he introduced a sponge-tent of medium size, and, this not answering his purpose, he waited a day or two and then inserted a second tent. This was done in the evening. Calling the next morning for the purpose of removing the tent, he was astonished to learn that it had dropped out. The patient stated that a number of clots had been expelled from the vagina, and, with them, the tent. A vaginal examination revealed the fact that the cervical canal was well dilated as far as the os internum; at this point, however, owing to the insufficient dilatation, nothing of importance was discovered. The next day the discharge, which still continued, began to be offensive, and the physician became alarmed, fearing that the tent might have been retained, notwithstanding the assertions of the patient. As the discharge continued, and as the patient now began to suffer from chills and fever, it was de-

cided to bring her to Dr. Swinburne for advice. On reaching the house we found the patient sitting up and anxious to see us. She looked strong and vigorous. Dr. Swinburne and I examined her. We found the uterus enlarged. The sound entered a distance of a little over three inches. A finger could be passed as far as the os internum without difficulty. The examination was not satisfactory, and I decided upon a second visit in order to clear up the mystery. Dr. Swinburne asked me to take charge of the case. Returning soon after, with suitable instruments, I dilated the cervical canal with Ellinger's dilator, and then passed my finger up to and through the os internum, when I immediately detected the sponge-tent. With an ordinary uterine dressing forceps I seized the tent, which was fully expanded and very offensive, and without much difficulty removed it. Whilst removing the tent I discovered a growth attached to the fundus uteri. After the removal of the tent the uterine cavity was washed out with hot carbolized water. Cotton soaked in pure carbolic acid was applied to the mucous membrane of the uterine cavity, and the patient was instructed to remain perfectly quiet in bed. Hot-water injections were ordered for the vagina every four hours. Quinine was also prescribed. A few days later the patient felt well enough to return home. The discharge had ceased. A few weeks later, she returned to be treated for the uterine tumor, all the bad effects of the sponge-tent having completely disappeared.

Reviews and Book Notices.

BOOK NOTICES.

Post-Mortem Examinations with Especial Reference to Medico-Legal Practice. By Professor Rudolph Virchow. Translated by T. C. Smith, M. D., with Additional Notes. 12mo., pp. 138. Philadelphia. P. Blakiston Son & Co.

Nobody living knows how to conduct a post-mortem examination in a more scientific manner than Virchow, and it is well that the plan he pursues is here given in detail, so that the English and American profession may understand what a thorough *sectio cadaveris* means. Not that it will often be put into practice, but the mere contemplation of such a programme is an instructive lesson for most examiners.

A Manual of Weights, Measures, and Specific Gravity. By Oscar Oldberg, Ph. D. Cloth; 8vo., pp. 238. Chicago. Published by the author. Price, $1.50.

In this monograph the author, who is Professor in the Chicago College of Pharmacy, and is favorably known by other works on his branch, treats of the principles of metrology, weights and measures, specific weight and specific volume, scales and balances, and all the questions which bear upon this subject. A number of convenient rules and tables are added. The work is carefully prepared, and it would be difficult to find the same amount of information in any other single publication.

The Pedigree of Disease, being Six Lectures on Temperament, Idiosyncrasy, and Diathesis. By Jonathan Hutchinson, M. D., etc. 8vo., pp. 114. New York, Wm. Wood & Co.

There is prevalent among medical men a notion that disease is something out of the normal course of events. The distinction between pathology and physiology is often looked upon as equivalent to that between normal and abnormal action. This superstition, if we may call it such, is attacked by the lectures in this volume with much force. After all, disease is just as natural, just as normal, as health. Study its origins, and we can trace the operations of fixed laws just as clearly. The book is full of suggestive sentences. The author puts many old and familiar facts in a new light, which imparts to them a new meaning. It is in the spirit of Darwin, and is dedicated to his memory.

Epitome of Diseases of the Skin. By Louis A. Duhring, M. D. Reported by Henry Wile, M. D. 12mo., cloth. Price, 60 cents. J. B. Lippincott & Co.

In the compass of something over a hundred pages is given a series of reports of sixteen lectures by Dr. Duhring, on diseases of the skin. They were printed originally in a medical journal, and though they were suitable enough for the pages of a periodical, they scarcely merited reproduction in a more permanent form.

A Guide to Sanitary House Inspection. By Wm. Paul Gerhard, C. E. 12mo., pp. 145. New York, John Wiley & Sons.

The second title of this little book is "Hints and Helps regarding the Choice of a Healthful Home in City or Country." The author gives ample and clear directions what to look out for when one is making an inspection of a house or building site with a view to determine its sanitary qualities. His advice is sensible and useful.

Lectures on the Principles of House Drainage. By J. P. Putnam, Architect. 12mo., pp. 125. Boston, Ticknor & Co.

The subject of drainage in this volume is treated from the point of view of the architect and builder. The various methods are explained, and their relative merits discussed. A number of illustrations serve to explain the text. The author is well acquainted with his subject, and his lectures form a valuable contribution to the sanitary literature of the day.

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WOMEN IN MEDICINE.

We have always held that women have a perfect right to study and to practice medicine, if they are so inclined. We have neither the power nor the inclination to interfere with them. But, we hold that it would be much more in accordance with the fitness of things were their ministrations confined to members of their own sex; but here again we cannot interfere, for if a man chooses to engage the professional services of a woman, he is at perfect liberty to gratify his inclinations.

But, since it is the paramount duty of journalism to criticize what seem to be abuses, it becomes to us a necessity to call attention to what seems to us a false position in which women are sometimes placed, and a position such as is calculated not only to foster immorality, but to positively hamper the doctor in the performance of his duties.

Fortunately, the question of women in medicine seems to have regulated itself very nicely, and there is no clashing or trouble, but occasionally a point arises that would seem not altogether as it should be and that demands some attention.

As a rule, the practice of the two sexes runs in different grooves, but occasionally (we have a notable instance in a large hospital in this city) we find them commingled. On a recent occasion we saw a case of hæmaturia under the care of a male visiting physician, whose resident in the hospital was a young woman. The question was there and then suggested to our mind, suppose this or any other male patient requires the passage of a catheter, who will perform the operation? Upon inquiry, we were answered that it was the duty of the resident.

The inmates of this hospital are gathered from the very lowest classes in society, from men whose moral sense is very much blunted, and who in many instances have very markedly developed their lower animal passions. It happens sometimes that the residents (physicians) in this hospital are young and exceedingly attractive personally.

Now then, without mincing matters, we wondered whether when a young and attractive-looking woman freely handled the genitals of a depraved and morally anæsthetized man, whose-

physical ailments were so slight as to leave his passions unfettered, very unpleasant if not disastrous results might not sometimes ensue.

And, following out this line of thought, we asked ourselves whether the authorities are doing right to place women in a position where they are not only subject to unpleasant experiences, but where, owing to the peculiar and usually most sacred relations of the sexes, their full measure of duty might be interfered with.

We leave this subject for meditation, pointing out merely what seems to all men a rather peculiar position in which women are sometimes placed.

FURTHER ABOUT THE CONGRESS.

The whole question of this "International Congress business" resolves itself into the question as to whether a creative body has or has not the right to modify that which it has created, and we most positively believe that it has such a right.

Let it be once for all understood that the invitation for the International Medical Congress to meet in this country in 1887, the invitation that was extended and that was accepted at Copenhagen, issued from the American Medical Association and that the present organization of the Congress is in perfect accord with this body. The Association has not rebelled against the handful of "kickers;" they, on the contrary, are in open rebellion against the body that is the *most* representative body of the profession in this country.

It is not only idle, it is absolutely childish for journals that know better to keep up this talk about the failure of the Congress. Some of the very best men in this country are actively in sympathy with the Association and the Congress, and they are men of such eminence and such force of character that the Congress is sure not only to be, but to be a great success.

Not to consume space, we will mention but three names—Dr. Austin Flint, Sr., of New York; Dr. Nathan S. Davis, of Chicago; and Dr. Henry H. Smith, of Philadelphia. Is there a physician's office in the civilized world in which the names of this triumvirate are unknown? Let us ask our English readers whether, if the Congress were to be held in England, and the name of Sir James Paget went forth to the world as the President; in Berlin, and we had Virchow, or in Austria, and we had Billroth, they would not feel satisfied that the Congress deserved success and distinguished attendance from foreign countries, even though some few dozens of men of lesser eminence, being left out in the cold, had rebelled against harmonious unity.

It is true that some very prominent men have withdrawn their allegiance from the Congress as it now stands constituted, but in nearly all instances their withdrawal has been the result of peculiar pressure brought to bear by the originally disappointed "handful."

This clique is a powerful one, there is no denying that; but that it owns or can control the medical profession of this country is preposterous, and would be impertinence were it not ridiculous.

We have ample evidence that many of these rebels now regret the course they have pursued, and sigh for the days that have been numbered; we know that the large publishing houses that control the few journals that have championed these rebels regret exceedingly the course that their editors have pursued; we know, *as the representative journal of the profession of this country, that the profession, as a body, are in hearty accord with the American Medical Association*, and we can assure our transatlantic readers that the Congress will be held in Washington in 1887.

STATE VACCINE FARMS.

A contemporary calls attention to the need that exists for a supervision of vaccine companies. Were this operation always performed with *pure* and *reliable* virus, the props would be entirely knocked from under that small band of misguided fanatics who belittle this beneficent practice.

Its occasional unreliability and its occasional production of disease, carried by its agency from one to another are the only arguments that they have, and of these exceptional cases they manufacture oftentimes great agitations, as witness the

disgraceful scenes that have recently occurred in Montreal.

So long as the supply of vaccine virus is a matter purely of trade, so long will we be subjected to danger of adulteration, so to speak, for like all other trades, this one is liable to abuse. When inferior and less costly articles can be foisted upon the people, there are always found those ready to so defraud.

We have urged before, and we now urge again, that the question of virus supply should be under control of the state or of the government. By such means the prospects are that we could procure a good and reliable supply. Government commodities are nearly always of a high quality, though it is true the public have to pay for this excellence; but then we should not object, and the majority of us certainly *would* not, when the end to be attained was so desirable.

Notes and Comments.

A Young Mother: Unsuspected Pregnancy.

Dr. A. E. Legat thus writes in the *Brit. Med. Jour.*, October 10th: On June 30th, I was called about 7 a. m. to see J. S., a girl aged 14 years and 4 months. Her mother informed me that her daughter had been much pained across the bowels since one o'clock that morning, that "some color was coming away," and she did not know what was the matter. I learned that the girl began to menstruate when twelve years of age, and was regular for eighteen months afterwards. She had not, however, been "unwell" since, and her mother had been dosing her with the usual old woman's remedies. Her neighbors told her that it was not uncommon for "the courses" to stop in young girls, and that she would get all right again. The patient presented the usual external signs of pregnancy; and, on making a vaginal examination, though with some difficulty, owing to the girl's resistance, I found her well advanced in the second stage of labor. The child was born in three or four pains afterwards, the perinæum stretching rapidly and easily, without much apparent distress to the patient. The labor was in all respects natural, the child of average size, and the young mother made a good recovery.

This case, I think, is worthy of record for two reasons. First, neither her mother nor her neighbors had any suspicion of pregnancy. They had been struck with the girl's stoutness, but no one guessed the real cause. Her mother, by way of treatment I suppose, took her for a walk of nine miles only three days before her confinement. Secondly, while I have never attended so young a mother, I have rarely seen an easier labor in a multipara.

One painful element in the case was that her stepfather was the reputed father of the child, and that she had been deterred by threats from telling any one of the criminal connection.

The Antiphlogistic Touch of the Therapeutic Knife.

Those who have listened to Dr. Pancoast's clinics have repeatedly heard this procedure described. For those who have not been so favored we reproduce his remarks before the New York State Medical Society:

"If he sees a patient early enough, this enables him to say with almost absolute certainty that there will be no abscess. Having exhibited the little knives which he is in the habit of using, he stated that the special excellence which characterizes them is, that they leave no scar. By means of one of these the part is punctured in numerous places, and the dead blood let out. The method is applicable to tumors of almost any sort, as it affords the best possible means in deep-seated blood-letting of the part. The moment a bubo, or other gathering, becomes hard and refuses to yield to the action of local applications, he freely punctures it with his little knife, and occasionally he finds that there is a drop of pus on the point. By this method he has even cured some cases of goitre, both cystic and fibroid, or at least rendered the growth so small that it gave no further trouble. He also gives internal remedies, however, such as Donovan's solution and iodide of potassium, with the addition of cinchona or whisky, if the patient's condition seems to demand it. Many other glandular growths can also be successfully treated in the same way."

Capsicum in Hemorrhoids.

A case is mentioned by a correspondent of a Peruvian medical journal of a case of bleeding piles cured by capsicum. The patient was a man of 28 years of age. He was much distressed by passing variable quantities of blood after going to stool, and suffered a good deal from anal irritation and tenesmus. No tumor could be detected. He had formerly been in the constant and daily habit of using a violent purgatives for ten months, and

after he left it off, obstinate constipation followed, and it was under these circumstances that the hemorrhage commenced. The writer tried all kinds of remedies and regulated the diet without producing any great improvement, and at last was contemplating surgical measures, when he happened to mention the case to a hospital physician, who suggested a trial of capsicum, as he had himself been cured of a very obstinate form of chronic dysentery by its means, and he felt sure that it possessed the property of acting on the rectum. This was consequently prescribed with meals, and the doses gradually increased. A marked improvement soon was observed, and at the end of a couple of months a complete cure was effected.

A Plum-stone in the Trachea.

A little boy, aged nine and a half years, who had cracked a plum-stone with his teeth, swallowed a portion, which stuck in the larynx. His respiration became stridulous, and five hours afterwards he was brought into the Reich's Hospital in Christiania. No signs of the stone could be seen with the laryngoscope, but, the symptoms being urgent, crico tracheotomy was performed; the foreign body which was two centimètres long by one broad, was extracted through the upper extremity of the wound. This was then closed, as the respiration was free. Bronchititis and pneumonia set in, so that it was a month before the child recovered. Dr. A. Malthe, who relates this case in a Norwegian medical journal, considers that lung-complications after tracheotomy are usually due to the inhalation of cold air through the tracheal opening. In this case, ordinary tracheotomy was not performed, because the foreign body was evidently impacted high up in the neighborhood of the cricoid cartilage.

Cocaine Anæsthesia.

Dr. J. Leonard Corning informed us through the *N. Y. Med. Jour.*, September 19, that it is possible to prolong the anæsthetic effect of cocaine to any desired extent by simply obstructing the circulation of the blood through the tissues into which it is injected, thus effectually preventing its escape from the area desired to be rendered anæsthetic. Now Dr. M. J. Roberts tells us in the same journal, October 24, that he has performed two operations, one "femoral supra-condyloid osteotomy for genu valgum," in a boy four years of age, the other "excision of the hip-joint;" both under the influence of superficial and deep injections of cocaine, with no suffering to the patient. The circulation in the part was controlled by elastic bands. Truly this is a wonderful and epoch-marking discovery; for if we can secure sufficient anæsthesia to perform capital surgical operations, and yet avoid the unpleasant features of ether and chloroform, we have made a wonderful discovery.

Antipyrin in Phthisis.

M. Rollet, an *interne*, furnishes to the *Lyon Medical*, August 2, 1885, an account of the results obtained by Dr. Mayet's trial of this substance in cases of phthisis during the last four months. These are—

1. That the medicine is well borne in half-gramme doses to the extent of from two to four grammes per diem.

2. That in spite of its manifest anti-thermic power it exerts scarcely any influence on the general condition of tuberculous patients arrived at the last stage of the disease, in whom all the other symptoms then continue to increase in intensity.

3. It is especially indicated, and may lead to a certain amount of amelioration, in tuberculization that is but little advanced, when fever is the principal cause of the debility.

Artificial Respiration in Sunstroke.

A medical man writes to one of our English exchanges that he treated a case of sunstroke, in the end of March, by employing artificial respiration (Silvester's method), when, after the usual treatment was employed, he could not detect the least sign of breathing, though the heart was acting strong and well at first. The patient regained consciousness in about ten minutes and recovered.

The success of the mode of treatment employed in this case throws a light on the pathology of the state of the lungs seen in some cases of death from sunstroke.

In a case of passive congestion of the lungs in enteric fever, he caused the patient to inspire deeply six or eight times every half hour for several days, and also attended to the posture of the patient; the result was recovery.

Fracture of Three Ribs and Probable Contusion of the Liver.

Dr. M. S. French, the Police Surgeon of this city, whose experience among the police is very extensive, has furnished us with the particulars

of the following interesting case: A man was tossed by a bull, had three ribs broken, received a severe scalp wound and what seemed to be a contusion of the liver. This latter opinion was surmised from the fact that for several days he had a bilious diarrhœa, that was ushered in by a rigor. For a time hepatic abscess was feared. He was given minute doses of calomel and podophyllin, with large doses of quinine at bedtime. During the course of his illness, erysipelas of the scalp set in, which was controlled by large doses of tincture of chloride of iron and quinine. Before the injury he had been exposed to malarial influences, doing night duty along the banks of a canal, the bottom of which was frequently exposed. His recovery was complete.

An Incompatible of Antipyrine.

In the *New York Med. Jour.*, October 24, 1885, Dr. Eccles announces that while making pharmaceutical investigations, he had occasion to mix some sweet spirits of nitre with a solution of antipyrine. At first the mixture was clear and colorless, but, after some hours' standing, became green. The optical appearances of this fluid were identical with those of the anilines, and, as antipyrine was a coal-tar product, he supposed the change was due to the formation of a green aniline, and so it had proved to be. This incompatibility was all the more important as both substances were used for antipyretic purposes, and might be prescribed together.

A Curious Fracture of the Skull.

Before the recent meeting of the New York State Medical Society, Dr. Govan read the report of this rather peculiar case. The patient was struck by a railway train, and when seen was found to be perfectly unconscious, and to have a fracture of the skull, with depression behind and above the left ear, which was caused by his head striking the ground. The patient remained unconscious for four days, and an operation for raising the depressed bone was just about to be undertaken, when it was ascertained that the bone had risen spontaneously to nearly its normal position. On the following day the depression had still further disappeared, and the patient was found to be conscious and able to speak. From this time he gradually recovered.

Monobromated Camphor in Alcoholism.

Dr. James Weir tells us in the *Louisville Medical News* (Oct. 17,) that he was called to see a man on the verge of *delirium tremens*. He had a nurse appointed him and gave him a pill (hydrarg. chlo. mite, grs. x). Five hours after the administration of the pill he had a copious and free dejection. He then ordered a capsule of camphor monobromat. (grs. v.), to be administered every hour until sleep ensued. Later, he was found still restless, very nervous, and apprehensive. He had taken but one pill. He ordered another at once, to be repeated every hour. After the third dose he fell into a calm sleep and slept till 10 o'clock the following day, when he awoke and clamored for his breakfast, entirely recovered.

For Infantile Eczema.

In the *Rev. Therap.*, October 1, we note the following preparation for the cure of infantile eczema:

℞. Vaselini, ℥j.
Picis liquidæ,
Hydrarg. chlor. mit., āā ʒss. M.

Apply two or three times daily until cure is effected, unless the remedy becomes too irritating, when its use should be suspended for a short time. When the eruption is situated upon the head, a valuable and convenient adjuvant to the treatment is a rubber cap.

A Diuretic Mixture.

Dr. Joseph Mullone, of Lyons, Ind., writes to the *N. Y. Med. Jour.*, that he has treated a number of severe cases of anasarca, most of them of distinctly malarial origin, and has been much pleased with the action of the following formula:

℞. Compound spirit of juniper, ♁j.
Sulphate of iron, ʒij.
Acetate of potassium, ʒss.
Fluid extract of digitalis, fl. ʒij.
Syrup of squills, fl. ʒss.

Dose, a tablespoonful three times a day. In severe cases the patient is to drink also a cold infusion of elder root.

Presence of Blood in the Urine.

Luchini (*Deutsch. Amer. Apoth. Zeit.*, August 1, 1885,) publishes a new method, which in view of its absolute reliability, on account of its great simplicity, would be decidedly preferable to all procedures thus far in vogue for the same purpose, viz., the discovery of the presence of blood in the human urine. The method consists in the shaking of 10 cm. of the urine, which has been acidulated with one drop of acetic acid, with three cm. of chloroform. If the urine contains but one drop of blood, the chloroform accumulating at the bottom will assume a reddish tint.

Special Report.

PROGRESS OF OTOLOGY.

Continued from Report of Medical and Surgical Reporter April 18, 1885.

BY LAURENCE TURNBULL, M. D.

Aural Surgeon Jefferson Medical College Hospital.

Surgical Opening of the Mastoid.—The disposition of the present day is not to operate by perforating the bone even in deep-seated disease of the mastoid process, or cells in which there is caries with altered blood or pus.

This procrastination in our opinion may be the cause of death in many instances, for no matter what means we may employ, if this is not done and a free vent or outlet given to the pus and dead bone, it will pass inwards towards the brain, where there is the least resistance. It is certain, as stated by Schwartze, that the numerous cavities of the ear are particularly adapted for the retention of large purulent masses which if not removed, gradually dry up and become caseous, and this is especially the case with the antrum mastoidum of children, which is about the size of a cherry-stone, and, as it lies behind and above the tympanum, easily collects the pus when the child lies on its back in bed. According to Buhl, tuberculous self-inflection from caseous collections is most common in youth—at the time when the body is growing, and the formation of blood and lymph is active.

You have no idea how frequently the tuberculosis of children is dependent on purulent retention in the cavities of the ear, and it is only necessary to prove this to examine the cavities of the petrous bone, which lie superficially just beneath the dura-mater, and which can usually be easily broken open with forceps. If this were done greater care would hereafter be taken to prevent and remove the pus from within the ear. The following is Dr. Morpurgo's opinion of the operation: *Le Operazoni Da Praticarii Sull Apofisi Mastoidea.* Dott Eugenio Morphurgo, Estratto dal *Bollettino delle Malattié dell Orecchio della Gola e del Naso.*—Anno III, No. 2,

"1. The dangers of damaging important organs in the mastoidea process, are in most cases avoidable, thanks to our improved methods of operating. In no case should they be used as an argument against the operative act, as such accidents lose all their importance when compared with the favorable indications of the operations.

"2. The time allowed to cure non-operated cases cannot be fixed, but it must be borne in mind that in all such cases, while waiting the onset of very serious symptoms, it is liable to render the operation useless.

"3. Wilde's incision, to be of avail, must be employed in the early stages.

"4. The question of opening the tender spot of the process is indicated by the intensity of pains of the neuralgic form, even if not accompanied by fever or other grave symptoms.

"5. The abscesses which, in the mastoid region, in the course of an otitis media chronica require the breaking up of the bone so as to be enabled to examine the latter minutely."*

What have been the results of this operation? A careful analysis will show by statistics that the success has been most satisfactory. Schwartze† has collected and published one hundred cases, with carefully detailed histories, temperature charts, etc. The following is in brief a list of ages of the patients and results:

Between two months and one year	6 cases.
" one year and ten years	23 "
" eleven and twenty years	32 "
" twenty and thirty years	20 "
" thirty and forty years	4 "
" forty-one and fifty years	7 "
Over fifty years	8 "
Total	100 cases.
Cured	74
Not cured	6
Died	20
Total	100

It will be noticed in the table that the largest number of cases are between the boy of eleven years and the young man of twenty years, just reaching the most important period of his life; then follows that of twenty and thirty years. By the term "cured" he means the cessation of the purulent process and the entire relief from pain.

Schwartze states that the average duration of treatment in his cases was from nine to ten months. In the six cases not cured the cause of failure was unsuitable mode of operation and improper after-treatment. Of the twenty deaths, six were from meningitis tuberculosa, two from abscess of the brain, one from pneumonia catarrhalis, three from tuberculosis pulmonalum, and one from epithelioma. In only one case was the operation the direct cause of death by a splinter of bone perforating the dura mater.

As observed by Schwartze, from the history of

*Of the cases of operation mentioned, and which constitute a small portion of the number examined by me, the first two were operated by me; the last, owing to the social position of the patients, were compelled to seek refuge in the hospital, and were addressed by me to my respected friend, Dr. Escher, one of the few surgeons who interested themselves in the progress of otology. I was able to assist at the operation and follow the course of the disease.

†Archives für Ohrenheilkunde, xv., xvi., xvii., xviii.

the above cases (which we cannot give in detail), the fact appears that it is possible by the perforation of the mastoid to bring the most difficult and tedious cases of caries of the temporal bone to a perfect and permanent cure, even when the petrous portion is involved in the carious destruction.

Ninety-eight cases of perforation of the mastoid process have been collected by Poinsot (*Dict. Méd. et Chirurg.*), in 35 of which the trephine or trepan was used; in the remainder other instruments—gouge, drill, trocar, etc.—were employed. Of the total number of cases, 15 terminated fatally; in two the result is not stated; in 5 there is no recorded result; 5 others were under treatment at the time at which these cases were reported; the rest were successful. Of the 35 cases in which the trephine or trepan was used, 4 terminated fatally; in the total number of cases, the results of which are differently specified, 17 per cent. were fatal, and 21 per cent. successful. Buck, of New York, has collected 39 cases of suppurative inflammation of the mastoid in which the cases were left to nature (expectant treatment); 34 were fatal.

The Influence upon the Hearing.—This depends upon the amount of disease in the sound-conducting apparatus of the ear proper. In seventeen of Schwartze's cases the hearing becomes normal, in the remaining cases the hearing distance varied from two to thirty-four cm.

On the Value of the Ophthalmoscopic Examination in Diseases of the Mastoid, with Brain Complication.—Dr. Knapp states that in his opinion neuro-retinitis is not a frequent symptom, but when present a most important symptom of brain disease, because it is objective, and is positive evidence that the inflammation has extended to the cranial cavity.

It is not only of very great value in determining the appropriateness of opening the mastoid in many cases, but also in furnishing us a kind of barometer, whose rise and fall (that is increase and decrease of the neuro-retinitis) will point towards aggravation or amelioration of tympano-mastoiditis.

He has also found it of peculiar value at the period when the opening of the mastoid may be allowed to close, which should not be as long as the neuro-retinitis has not yet disappeared.

Politzer states that he cannot from his own experience confirm the conclusion that optic-neuritis and the appearance of engorgement of the retina, occurring in suppuration of the middle ear, are sure signs of already commenced secondary cerebral affection, as he has recently found such phenomena in cases in which there was not the slightest indication of a cerebral affection. Taufel observed in one case, after the opening of mastaid process on the retina of the affected side, hyperæmia and ecchymosis, which formerly existed, disappear.

A very good authority, Dr. Charles F. Kipp,* on the subject of optic neuritis in cases of purulent inflammation of the middle ear, writes with regard to the ophthalmoscopic appearances observed in his cases, "that they differed in nowise from those in the ordinary form of optic neuritis of moderate degree. The swelling of the optic papilla, although never very great, was always distinctly visible during the height of the disease. Tha color of the papilla was either reddish or reddish-gray, and the edge of the papilla was either blurred or completely hidden. The adjacent retina was more or less opaque, and it, as well as the peripheral portion of the papilla was distinctly striated. The retinal veins were always fuller than normal. Hemorrhage and white plaques on the disk or in the retina were seen in only a few cases. The more intense form of optic neuritis known as choked disk, which occurs in connection with tumors of the brain, he has never seen in cases of otorrhœa.

From the drift of the discussion in the American Otological Society, 1884, it would almost appear as if there were no precise indication for the opening of the mastoid. Dr. Knapp† desired to state that he considers this operation as legitimate, and in many cases as unambiguously indicated as any surgical operation, for instance that of glaucoma.

In cases where the indications for opening the mastoid were doubtful, he relied, more than any other symptoms, upon a *constant, intense pain* radiating from the ear and mastoid over the corresponding half of the head, sometimes more pronounced at the vertex, at other times more in the forehead or the occiput.

(*To be continued.*)

CORRESPONDENCE.

Early Closing of the Fontanelles.

EDS. MED. AND SURG. REPORTER:—

I will be grateful for information through the columns of the MEDICAL AND SURGICAL REPORTER in regard to the significance of premature closure of fontanelles. Can find nothing definite in my text-books. Here is the case in question:

* Archs. Otology, vol. xix., No. 1, p. 5, March, 1885.

† Transactions Otological Society, Medical News, Philadelphia, July 28, 1884.

B. H., infant, five months old, apparently perfectly healthy, has never been sick; bright and playful. Both parents healthy, and without any known constitutional disease. The fontanelles closed in this child's head at the end of the first week of its life. There is now only a *slight* depression of the anterior fontanelle. Is prognosis necessarily bad? E. L. Dawson, M. D.

Camden, Ark.

Morphia Habit by Vaginal Injections.

Eds. Med. and Surg. Reporter:

The following case merits publication. If it does not open a physiological problem as to the action of the absorbent glands of the mucous membranes, it at least demonstrates that the opium habit may be formed under peculiar circumstances.

On October 4th, I was consulted by Mrs. E. J——, a respectable farmer's wife, aged fifty-five, her appearance slightly emaciated, but otherwise normal. She informed me that twenty years ago, while suffering from prolapsus uteri, accompanied with ulceration of the os, she used injections of morphine per vaginam, with beneficial effects as regards relief of pain, etc. In time she discovered that she could not discontinue their use without intense suffering from general nervous prostration. Efforts to use the morphine by the stomach proved fruitless. Not only did it fail to give the needed stimulation, but caused nausea. She at present uses about two drachms weekly, making a weak solution, and using an ounce vaginal syringe four to six times daily. Calkin's reports a case where the drug was habitually used per rectum, but I believe this to be the first case on record where morphine was indulged in with a vaginal syringe. H. P. Pebbles, M. D.

San Gabriel, California.

The Payment of Medical Men by Results.

Eds. Med. and Surg. Reporter:—

An item in the Med. and Surg. Reporter of October 10, 1885, referring to the payment of medical men by results appears much less strange to me now than it would have six months since. Arriving in Butte City, M. T., last May, I was struck with the ludicrousness of the manner in which patients affected with chronic troubles approach the doctor. After relating the history of his complaint and his symptoms in full, and getting the physician's opinion and prognosis of the case, the question almost invariably put is, "Well, doctor, how much will you cure me for?" or "How much is it going to cost me to get cured?" and many insist on being treated in this manner. The doctor replies, stating an amount for which he will treat the patient, stipulating that a certain proportion or all of which must be paid in advance. Having come to an agreement, the doctor prescribes and the patient then feels at liberty to call as often as he likes, knowing that the size of his bill will not depend upon the multiplicity of visits made. I am not sure but this arrangement has its advantages. In the first place, the doctor [getting a portion at least of his fee in advance, and the patient anxious to get his money's worth, as well as to regain his health, will usually make frequent visits, thus giving the physician a better opportunity of examining the case; and, again, the doctor is enabled to get some compensation for his labor from a class who would otherwise, in all probability, pay nothing.

W. H. Dudley, M. D.

Butte City, Montana.

News and Miscellany.

Health Officers, Ancient and Modern.

In the course of his remarks before the American Academy of Medicine (*Medical Record*, November 7, 1885), Dr. Benjamin Lee, Secretary of the State Board of Health of Pennsylvania, said:

The important position assigned to hygiene and State medicine during the past decade, is an evidence at once of the advanced stage of civilization, and of the dense and rapidly-increasing population. It also indicates that long occupancy of the land by successive generations has, at length, overtaxed the regenerative and self-purifying energies of the earth, and that extraordinary methods have now become necessary.

Reference was then made to the honors bestowed on the officers of public health in ancient Rome, and the high esteem in which they were held. To this was largely attributed the excellent sanitary condition of that city.

The second portion of the paper was occupied with a consideration of the organization of boards of health. The first point made was that in selecting the material for boards of health, politics, in the bad American sense of the term, should be rigidly excluded. Where it is possible to avoid it, the members should not be elected by the people; especially is this the case in large cities.

Secondly, boards of health should be composed chiefly of physicians; but at least one member should be a man eminent among his fellows for prudence and judgment in trade and commerce; for doctors are, proverbially, bad business men.

Thirdly, as it is desirable that there should be harmony of action and of sentiment between the municipal government and the board of health, there should be a representative of one on the other.

Fourthly, it is essential for the practical working of the board that it should employ a paid agent, who shall devote as much time as is necessary to inspection and investigation of the sanitary conditions of the locality, and carry into execution the orders of the board.

Finally, every member of the board should receive a fair and even generous compensation for his labors.

Burial vs. Cremation.

The Paris correspondent of the *Lancet*, October 3, thus writes:

One of the arguments against cremation is the possibility of poisoning, or other criminal cases, passing unnoticed, and consequently unpunished; whereas by inhumation this is rendered impossible, at least for a certain time, as has on many occassions been proved. Again, inhumation af-

fords opportunity for proving the innocence of persons falsely accused of having caused the death of their fellow-creatures, either by poison or by other means. Many examples are on record to substantiate either position. The case of the criminal Pel is fresh in the memory of your readers; and only very recently a married woman who was known to be *enceinte* died, and after the usual death certificate, in which it was declared that she had succumbed to an acute attack of pneumonia, she was buried in the ordinary way. Suspicions arising as to her death having been produced by other than "natural causes," the judicial authorities were induced to have the body exhumed and submitted to an examination. The autopsy made by Professor Brouardel revealed lesions due to criminal practices for the purpose of procuring abortion. Three persons, the husband of the deceased, their daughter, and a midwife, have in consequence been arrested, and are awaiting their trial. In favor of the second supposition, I may mention that a case also recently occurred in which a boy of twelve years of age, who was undergoing treatment in the St. Louis Hospital for some skin disease, died rather suddenly. Suspicions were entertained as to the boy having been poisoned through the carelessness of the pharmacien, who was supposed to have administered a toxic substance instead of the medicine prescribed by the physician. In this case also the body was exhumed and examined, and it was found that death was caused by congestion of the lungs.

The Nature and Treatment of Cholera.

M. Peter, in a communication to the Académie des Sciences, on the cholera epidemic of 1884, stated that he treated forty-three cholera patients in his wards at the Charité Hospital; twenty six were cured, seventeen died. M. Peter did not believe that cholera was, pathologically, a separate affection, but the last expression of a morbid progressive series of phenomena, beginning with simple diarrhœa, going on to cholera from diarrhœa, then to cholera nostras, and finally to Indian cholera. The morbid series might remain incomplete, and stopped at cholerine or cholera nostras. The difference between cholera nostras and Indian cholera was, according to M. Peter, the greater morbid intensity of intrinsic causes. Indian cholera and cholera nostras, he affirmed, were the same affection, and could be provoked by morbid agents. Spontaneous generation of cholera was not inconsistent with its importation. The cause of cholera, according to M. Peter, was some organic poison, probably a ptomaine, which acted on the solar plexus by means of the nerves of the gastro-intestinal mucous membrane. During the typhoid phase, the patient was exposed to sepsis from within or without; during convalescence he was liable to neuralgia, and paralytic and cerebral disturbances. M. Peter recommended blisters above the abdomen, with subcutaneous injections of from five milligrammes to one centigramme of hydrochlorate of morphine under the skin, for relieving cramps, and continuous currents for nervous irritation. This treatment arrested the vomiting. Spinal ice-bags he also believed to be efficacious.

American Academy of Medicine.

At the ninth annual session held in New York city, October 28 and 29, the following papers were read: "The Study of Medicine as a Means of Education," by Dr. R. L. Sibbett, of Carlisle, Pa. "Medical Supervision in Student Life," by Dr. Charles McIntyre, of Easton, Pa. "The Climatic Treatment of Disease, with an Illustration of Western North Carolina as a Health Resort," by Dr. Henry O. Marcy, of Boston. "What is Medicine?" by Dr. Albert L. Gihon, United States Navy. "Health Officers, Ancient and Modern," by Dr. Benjamin Lee, of Philadelphia. "Micro-organisms and their Relation to Disease," by Dr. Samuel N. Nelson. "Observations on the Relation of Bacteria to certain Puerperal Inflammations," by Dr. Ernest W. Cushing, of Boston. "The Physician and his Patient," by Dr. J. D. Kelly, of Utica, N. Y. "On the Physicians of Delaware in the Eighteenth Century," by Dr. Lewis P. Bush, of Wilmington, Delaware.

The following officers were elected for the ensuing year:

President—Dr. R. Stansbury Sutton, Pittsburg, Pa.

Vice-Presidents—Drs. Lewis P. Bush, Del.; S. J. Jones, Ill.; R. L. Sibbett, Pa., and F. H. Gerish, Maine.

Secretary and Treasurer—Dr. R. J. Dunglison, Philadelphia, Pa.

Assistant Secretary—Dr. Charles McIntyre, jr., Easton, Pa.

Pittsburg was selected as the next place of meeting, on the third Tuesday in September, 1886.

Ferran's Inoculations.

The *Lancet*, October 3, 1885, says:

For some time nothing had been heard of Dr. Ferrán and his inoculations, but, according to a letter published in the *Semaine Médicale* of last week, the whole of the population of Cambrils is up in arms against the deputies of Dr. Ferrán who were sent thither to practice the so-called anti choleraic inoculations. It would appear that before these inoculations were commenced there was not a single case of cholera in the town, but from the day that they were put into execution to September 11 eleven deaths from cholera took place, in five of which the persons were inoculated; these five persons were the first victims to the disease, and consequently the conclusion was drawn that these first cases had by contagion determined the disease in others. Moreover, among the inoculated several cases of gangrene of the arm were observed, and it is stated that in Cambrils alone amputation of the arm, sometimes of both arms, in eleven persons that had been inoculated, had to be performed. The panic which reigns among the population, particularly among the inoculated, is said to be indescribable; and I am afraid that, unless Dr. Ferrán can produce *bonâ fide* cases to prove the efficacy of his inoculations, his position will be far from enviable.

Ancient Libraries and Hygiene.

The *Lancet* tells us that not in Athens only, but in Rome and in Alexandria, there were libraries containing tens of thousands of volumes, while in the provinces there were private book collections

hardly less collossal. Pamphilus of Cæsarea, in Palestine, who was canonized after suffering martyrdom, A. D. 307, had a famous library, which he threw open to the public, and which consisted of 30,000 volumes. These noble institutions were frequented by students sufficiently numerous to require hygienic regulation. Thus, for example, the Roman parchment on which so many of the books were written had to be disused, as its extreme whiteness injured the eyes of the reader. According to Isidore of Spain (Bishop of Seville, A. D. 600–636), architects of libraries came to discountenance gilded ceilings, and to insist on the floors being of Carystian (that is, green) marble, because the glare of the gold was found to blunt the vision, while the green refreshed it (*quod auri fulgor hebetat et Carysti viriditis reficiat oculos*). For the same reason, in the coin departments of museums the students had to examine the denarii on cloths of myrtle green, and the artists in gems when at work used to glance from time to time at the backs of *scarabei*, than which nothing is greener (*quibus nihil est viridius*), says Isidore, to relieve the eye congestion induced by their minute and intense labor.

Pasteur's Discoveries in Inoculation for Hydrophobia.

A recent cablegram to the *New York Herald* states that Dr. Louis Pasteur's experiments have resulted in a most briliant success. At, perhaps, the most important sitting held by the Academy of Sciences, Dr. Pasteur thus described the process of cure by means of a rabbit inoculated with the fragment of a tissue taken from the spine of a rabid dog. The inoculation of the poison occupied fifteen days. As soon as the first rabbit inoculated was dead, a portion from its spinal marrow was, in turn, inoculated into a second rabbit, and so on until sixty rabbits had been inoculated. At each successive inoculation the virus increased in potency, and the last period of incubation did not occupy more than seven days.

Having ascertained that exposure to dried air diminished the virus, and consequently reduced its force, Dr. Pasteur supplied himself with a series of bottles of dried air. In these bottles he placed portions of inoculated spinal marrow at successive dates, the oldest being the least virulent and the latest the most so. For an operation, Dr. Pasteur begins by inoculating his subject with the oldest tissue, and finishes by the injection of a piece of tissue whose bottling dates back only two days, and whose period of incubation would not exceed one week. The subject is then found to be absolutely proof against the disease.

What is Murder?

The *Denver Medical Times* says that a certain doctor was called to see a lady in the middle walks of life, she being in the third month of pregnancy, and was determined, she said, to have an abortion produced. The doctor after listening to her pathetic pleadings for some little time, asked her to give her reason. Her reply was, "Look at this child," she was holding on her lap a little girl, aged twelve months, "not old enough to wean. *I cannot take care of two.*"

"Well," said the doctor, "then you want to get rid of one of them, do you?"

"Yes," said the woman, in a low voice, dropping her head.

"All right," replied the doctor with considerable firmness, and he picked up a hatchet lying near by, and quickly raised it as if to brain the little girl. The woman screamed frantically and caught the hatchet, saying in a wild and frightened voice, "Doctor, what in the name of heaven are you going to do, murder my little darling?"

"Yes," said the sage old doctor, "you said you wished one of them killed."

"Yes, yes, doctor, but not this one."

"But, my dear woman, I prefer to kill this one, because in the other instance I would endanger your life, probably kill you, thereby becoming a double murderer."

Microphthalmos.

Dr. William Kitchen reports this case in one of our foreign exchanges:

The child, a female, is seven weeks old, and is fairly well developed. She was born with two teeth. For the first two days the eyeballs could not be seen in consequence of the closure of the eyelids, and when the child was able to open them, it was observed that the eyes were preternaturally small. The eyeballs are proportionally diminished, the right being smaller than the left. There is slight coloboma of the left iris, but the pupil responds to light. The pupil of the right eye is only a small irregular opening. The cornea of the left eye is quite transparent, but that of the right is slightly opaque. On the left side the appearance is exactly that of a miniature eye with all the parts perfect. He has not been able to examine the fundus, so cannot say in what condition it is. The parents are healthy, and have another child, a fine well developed boy, four years old; his eyes are free from disease or defect. The mother ascribes the unfortunate condition of her second child to a fright when she was three months pregnant, caused by seeing a dead child with the eyes not closed.

Hæmatemesis Neonatorum.

The *Lancet*, October 17, says: This hybrid term may be allowed to describe a symptom which sets in soon after the birth of a child, and not unfrequently leads to its death. The specimen which Dr. Sawtell showed at the Clinical Society last week was an excellent example of multiple ulceration of the mucous membrane of the stomach of the newly born. That the fatal hæmatemesis was due to these ulcers no one could doubt: but in many cases of the sort no ulceration can be detected; and indeed, according to many authors, such ulcerations are certainly rare. But one of the most recent works on children's diseases—Dr. Goodhart's—states that gastric ulcers are not very uncommon in the newly born, and ought to be attributed in some way to the disturbance of balance in the circulatory system which supervenes on the separation of the infant from the placenta. Dr. Radcliffe Crocker made a happy suggestion in attributing such ulcerations to a "purpura" of the gastric mucous membrane, and akin in nature to the less dangerous purpura neonatorum.

Electrolysis.

The French correspondent of the *Medical Press*, October 7, says: "At the Académie de Médecine a member read a paper on the introduction into the economy of certain medicines by means of electricity. If an electric current be passed through a solution of a salt, the salt is decomposed; the metal goes to the negative pole, and the metalloid goes to the positive pole. It is this operation that the author succeeded in accomplishing through the organism, and to which he has given the name of electrolysis. In the case of iodine, he applies to a part of the body a piece of wadding steeped in a solution of iodide of potassium, and then places on it the negative pole, while the positive pole is placed on any other part of the body. The iodine separates itself from the potassium, and is eliminated through the organic tissues towards the positive pole with great rapidity, as may be proved by applying a piece of starched paper, which becomes blue. The author affirms having by this method cured several cases of chronic rheumatism, uterine fibroma, and a case of rheumatic ovarian neuralgia.

Lunacy in Paris.

From a report just issued by the Prefect of the Department of the Seine, it appears that there are now six times as many lunatics in Paris as there were in 1801, whereas there are scarcely three times as many inhabitants in the capital. During the three years ending with 1883 the average number of persons confined as lunatics was 3,509, against an average of 2,714 in the ten years ending 1880. Down to 1866 the number of female lunatics exceeded that of the male; but since since that date the men have predominated in an increasing ratio, and now supply nearly 56 per cent. of the total. The numbers of the married and the single are almost exactly equal. The chief of the "physical" causes producing mental disease is excessive drinking, which is responsible for 562 cases out of the 1,067 admitted in the year. Of the "moral" causes, domestic trouble stands first with fifty-nine cases, and after it in order come money losses, alarm, surprise, domestic affliction, and religious mania, which last appears to be comparatively rare in Paris.

The Wearing of the Beard in the French Army.

It is in contemplation to allow the officers and soldiers of the French army to wear beards. This is just as it should be, for it is inconceivable that a man should be deprived of this very comfortable and ornamental appendage merely to satisfy the caprice of a military chief. Various arguments for and against the wearing of the beard and moustache have been adduced from time to time; but those in favor of it will certainly outweigh those against it, not the least of which is that in the French army it will realize a saving of 600,000 francs, setting aside the time that is taken up with shaving, which is worthy of consideration, particularly in time of war. There are not a few opponents in the army to the wearing of the beard. The Minister of War has therefore considered it necessary to have the opinion of the general officers on the subject, and the reports of the latter are to be forwarded to his office.

San Francisco's Drainage.

The *San Francisco Chronicle* has created a sensation by publishing an account of the city sewerage system which exhibits a fearful state of things. In point of fact, the city has no sewerage system. Half the pipes which carry the house discharge to the main sewers are blocked up. Half the main sewers are blocked up too. In many cases the larger pipes are run into smaller ones. In many other cases there is no fall. In nearly all cases the sewers fail to do what they were intended for. It is shown that owing to incompetence, carelessness, stupidity, or corruption, the city is daily and hourly exposed to epidemics, from which probably nothing but the steady ocean breezes save it. To create a new and effective sewerage system would cost millions, but there seems no escape from the outlay. Yet before it can be undertaken the State Constitution will have to be amended probably, as it restricts the expenditures of the city below the necessary outlay.

Lead-poisoning at Sea.

The Paris Municipal Laboratory has received a report concerning an epidemic of lead poisoning which recently happened on a Norwegian vessel coming from Cadiz. Several of the crew exhibited symptoms of lead-poisoning, and the vessel was put into port in New York. The captain and several of his men were sent to the hospital at Coney Island. Two men died; the others recovered, after suffering severely. The affair was investigated, and it was ascertained that impure drinking-water was the cause of the catastrophe. The ship's tank was painted inside with red lead; the water became of a yellowish color. The municipal Laboratory has issued a recommendation to landlords, and all persons who have cisterns or water reservoirs, that resin or tar, dissolved in turpentine or benzine, should be used for painting them. It appears that, in Paris and its suburbs, a great many cisterns are painted with pigment containing lead.

Hygiene in London.

It is greatly to the credit of hygiene, which is thoroughly appreciated and practiced in London, that the extraordinarily low death-rate of 13 per 1,000 of the population was reached recently. This, we are officially informed, is the most favorable rate of mortality ever attained since statistics were regularly compiled and issued for the metropolis, and is beyond precedent also (we believe) when compared with any other large city of the world. When we consider the enormous area and population of this modern Babylon, with the average addition of one thousand births over deaths within its radius weekly, it is the more astounding, and points unmistakably to the salubrity of its situation, the thoroughness of its drainage, its excellent water supply, and lastly, though not the least important factor, its complete sanitary supervision and control.

The Medical Press Gagged.

The *London Med. Times* says: A Russian journal of hygiene entitled *Health*, has just been suppressed by a tribunal consisting of several high officials, including the Minister of Education him-

self, and representatives of the ministry of justice, and the ministry of the interior. Curiously, too, the legal adviser of this triumvirate was the ecclesiastical lawyer of the Holy Synod, so that we may consider that not only law, justice, and education, but even religion itself, was invoked in order to put away the accursed thing. We are not told whom our unfortunate contemporary had offended, or whose property was depreciated by its articles; but we dare say that the individual, whoever he may have been, was very thankful that he lived in a despotic country where inconvenient utterances could easily be stopped.

Surgical Meteorology.

The *New York Medical Journal* says that according to Dr. B. W. Richardson ("Asclepiad"), the time is favorable for operation:

1. When the barometer is steadily rising.
2. When the barometer is steadily high.
3. When the wet-bulb thermometer shows a reading of five degrees lower than the dry-bulb.
4. When, with a high barometer and a difference of five degrees in the two thermometers, there is a mean temperature at or above 55° F.

The time is unfavorable for operation—

1. When the barometer is steadily falling.
2. When the barometer is steadily low,
3. When the wet-bulb thermometer approaches the dry-bulb within two or three degrees.
4. When, with a low barometrical pressure and approach to unity of reading of the two thermometers, there is a mean temperature above 45° and under 55° F.

The Last Episode of the Ferran Inoculations for Cholera.

Under this heading the *Union Médicale*, October 6, publishes an extract from a communication in the Spanish paper, the *Diario*, of Tarragona, concerning an alarming consequence that has followed the Ferrán inoculations at a small maritime locality called Cambais, situated between Tarragona and Tortosa. No particulars of the number of inoculations that have been effected are given, but it is asserted that nine of the persons who had undergone inoculation, had subsequently been obliged to undergo amputation of one or both arms, in order that the gangrene which ensued might be arrested. At the time the communication was made there were two other persons about to undergo the same operation. A complete panic has arisen in the neighborhood, especially among those who have undergone inoculation.

Prophylactic Inoculations for Yellow Fever.

Il Morgagni, of October 3, reports that Dr. Freire, of Rio Janeiro, has inoculated more than 300 persons with the cultured liquid of the yellow fever microbe. Such inoculations are performed with five or six punctures in one arm, and in a few hours afterwards the patient complains of headache and backache, with a slight rise of temperature. Nausea and vomiting occur in rare cases. These symptoms last sometimes between two and three days, but they are never serious. The inoculations were practiced on individuals who were in the centre of the infected locality. None of them died, and only very few presented mild forms of yellow fever. On the other hand, 200 deaths from yellow fever occurred in about three months amongst non-vaccinated persons who lived with those who had been vaccinated.

Ether Drunkenness.

One of the members of the Diocesian Synod of Armagh (of Ireland), at its recent meeting, made reference, in discussing the report submitted on temperance, to a practice which exists in various parts of the North of Ireland—namely, the consumption of ether instead of whisky. A large traffic exists in ether, more especially as it is a cheaper intoxicant than whisky. Several cases of insanity are stated to have occurred from the excessive use of ether, some at present being in the Omagh and other lunatic asylums. The following resolution was adopted by the Synod: "That the Temperance Committee be requested to endeavor to obtain legislation which will prevent the unrestricted traffic in ether and other noxious drugs, prevalent in certain parts of the diocese."

Dentistry in Russia.

A set of rules has been published by the Russian Government on the education and qualification of dentists. As evidence of a sufficient preliminary education, they must have passed through six out of the eight classes of a classical or real gymnasium. Their professional studies may be carried out either in universities, where arrangements will be made for the foundation of special odontological chairs, laboratories, and out-patient departments, or in private institutions, approved for the purpose by university authorities. At the end of the period of studentship, the length of which does not appear to be defined in the present regulations, a practical and theoretical examination must be passed, and a diploma obtained.

Electric Cholera.

The *Med. Record* says that a new disease, which has been termed electric cholera, has made its appearance in Spain. A few weeks ago a violent thunderstorm passed over the town of Ecija, in the province of Seville, and two hours after it had ceased upward of three thousand persons were attacked by diarrhœa and vomiting and all the symptoms of cholera. Two thousand more were attacked the day after. All these persons were completely prostrated for twenty-four hours, but recovered without any deaths occurring among them.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended October 31, 1885.

Austin, H. W., surgeon. To proceed to Portland, Maine, on special duty, October 31, 1885.

Carter, H. R., passed assistant surgeon. When relieved, to proceed to New Orleans, La., and assume charge of the service, October 27, 1885.

Battle, K. P. assistant surgeon. Granted leave of absence for thirty days, October 27, 1885.

Williams, L. L., assistant surgeon. To proceed to Chicago, Ills., for temporary duty, October 28, 1885.

The Transmission of Infectious Diseases.

The Paris correspondent of the *Brit. Med. Jour.* (October 10) says that M. Lancereaux, in a communication to the Académie des Sciences, stated that a series of facts, collected in his hospital wards, convinced him that small pox, measles, and scarlet fever, were transmissible from the onset. The period of incubation varied; it was from eight to ten days in inoculated small-pox; from ten to twelve in spontaneous small-pox. A mild form of small-pox might, by transmission, provoke a violent or a mild form.

When Babies are Born.

The usual belief that the majority of labor cases occur in the night seems to be based upon an error, for Dr. Leaman, of Philadelphia, in an analysis of six hundred cases published in the *Medical Times*, finds that three hundred and nineteen were born between the hours of 6 a. m. and 6 p. m. The greatest number occurring during one hour, forty, was between 7 and 8 a. m. The least number, twelve, occurred between 12 m. and 1 p. m.

Schuylkill County Medical Society.

An unusually well attended meeting of the Schuylkill County Medical Society was held in Pottsville, on Wednesday, November 3. A very interesting paper on "Intestinal Obstruction," was read by Dr. A. H. Halberstadt, of Pottsville, and in the evening the Society was handsomely entertained at a reception by Dr. Mary A. Swayze.

Items.

—There are rumors of another medical college in Detroit in the near future.

—Surgeon-General Cornish, in the *Indian Medical Gazette*, urges the propriety of using condemned criminals for the purpose of testing certain mooted points in the pathology of cholera.

—Acting on the suggestion of a scientific journal in Germany, that neutral tints are beneficial to the eyesight, an enterprising publisher in that country has just issued a book printed in dark-blue ink on pale-green paper.

—Boston has been able the past week to boast of a genuine Chinese physician—Dr. Lee Sing Sung—who has opened an office in Harrison avenue. He announces himself as late of San Francisco, and modestly adds: "Can cure diseases where all others fail."

—"Ha! ha! That's a good one on women," laughed Mr. Dulman, the other morning. "What tickles you now?" asked Mrs. Dulman. "Why, ha! ha! a Canadian doctor says more than half the women are fools." "Yes," replied Mrs. Dulman, wearily; "I guess he's right. Most women marry."

—Dr. Samuel W. Francis, of Newport, R. I., reports a case of ventral hernia in which the measurements for a truss were as follows: Circumference at the top, forty-one inches; at the middle, fifty-five inches; at the bottom, fifty inches; length from above downward, twenty-four inches.

—Messrs. Giuseppe and Sansoni, of Turin, have recently discovered that the acidity of the urine is rapidly and considerably increased by the inhalation of a few drops of nitrite of amyl. Uric acid is passed in large quantities, and forms a deposit in the vessel. A patient suffering from transverse myelitis, and whose urine was alkaline and rich in phosphates, was made to inhale nitrite of amyl every two hours for some time. The urine became acid, and the quantity of phosphates diminished.

—General Murray, the Surgeon General of the army, in his annual report, submits estimates for the year ending June 30, 1887, amounting to $250,000. He says that provision should be made for emergencies, in view of the probability of an invasion of this country by cholera before the close of the ensuing fiscal year. Congress should make provision to enable this department to adopt every means to prevent the spread of this disease in the army. The general health of the army has been good.

—The *Church of England Temperance Chronicle*, a vigorous and ably-conducted organ of temperance, gives some interesting particulars with reference to the spread of sobriety among the agricultural classes. A pamphlet by Mr. John Abbey, which excited considerable interest when published a few years since, advocating the discontinuance of intoxicants on the harvest field, was widely circulated by a committee, and, as a result of this effort, many farmers have substituted a money-payment for the former beer allowance, to the general satisfaction of masters and men.

—The following good joke is at the expense of a Chicago doctor. He was about to anæsthetize a patient when, in answer to a question, he informed the victim that he would be entirely unconscious and know nothing until the offending growth had been removed. The patient accordingly commenced to fish his loose change out of his pocket. "Oh, you need not mind the fee until I am through," remarked the considerate doctor. "I don't intend to pay you yet," returned the patient, "I wish merely to count my money, to see how much I have." The doctor saw the point, and was much amused.

MARRIAGES.

BURWELL—CHANCELLOR.—October 21, 1885, in Parkersburg, W. Va., Dr. W. N. Burwell and Miss Nellie Chancellor, daughter of Col. W. N. Chancellor. Dr. Burwell and bride departed on a bridal tour to Philadelphia, New York, Wilmington, Del., and Virginia.

CLOSE—CLOSE.—October 6, 1885, at Niagara Falls, N. Y., at Presbyterian parsonage, by Rev. C. S. Stowitts, Dr. S. L. Close, of Mt. Vernon, N. Y., and Miss Cornelia G. Close, daughter of the late Dr. E. S. Close, of Cincinnati, O.

MILLER—THOMSON.—November 4, 1885, at All Soul's church by Rev. R. Heber Newton, Dr. George S. Miller, of Hartford, Conn., and Miss Augusta E. Thomson, daughter of the late George Thomson, esq., of New York.

PIPER—SCOFIELD.—October 15, 1885, at the home of the bride, by Rev. James H. Piper, Charles W. Piper, M. D., brother of the officiating clergyman, and Fanny Scofield, both of Hurleyville, Sullivan county, N. Y.

DEATHS.

McQUESTEN.—October 20, 1885, in Hamilton, Ontario, Canada, Calvin McQuesten, A. M., M. D., in his 85th year. Born at Bedford, now Manchester, N. H., August 7, 1801.

BENJAMIN.—October 30, 1885, in New York city, Joseph R. Benjamin, M. D., aged 46 years.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CASE OF SUCCESSFUL TREATMENT BY PROFESSOR OERTEL'S METHOD.

BY L. CASPER, M. D.,

Of Berlin.

Everybody who has read Prof. Oertel's interesting manual on the therapy of disturbances of the circulation, will have been much struck with his new and entirely original method of treating obesity and deficient compensation of primary and secondary disturbances of the heart's activity. After reading this book, I determined to test the method at the earliest opportunity. The first case which offered appeared to me in so far unsuitable to assist me in forming a personal opinion upon the subject, as that the patient, a man, was almost in extremis, whose vitality, according to my previous experience, was scarcely great enough to afford hope that Oertel's method, the results of which are noticeable only after a certain time, could help him. Remembering, however, that extreme cases are the very ones which justify extreme measures, and in which one must attempt the apparently impossible, if only to have the satisfaction of knowing that no means of help have been left untried, I determined to prescribe a regimen and diet after Oertel, and encouraged the patient to strictly follow the directions, by explaining to him as far as possible the working of the treatment. I not only succeeded in making this clear to him, but also had the satisfaction of seeing the apparently hopeless case soon show signs of improvement and gradually enter upon such a state as made me feel distinctly hopeful that he might live for a long time in quite an endurable condition, always provided he suited his habit of life to his condition, although the real cause of his illness was incurable.

The following is the history of the case: Patient informed me during the first consultation, on October 30, 1884, that he was forty-two years old, had always lived regularly, and taken light physical exercise, could not remember ever having had any serious illness. Two years before, his feet and sexual parts had begun to grow swollen. He had also noticed shortness of breath occasionally. In August of the previous year the difficulty in breathing had increased to such an extent as to oblige him to give up his business. He had then consulted a physician, who had declared his condition the result of an affection of the heart of some time standing, and who had prescribed digitalis in large quantities. The medicine had not eased him; on the contrary, the condition had become worse, the feet and body swelling more, and the difficulty in breathing increasing. The only thing that afforded him any satisfaction was that the appetite continued good. At length, the sleepless nights which he was obliged to pass in a sitting posture, his altogether almost unendurable condition had despairingly driven him to seek medical treatment from other hands.

In answer to my searching inquiries as to the quality of his previous nutriment I was informed that he had not been in the habit of eating much meat and had often drank without being actually thirsty. The patient is a little man, with remarkably long extremities, which led me to conclude that there must be a deformity of the thorax.

His complexion was of a bluish-white; the respiration extremely frequent and superficial, even while in repose; he spoke with great difficulty, and the slightest movement increased the difficulty in breathing. The pulse, which was extremely faint, beat 120 to 130 a minute. Examination showed an important shortening of the thorax by a kyphosis, which it was evident caused great compression of the organs of the chest. An examination of the heart showed an enlargement towards the right side of about four ctm.; there was most probably also an enlargement towards the left, but I could not ascertain it. A stroke was not to be found. The scarcely audible tones sounded dull and indistinct. On the lungs I heard bronchial noises. The boundary of the liver against the lungs had been pushed upwards. The abdomen showed great expansion and fluctuated, and was very much drawn, so that I tried in vain to feel the liver, which must have been very hard and large. The legs showed œdema to above the middle of the thighs. The urine contained a large quantity of albumen, and was very concentrated.

Under such circumstances it appeared highly improbable that a disturbance of the circulation, influenced by the thorax deformity, the heart being quite exhausted, could not be conquered. Digitalis having had no effect, I believe I was right in fearing an approaching end.

Familiarity with Oertel's conception showed me at once what was to be attempted. The blood-vessels must be eased by diminishing the amount of fluid in the body, and the muscles of the heart must be strengthened. With regard to the first, I could, for the present, only lessen the quantity of fluid to be consumed by the patient daily, for a medical sweating cure seemed dangerous, because of the extreme weakness of the heart. Later on, I caused water loss by giving salicylic acid.

As to the second point, the plentiful consumption of albumens must do for the present. Later on, there might be bodily exercise. The prescribed diet was as follows:

Fluids.	Meats.
6 a. m. Coffee or milk, ca. 125.0 gramm.	1 egg, 1 roll (ca. 35.0).
9 a. m.	80.0–100.3 meat, 1 roll.
Noon. 125.0 wine.	125.0 meat, a little vegetables (green if possible).
Evening. 250.0 wine.	125.0 meat, 1egg, little bread.

Only in case of extraordinary thirst being felt could 125.0 of light beer be drunk, additionally, during the evening.

The patient determimed to follow the prescription closely, but did not keep within the exact quantity of fluid during the first week. After that, however, he followed my advice with the utmost conscientiousness, and in spite of the torturing thirst experienced at first. His weight as ascertained during the first seven weeks of the treatment was as follows:

Oct. 30th. 70 kilo. (first consultation).

Nov. 5th. 71 kilo. (prescription not closely followed.

Nov. 12th. 70 kilo.

Nov. 20th. 69 kilo.

Nov. 29th. 68 kilo.

Dec. 8th. 67 kilo.

Dec. 15th. 65 kilo. (4.0 salicylic acid).

These figures show that after closely following the prescribed quantity of liquid, the patient lost six kilo within five and a half weeks; the decrease was hastened at last by directly drawing water from him. I used salicylic acid in preference to pilocarpin, which Oertel recommends, simply because the quality of the pilocarpin at hand was not good.

With the decrease in weight the patient's strength increased, until at length he was able, although with difficulty, to take walks. The difficulty in breathing became lessened, so that after two weeks the patient could sleep a few hours in bed. The œdema disappeared. The abdomen became softer, so that the liver could be felt; it was hard, and its edge could be distinctly felt. The quantity of albumen deposited in the urine remained unchanged for a long while. I found no casts. The present condition of the patient, ten weeks after the commencement of the treatment, is as follows: After walking at an ordinary pace a distance of one mile and a half, the patient enters my room, showing no remarkable difficulty of breathing; his face is fresh in color, no longer purple. He draws breath after every eight or ten words, and breathes more fully than formerly. He is much satisfied with his condition, and is specially happy at being able to sleep in a lying posture, without the head being unusually raised. He informs me with joy that his feet are scarcely swollen. The examination shows that the pulsations of the heart are stronger, about ninety throbs to the minute. The heart is still spread towards the right linea sternalis, but gives a palpable throb at the thorax, and distinct although somewhat uncertain tones may be heard. The body is still thick and distended, but the percussion is dull only in the lower parts; fluctuations can no longer be distinctly felt. The liver is still very large and hard, but no smaller than it was; its edge can no longer be felt distinctly. The albumen in the urine is only slight. The dropsy in the feet is still noticeable, but only slightly so.

With this result one object of the treatment, the drawing out of water, I believe, has been almost reached; even part of the second, the strengthening of the heart.

Even the greatest skeptic could not deny that the patient's condition, as contrasted with his former one, is admirable and unlooked-for. To my mind, there is no doubt that the improvement is due to *Oertel's* method. There remains now to obtain the best possible degree of health, by keeping up the regularity in the circulation, and by strengthening the heart as far as possible.

The above case appeared to me interesting enough to justify me in making it public. I am more particularly induced to do so, because I believe that in publishing the successes of a method founded on a deep knowledge of physiology, others might be led to seek a means of cure for other chronic diseases by fitting the habits of life to the conditions of the sick body, that is, by means of hygienic dietic treatment.

Supplement.—Since writing the above about three months have passed. The condition of the patient, who has fairly kept to the manner of life prescribed for him, has greatly improved. The difficulty in breathing is entirely gone. The patient can ascend a pair of stairs with the elasticity of a healthy man. The dimensions of the body have decreased 4.5 ctm. Ascites or anasarca is not perceptible. The pulse beats regularly 84 to 90 times a minute; it is, however, still weak. The liver is still enlarged, but can no longer be felt clearly; only on the left side can a dull edge be felt. The urine contains a slight quantity of albumen. The heart is still spread a little towards the right. Patient feels quite well, and has be enable to attend his business for a long time. His appearance is fresh, and one would not suppose him to be ill. Considering that the original cause of his illness is incurable, I believe one may assert that Oertel's method has achieved everything possible.

In December of last year I had a second case, which I treated on the same principles. Patient, a clergyman, sixty-six years of age, had been sent to me for treatment by Dr. Fiedler, of Dresden. Patient had been scrofulous during childhood, but had experienced no other illness; he was greatly addicted to smoking tobacco, and was a very hearty eater. The consumption of a great deal of salt with his food may have given rise to his drinking much water. His food seems to have been composed mainly of vegetables. He had always been inclined towards obesity.

About two and a half years ago, he had been seized with a so-called asthmatic fit, which had been repeated afterwards, and which had frightened him very much.

A year and a half after the first asthmatic fit his feet had begun to swell.

In January, 1884, patient had a slight apoplectic fit; his speech and the extremities on the right side had been paralyzed, but only for a short while. In consequence of these disturbances, which had been set down to heart disease, the patient had been obliged in October, 1884, to give up the pastorship.

This patient, like the first one, was in a very bad state when I first saw him. A large quantity of water had gathered under the skin and in the abdomen; obesity was no longer noticeable; anæmia was great. Patient breathed with exceedingly great difficulty, and his pulse beat very irregularly—about 120 times a minute—very faintly, and stopping at times. In the urine, fully one-fourth of albumen was found. The heart was enlarged in all directions. As the patient had always found quick, although transient relief from digitalis, I continued it, with the result that he passed more urine and the action of the heart became more regular, and the appetite improved; but the dropsy would not decrease.

On the 6th of January, I began with the following diet:

a. Fluids. Morning—tea, 100.0; milk, 25.0; sugar, 5.0. Noon, one hour before eating, 50.0 of sherry wine. Afternoon—coffee, 100.0; milk, 25.0; sugar, 5.0. Evening—wine, 100.0; water, 60.0 to 100.0.

b. Meats. Morning—roll, 35.0; raw meat, chopped finely, 80.0; two soft-boiled eggs. Noon—meat, 150.0; vegetables, 100.0; fruit, 50.0. Afternoon—one egg, soft boiled. Evening—two eggs, broiled meat (cold), 80.0; roll (no butter if possible), 50.0.

I advised the patient to walk as much as possible in the open air. This treatment resulted so favorably that at the present time the patient is not only well, but his appearance is much younger than his age would warrant. No œdema is anywhere to be seen; the urine is free from albumen; there is no longer difficulty of breathing, and his weight is now proportionate to his height. The course of the decrease was as follows:

Jan. 6th. 140 pounds.
Jan. 12th. 135 pounds.
Jan. 18th. 130 pounds.
Jan. 21st. 125½ pounds.
Jan. 28th. 124 pounds.
Feb. 3d. 120 pounds.

The weight has continued at this figure, while the strength has increased. In this case, digitalis, as symptomaticum, did me excellent service at first, but the real merit for having brought about the normal circulation, can be ascribed only to the dietetic treatment.

In both these cases, the result is remarkably and specially happy. There can be no doubt that the heart cannot be excluded from sharing in the general improvement, and therefore I can distinctly hope that both patients will be spared any further disturbances by the disease.

A LOOP AND KNOT CONSTRICTOR FURNISHING CONTINUOUS SPRING TENSION.*

(SERRE-NOEUD À SERRAGE CONTINU.)

BY F. FORNÉ, M. D.,
Staff Surgeon of the French Navy.

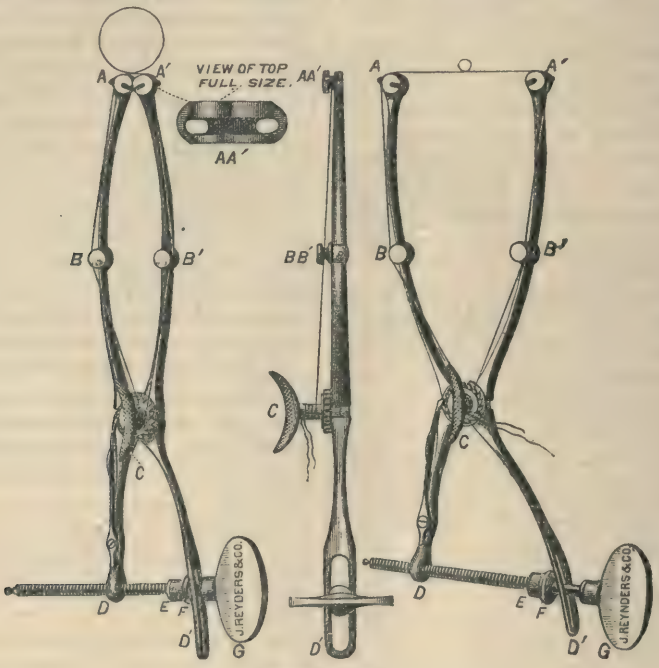
OBSERVATIONS UPON A TRUE SERRE-NOEUD.

Although it seems difficult to confound a loop with a single knot, it has occurred with surgeons and manufacturers of surgical instruments to apply the name of serre-noeud to instruments drawing the fag-ends of loops. This is the case with the sham serre-noeuds of Levret, of Desault, of Charière, of Broca, of Ricord, of Koeberlé, of Cintrat, of Wilde, etc., as none of these instruments, by continuous spring tension or constriction, reduce the size of a loop or a single knot.

DIRECTIONS FOR USING.

A tumor, or any tissues that can be pedicled, is surrounded by the loop, the ends of a cord are crossed and passed one above the other and pulled in opposite ways, so as to form a single knot. This is the knot which is to be tightened.

To gain this result we first pass the ends of the knot through the rings AA′, then over the grooved blocks BB′, and belay them to the cleat windlass C. This fastening is performed in the following manner: The fag-ends are brought together at the right side of the neck of the cleat-windlass, around which they are rolled once or twice, after which we wind the ends back and forth, figure of



DESCRIPTION.

A A′—Rings through which are passed the fag-ends of a constricting cord or pliable wire, previously adjusted around the tissues as a loop or as a single knot.

B B′—Grooved circular blocks for separating the fag-ends of the constricting loop or knot, and for facilitating their passage.

C—Cleat windlass for belaying and rolling up the fag-ends of the constricting cord or wire.

D—Screw-nut.

D′—Fenestrated arm; distance between it and the screw-nut is increased or diminished by the key-headed screw *G E*.

E—Fixed projecting bevel, separating the screw-part from the smooth part of the screw and serving as support for the movable disk *F*.

F—Movable disk upon the smooth part of the screw; this disk is pressed between the projecting bevel *E* and the internal edges of the fenestrated arm *D′* when increasing the distance between the arms; it serves for lessening the friction against the interior edges of the fenestra.

G—Key-head of the screw, the lowest part of which presses against the external edges of the fenestrated arm *D′* when bringing the arms of the instrument together.

R—Spring-catch, fixed with a screw to branch bearing screw-nut, pressing in the form of a click into the cogs of a ratchet-wheel.

* Presented before the New York County Medical Association, October 19, 1885.

8 fashion, around the two arms of the cleat, and at last tie them by half an inverted hitch. The instrument is then fitted and ready for producing the effect desired. To make it work, it is sufficient to turn the keyed screw in the direction of the hands of a watch, from left to right, a movement which results in separating the blades, and consequently in tightening the knot.

We will observe that the first effect of turning the keyed screw is to increase the curvature of the arms of the instrument, which, like strung bows, endeavor constantly to straighten, and consequently create a continuous tension upon the opposite ends of the knot.

When the pedicle, which is to be constricted, is voluminous, a single movement for separating the branches is insufficient to produce the necessary constriction; in this case it will be necessary to bring the branches back in contact by reversing the turnings of the keyed screw, by turning the key in a manner opposite to the movement of the hands of a watch, from right to left. This movement having slackened the fag-ends of the constricting cord, they have to be tightened again by turning the cleat-windlass; this manœuvre results in rolling up the portion slackened.

These manœuvres of the keyed screw and of the cleat-windlass are renewed as many times as it is found necessary to attain the result desired, simple temporary constriction or ligating tissues for removal.

The single knot, instead of being made upon the tumor, as we have just described, can also be formed and fastened upon the instrument. In this proceeding it suffices to pass the tumor through the constricting loop or knot, and then several turns to the cleat-windlass will adjust the serre-noeud ready for use.

Furthermore, the single knot, instead of being arranged horizontally, *i. e.*, in a line with the arms of the instrument, as shown in the figures, can also be arranged vertically, *i. e.*, in a line perpendicular to the arms of the instrument. In this case, the fag-ends of the knot, instead of being passed through the rings AA′, are introduced through the tunneled passages, also situated in the terminal ends of the branches, beginning in the centre of the anterior surface and ending in the inferior surface of the terminal ends.

Finally, as the true serre-noeud, described above, will fully accomplish the purposes of the sham serre-noeuds (drawing the fag-ends of simple loops), it will readily replace most of the latter.

This instrument has been manufactured for me by Messrs. John Reynders & Co., of No. 303 Fourth Avenue, New York City.

New York, July 6, 1885.

MORAL INSANITY AND INEBRIETY.

BY T. D. CROTHERS, M. D.,
Supt. Walnut Lodge, Hartford, Conn.

To any one who studies inebriety as he would typhoid fever or tuberculosis, it is a constant wonder why this most fascinating field of medical research should be left to reformers and quacks; why the average medical man should accept the theory of depravity, or half vice and half disease, when a few moments' observation would disprove either. Why this subject of inebriety should not be taken up by physicians, and made a medical study as much so as any other brain and nerve disease, is equally a wonder. Not long ago an inebriate was on trial for criminal assault and murder. To a hypothetical question which embodied all the leading facts of the prisoner's life, three most excellent physicians testified that he was sane and fully responsible. He was sent to prison and was pardoned, and finally died from injuries received in an assault. A physician who still believes in the vice theory called my attention to this case as an illustration of his view. The following are the facts which are conceded to be true by those who knew him well:

John B. was the only son of a clergyman, who was in good health, and a man of clear, strong mind, living a quiet, consistent life, free from all excesses. His wife, the mother of John B., was a literary woman, and wrote many famous hymns, was in good health, and a very devoted Christian. Her parents were neurotics, and insanity and great eccentricity had appeared in many members. No history of heredity was obtained in the father's case. John B.'s infancy and childhood were not marked by any event of note. His parents intended him for the ministry, and all his education and training were turned in this direction. He seemed to have a taste for religious themes, united with the church when only eleven years old, and both exhorted and prayed in public. At fifteen he entered college, and was a most exemplary young man in every respect. The next year he had an attack of typhoid fever, and was delirious for some time. The convalescence was slow, and extended over four months, when suddenly he committed a criminal assault on the servant girl, who was cleaning his room. To avoid the consequences of this crime, he went West to live with his uncle. Here he consorted with the lowest

characters, and was intoxicated for the first time. Then he gave up all study for the ministry, and went to a commercial college. Here he was regarded as of bright intellect, but licentious, boastful, and very untruthful. Later, he became a commercial traveler, and exhibited great energy and tact in business, but was so thoroughly unscrupulous and untruthful that he was soon discharged.

When twenty-three years of age, he was treated for rheumatic fever at home by a physician who described him as a reckless, dissipated, fast man. He was immoral at all times and occasions, and drank irregularly to excess—seemingly dependent on circumstances—would sign the pledge and promise to abstain with great earnestness any time, and when he broke it, would give most plausible reasons and excuses for this act. He was boastful, and seemed without any gratitude to his parents; was secretive and treacherous in little things, and intensely selfish and unreasonable.

After recovery, he stole a sum of money and watch from his father and ran away. He was next heard from in a traveling circus, was arrested for swindling, and served three months in jail. Here he professed a change of heart, and was given a position in a business house, from which he stole goods, and finally ran away. The next five years no special history could be obtained; but in all probability most of this time was spent in jail for assaults and thefts. He came home, was very repentant, united with the church, then drank to excess and consorted with the lowest characters; was arrested for assault and escaped from the officer by knocking him down. From this time on, until he was arrested as an accessory in a murder, a period of six years, he was often in jail for drunkenness, swindling, and assaults. He drank at times to great excess; was a bar-keeper and runner for a low hotel; was always engaged in low swindling, and at times displayed great acuteness, then seemed an imbecile in conduct and character. He committed assaults without purpose or motive, and never seemed to realize any considerations of right and wrong. Was fawning, obsequious, and treacherous to every one, likely any moment to assault or take advantage of those who were nearest to him, and was treated severely by the low classes he associated with. His father disowned him, but his mother secretly gave him aid, although he continuously took advantage of every effort she made in his behalf.

Finally he became involved in a brawl in which a murder was committed, and was defended on the ground of insanity. The testimony of the jail physician and two other medical men who examined him in prison was unanimous in the following particulars: In looks and actions he was that of an imbecile. His conversation, while not marked by any particular delusions, showed a marked paralysis of every idea of right or wrong. His memory was bad, and no two statements of any event in his past agreed. He was obviously incapable of telling the truth, and did not realize the effect of his statements on his case. At one time he boasted of some very outrageous act in which he was the leader, and escaped, then he would complain of some injustice of others, and his methods of revenge. The violence of his sexual appetite was apparent in his constant boasts of forced intercourse with women. He considered every one dishonest, treacherous, and licentious, and was without any motive or purpose for the future. He considered himself the most expert "crook," as he termed it, in the world, and was indifferent about receiving help from his parents or any one. Had no anxiety about the result of his trial, was sure he would escape and outwit his pursuers. Considered himself perfectly sane, and talked freely to any one, telling all sorts of falsehoods, as damaging to himself as to others. He spent his time reading novels, but seldom wrote or talked of what he read. He seemed to drink at times to great excess, and then abstained, from no particular reason or cause. He was anæmic, with an irregular appetite, and an imbecile, stolid manner, and trembling, hesitating walk. These were some of the many facts upon which the insanity of the prisoner was based. The medical men on the side of the prosecution testified to the prisoner's full responsibility and sanity, and he was convicted and sentenced for five years to prison.

Two years later, marked symptoms of imbecility and tuberculosis appeared, and he was pardoned, going home to his parents to die. Six weeks later he ran away drunk, and was severely injured in a brawl, from which he died in a hospital. Thus ended a case that was called low drunkenness and vicious depravity.

The sudden outburst of the sexual appetite, and excessive use of spirits following convalescence from typhoid fever, indicated unmistakably some organic change in the brain centres. A moral paralysis of the higher centres began and went on steadily up to death from this time. Some latent neurosis was inherited, which the injury from typhoid developed into a moral degen-

eration, following a physiological order of events, in which most all brain disorders begin in moral decline and failure. Here the moral failure and disease remained prominent until death, while the intellectual and physical seemed to suffer but little; illustrating the fact so often noticed, that the highest and latest organized parts of the brain are the first to undergo dissolution, or be impaired from disease. If to this higher degeneration is added the direct physical injury from the chemical action of alcohol, the physiological and pathological nature of disease can not be mistaken.

In this case a marked form of inebriety was developed with the moral palsy, which continued to be prominent at intervals, and was supposed to be the real cause from which all his depravity came. A young man of most excellent training and character up to a certain time, suddenly becomes immoral and drunken, and from this time to death follows a course of conduct so utterly at variance with all sanity, and without plan or purpose, that it seems impossible for any physicians acquainted with these facts to pronounce such a case sane and responsible.

The apparent intelligence and comprehension of the surroundings, and sane reasonings on all ordinary subjects, are only partial symptoms of sanity. This man was intelligent, talked sanely, and seemed to understand his surroundings, and yet his conduct was most emphatically insane.

Dr. Tuke remarks in a late number of the *Journal of Mental Science*, in recording a similar case, "that such a man is a reversion to an old savage type, and is born by accident in the wrong century."

Dr. Clauston affirms: "I have no hesitation in saying that a man who has up to that time been moral and conscientious, and obeyed in his conduct the laws and social observances, has, from disease, lost his moral sense while he retained his intelligence and reasoning power, having no depression or mental exaltation, and in consequence of his diseased moral condition, spoke and acted immorally."*

Dr. Clauston also believes that such cases can be restored and cured. Physicians who are called to decide upon such cases should lay aside all theological and metaphysical theories of human depravity, and inquire the meaning of all the facts together and draw no conclusions not fully sustained by all the facts of the history. It may be difficult in some cases to make the nature of the disease clear to others, and yet the physician may be positive he is dealing with a diseased mind, and should stand firmly by his convictions.

These moral palsies are very common among inebriates, and open up many fields where the most delicate questions of medico-legal interest must be met and determined. Had this case been recognized and placed under restraint at the start a complete restoration might have been effected.

*See Clinical Questions on Mental Diseases by T. S. Clauston, M. D., p. 255., Lea Brothers, publishers.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. WM. PEPPER.

(*Concluded from page* 563.)

Sclerosis of the Spinal Cord.

There are three forms of sclerosis of the spinal cord. 1. Sclerosis of the lateral columns or antero-lateral sclerosis, in connection with which we may have implication of the gray matter involving the nerve-cells and atrophy. 2. When the sclerosis is not limited to one side, but is dotted about in patches, sometimes extending into the brain, which we call disseminated or insular sclerosis. 3. Posterior sclerosis or locomotor ataxia. Sclerosis is an affection in which the nerve substance breaks down and atrophies, while there is an overgrowth of the connective-tissue. The sclerosed parts are grayish, somewhat translucent and smaller than normal. The causes are prolonged exposure to wet and cold, overtaxing of the nervous, particularly of the spinal system, excesses in venery, and syphilis. The latter is more especially, but not by any means an essential cause of posterior sclerosis. Progressive neuritis is a cause. The peripheral nerves of the leg may become inflamed, and this inflammation will slowly creep up along the course of the nerves until it reaches and implicates the cord. The symptoms of lateral sclerosis are progressive partial loss of power, not complete palsy; muscular tremors, particularly when the muscles are called into action, with twitchings and tendency to contraction. The reflexes are increased. Electro-muscular irritability is increased, while ordinary sensation, as a rule, is not affected. There is a spastic gait, more or less of a rebound in walking, the leg is carried in a rigid way, and when both sides are affected there is a remarkable peculiar rigidity. No pain, neither darting, nor is there the girdle sensation. The patient can walk as well with the eyes shut as with them open; this is a point about which we must be very careful or we will deceive ourselves. Almost any one, particularly if he possesses a nervous temperament, will be apt to walk somewhat unsteadily when asked to do so with his eyes shut, before a whole room full of students. When this condition extends into the gray matter we will have muscular atrophy. It not rarely involves the bulb, and we have associated symptoms of the glosso-labio-pharyngeal type, difficulty in swallowing, etc., and it may

finally involve the brain. There is a tendency in this disease to steadily and slowly progress, and it may go from one side to the other. The senses are usually unimpaired. In insular or disseminated sclerosis, the patches may be scattered through the cord alone or the brain alone, but both are usually involved, and we have the so-called cerebro-spinal sclerosis. The causes are the same as for the lateral, and the morbid anatomy is similar. It begins gradually; there is a tendency to muscular tremor and irregular muscular action, but not true ataxia. Sensation is usually unimpaired. There is no pain and no girdle. The reflexes and electro-muscular excitability are increased. If there is a tendency to involve the cerebral centres (usually the case) memory fails, the mind becomes affected, there are delusions. From time to time there will be acute exacerbations, presenting the symptoms of cerebral congestion or almost those of apoplexy. There will be high fever for a few days, and these attacks subsiding, will leave the patient worse than he was before. They indicate the involvement of fresh centres. These cases can also walk with their eyes closed.

This man, for six days, had a full feeling in the head. He is 33 years old, married at 19 and has five children. No history of syphilis, but seven years ago he had a fall. His gait is failing, he watches the ground when walking, though there is not much true ataxia. At the beginning of his illness there was numbness of the hands and feet; his eyesight is failing; he can read, but his eyes become very soon tired. The reflexes are increased. His appetite is good, he sleeps well and his urine is normal. The head trouble preceded that with the legs. At times he has vertigo, vision was at first double, and then indistinct; he has had these exacerbations, and is always worse after them. There is no failure of memory, and his hearing is normal. He is easily excited. If he hurries he cannot accomplish anything; this holds good even with eating. His arms and legs are tremulous, more marked in the legs. The pupils are equal, and react normally; muscular excitability is normal to galvanism, but a little impaired to the Faradaic current. There is a very slight impairment of cutaneous sensibility. There is a partial atrophy of the optic nerve and contraction of the field of vision. The symptoms are more irregular in this form than in pure lateral sclerosis. Some islets in the posterior column and in the brain may be affected, and we have diminution of sensibility and cerebral symptoms. Posterior sclerosis or locomotor ataxia has the same causes as the forms just described; but venereal excess has a pre-eminent place in the etiology of this type. There is often a pre-ataxic stage, in which the symptoms are those of irritation. There may be violent headache, acute gastric crises, unexplainable vomiting, etc., disturbed sleep and impaired energy. The patient will then complain of fugitive pains, darting from point to point, but without any inflammation in the part, they go away and come elsewhere. There may be some true rheumatism. Then comes numbness and tingling in the legs; the soles of the feet are affected; the ground is not solid; the patient feels as though he were walking on cotton, soft carpet, or air. Sensation is really impaired. It may be irregularly diminished, affecting the whole foot or only spots here and there in the limb. There is usually a girdle or sensation of binding about the waist, and now ataxia sets in. There is manifest incoördination of muscular movements: the strength may be very great, but the gait and actions will be marked by irregular, incontrollable movements. This is not a paralysis, not as much so as in the other types, but the posterior columns that carry sensations and serve as stimuli for the promulgation of orders are diseased, sensations are transmitted irregularly, and orders are sent out irregularly, and the muscles contract and reflex wrongly. Soon the patient will use a cane and will watch his feet, not deriving proper information from the sentient nerves. He falls when he shuts his eyes. Sometimes the first intimation that one will have of the onset of this disease, is finding that he cannot walk well after dark. This sclerosis follows the posterior columns upwards and from the lower extremities ascends to the arms, and finally to the brain, and we have diplopia, amaurosis, and changes in the optic nerve. The bladder often suffers, and there may be retention or incontinence of urine. The expressive power of the rectum may be impaired, though there is not usually much wasting of the muscular system. Electro-muscular excitability is diminished, as are also the reflexes. From time to time there are acute exacerbations as in the other types with like results.

This man, aged 54, a carpenter, has a good history. For five years he had stabbing pains in the legs and back, and he has the girdle sensation. He has trouble in walking in the dark, especially over rough places. His sexual desire is diminished. The pupils do not react properly to light. Sensibility is good, but the patella reflex is completely abolished. This man is in the early stage, and the disease is progressing very slowly. This disease may run its course in two or three years, and it may last for twenty or more. This man walks very well; he sways a little when his eyes are shut. The absence of patella reflex must not be accepted as proof positive of posterior sclerosis, though it is a very important symptom. Dr. Pepper has seen a case where it was entirely abolished, but a winter in Florida restored it completely. It may be produced by functional trouble caused by too much alcohol or tobacco. But its importance is very great when it is connected with other symptoms as in this case. The prognosis in all these types is exceedingly unfavorable. The progress is nearly always slow, but it is sure. In some cases the disease seems to be arrested, at least in the posterior and lateral forms. When it is well marked, the most that we can hope for is palliation. Rest, absolute rest in bed, is a powerful agent to check progress. Keep the patient in bed for sixty or ninety days. He must avoid exertion, excitement, or fatigue. It is difficult to enforce strict discipline, it chafes, because of the long duration of the disease. Avoid draughts, damps, and cold. If syphilis be suspected as a cause, anti-specific treatment must be vigorously pushed. The iodide of potassium must be given in large doses, ten to thirty grains four times daily. If it does not do good, stop it. Nitrate of silver will exert a positive influence over the pains. Chloride of gold has been recommended,

but Dr. Pepper pins very little faith to it. Alkalies have been claimed to produce absorption, but he has not found them to do any good. Counter-irritation is useful, and Dr. Pepper prefers the actual cautery, applied over the sciatic or gluteal nerve, or the base of the brain, as each part may be supposed to be the most affected. Where there is a persistent tendency to contraction or severe pain near a nerve trunk, Dr. Pepper intends to resort to nerve-stretching. Manipulation, friction, and electricity should all be tried. Of the latter we should employ a slow, moderate, interrupted Faradaic current. We may use various devices to aid walking, as a crutch with a band from the arm to the foot, etc. Where there is atrophy of the muscles, the prognosis is yet more unfavorable, and the case usually progresses more rapidly.

MEDICO-CHIRURGICAL COLLEGE.

Surgical Clinic of Prof. J. E. Garretson, M. D.

Reported by Theodore Stanley, M. D.,

Resident Physician Medico-Chirurgical Hospital.

Case 1. Anchylosis, Artificial Joint.

Patient a deaf mute, aged 35. Had scarlet fever when five years old, with the sequel of an arthritis of right tempero-maxillary articulation, which resulted in disorganization of the part, and a consequent fixed osseous anchylosis. The teeth in the case were absolutely locked in direct apposition, and the patient had not opened the mouth or in any way moved the lower jaw for a period of thirty years. The incisors of both maxillæ had been removed with a view to the introduction of food into the oral cavity.

Satisfactory proof having been furnished the class as to the osseous fixation of the joint, every effort made to move the jaw while the patient was under ether failing, an operation, which has resulted in a complete success, was performed, the steps being as follows:

1. An incision two inches in length was made around the lower border of the angle of the jaw, the line of cut being upon the neck rather than upon the face.

2. The masseter muscle was dissected from the bone.

3. Retractors were used to pull and hold away the soft parts.

4. The periosteum thus exposed was removed by means of a raspatory to the extent of an inch below, and after a triangular shape above.

5. The bone thus shown was taken away to the extent of the removed periosteum, this last performance being effected by means of an oblong bur of an inch in length, revolved by the surgical engine.

Upon the completion of the bone section, the mouth was opened to its full extent, the opposite articulation being found perfect after all the years of quietude, a matter which excited considerable surprise.

The integuments being replaced and stitched in place, repair was very rapid, the patient being shown at a succeeding clinic with very slight evidence of scar. Kolbe's jaw dilator, an instrument highly valued by Dr. Garretson, is kept in daily use by the patient, with a view to maintaining the false joint.

Case 2. Osteo-fibroma. Disarticulation of Lower Jaw.

Patient a vigorous middle-aged man, temperament decidedly sanguine. The disease, which disparted his lower jaw, and which had obtained a circumference of some eleven inches, was said to have commenced two years back, and to have gradually attained its present bulk, little inconvenience being experienced, save from unsightliness of the tumor, and a discharge which bathed the cheek with pus, this latter being the result of an operation performed earlier.

Increase of enlargement of the growth, combined with inability on the part of the patient to procure employment because of his deformity, resulted in the performance of a radical operation, which was done before the class at the usual Saturday clinic, October 3.

Etherization being secured, the lip was opened at the exact middle line, while, meeting the vertical cut, was a second one, made along the shade line below the jaw, which extended from the chin to the ear. The vascularity of the parts being great, some dozen ligatures were required for the control of hemorrhage. All bleeding vessels secured, a succeeding step consisted in detaching the cheek and neck tissues from the bone, a performance which necessitated the use of many more ligatures, together with the necessary loss of much blood.

The jaw and external face of the tumor, thus exposed from the symphysis to the sigmoid notch, a circular saw revolved by the engine with a velocity of ten thousand revolutions to the minute, was brought into requisition, division of the bone at the mental region being effected in a moment.

Following this came the separation of the jaw from its oral attachments, and its disarticulation from the glenoid fossa, a performance attended, as would be expected, with free hemorrhage, the control of which required large manipulative tact to prevent the man being drowned by his own blood.

The bone and tumor being turned out as far as the angle of the jaw, the pterygoid muscle was exposed and cut, the detachment allowing of approach to the articulation, the severing of the second pterygoid and the temporal tendon, and the opening of the articulation, or of what remained of it.

In the performance of the last steps of the manipulations, the scalpel was discarded almost entirely for a chisel-shaped knife, such an instrument being best adapted to avoidance of injury to the internal maxillary and internal carotid arteries.

The jaw being away and all hemorrhage controlled, the parts were freely washed with phenol sodique diluted about half and half with water. The integuments being allowed to lie exposed for a few minutes, were later brought together by means of pins and stitches of the interrupted suture, and after being carefully supported by steeped compresses, a Barton bandage was applied, and the patient carried on a stretcher to his bed.

The after-treatment, which was faithfully kept up, consisted in the use of sponge compresses fully saturated with undiluted phenol, and the free washing of the mouth by means of a syringe. The fluid used was phenol diluted with two-thirds water. The number of washings was at least a dozen daily.

Saturday, October 10, the patient walked from the ward to the amphitheatre on an upper floor, and exhibited himself to the class with all pins and stitches away, and with a healing of the wound which had been so absolutely by first intention as to leave him without observable scar. From the 10th, to the date of this writing, the 15th, the man goes about the place as though nothing had been the matter with him. On the coming Saturday he will be allowed to go to his home.

It might be added that two of the pins were removed from the lip on the day succeeding the operation, two on the next day, and that all sutures were away by the end of the fourth day.

Case 3. Removal of Superior Maxilla, Turbinated, Nasal, Lachrymal, and Box of Ethmoid Bone at One Operation.

This operation was practiced on an old man whose disease was carcinoma. The parts being uncovered by a double incision, the first reaching from the position of the frontal sinus down along the side of the nose and through the superior lip, and the second along the inferior orbital border, outward to the molar bone, the surgical saw was brought into requisition and sections made of all articular attachments of the jaw, which bone was then lifted from its place by means of the ordidary Sims' forceps. Second, hemorrhage from the bed of the bone was controlled by use of ligatures and the pack, the head of the patient being placed in such position as to avoid entrance of the blood into his throat. Third, exploration revealing implication by the disease of the other bones named above, these were taken away one after the other by burring and sawing with the instruments of the engine case.

Hemorrhage in this last case, as in the one immediately previously described was very profuse, but so rapid was the recovery of the patient that in two weeks he was able to leave the hospital for his home, in a distant county of the State.

Case 4. Carcinoma of Neck. Removal of Deep Cervical Glands.

This patient was a man forty-five years old. The glands involved occupied space in both the anterior and posterior superior cervical triangles, and were overlaid by the sterno-cleido mastoid muscle. The operation performed consisted in an incision four inches in length, made lengthwise of the neck along the middle line of the muscle named. To get at the different glands the muscle was first so cleared of its neighboring relations as to allow of being pushed back, thus permitting of approach to the anterior diseased bodies and their removal from a position occupied between the great cornea of the hyoid bone in front and the carotid vessels back. This accomplished, the muscle was detached behind, and being drawn forward by means of retractors, the posterior glands were dissected away, the removal exposing certain of the transverse processes of the cervical vertebræ. A conclusion to the operation consisted in carefully correcting all hemorrhage and in bringing the integuments back into place by means of sutures made of gilling twine. Support is given by Dr. Garretson to wounds of this kind by the use of strip compresses thoroughly soaked with phenol, which are applied on either side of the line of the cut, but which never cover it.

This patient made a rapid recovery, his wound healing by immediate union.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday October 1, 1885, the president, B. F. Baer, M. D., in the chair.

Dr. Wharton Sinkler read a paper on

The Different Forms of Paralysis Met with in Young Children.

The most frequently met form is infantile spinal paralysis, or *polio-myelitis anterior*. This term indicates the pathology of the disease, which is an inflammation of the nerve cells of the anterior horns of white matter of the spinal cord. This affection may come on at any period of life, but is generally seen in children, and usually at the age of two years. The children are generally strong and apparently healthy, and the paralysis is sudden in its onset. Fully two-thirds of the cases I have seen have been attacked in the summer months, hot weather and teething seeming to be predisposing agents. Dr. Barton, of Manchester, Eng., reports that of fifty-three cases in which he noted the time of onset, twenty-seven occurred in July and August. The attack is preceded by fever of greater or less intensity, with pain in the head and limbs, with general soreness when moved or lifted. After a few days, paralysis more or less complete occurs, but in a few days a regression of the paralysis from some of the affected parts occurs. Sensation is undisturbed. Atrophy of the muscles is soon apparent, in fact the paralyzed portion stops growing for a time. The temperature of the affected portion is low, and the skin is blue and mottled, but there is no tendency to ulceration, and wounds or scratches heal readily. The skin and tendon reflexes are lowered or abolished in the affected limbs. At first, response to the faradic current is lost, and later on the galvanic current produces but little muscular contraction, except when a powerful current is used. When atrophy has set in, the reaction of degeneration is seen. Most of the cases of club-foot are the result of infantile palsy. Deformities of the upper extremities are rare; this disease differing in this respect from cerebral palsies. The exact causes of infantile palsies are unknown. Over-fatigue often precedes an attack; sudden chilling is considered by Seguin to be a frequent cause.

The *prognosis* as to perfect recovery is only moderately good. In many cases the most faithful treatment fails to restore the paralyzed muscles, but in almost every case we can expect more or less improvement.

In the early stages of the paralysis, after the subsidence of the fever, the treatment should

consist of mild stimulation to the spine; ergot and small doses of bromide of potassium should be given internally. Later in the disease, iodide of potassium should be given instead of the bromide. When the palsy is established, electricity and massage are the means to be depended upon. They must be persisted in for months, or even for years. Internal treatment is of little or no value unless there is some failure in the general health of the child.

Spasmodic Paralysis, as seen in children, is of two varieties: when of primary spinal origin, or when there is a descending degeneration of the cord from a primary cerebral lesion. Sometimes there seems to be a congenital defect in the motor tracts of both brain and cord. In the spinal variety, there is often seen, soon after birth, rigidity of the limbs; at first this is only occasional, but as the child gets older, every effort to move a limb causes muscular rigidity in it. The child does not attempt to walk until three or four years of age. Then when it is supported under the arms, and it tries to stand or to walk, the movements are very peculiar and characteristic. The feet are extended and inverted, so that the child rests on the toes. The knees are strongly adducted and lock together, so that the legs become entangled. By degrees the child becomes able to walk with the aid of apparatus or some form of crutch. The hands and arms are often affected, and every effort causes muscular rigidity to come on. The mind is unaffected in these cases, and the speech may be distinct, although it is often very defective. Sensation is unimpaired, and the patella reflex and ankle clonus are exaggerated. There is no wasting of the muscles. By these symptoms we infer that the disease is localized in the lateral columns; but exactly what is the nature of the lesion we do not know, for no post-mortem examinations have been made in these cases. The cause is unknown. Hamilton found three of seven cases which he had collected were premature births. Adherent and contracted prepuce has been thought by some to be caused by reflex influence of the spasmodic paralysis, but operation has not given relief. The treatment should consist of massage, galvanism to the spine, ergot, and cod-liver oil. Fluid extract of conium may be given to allay spasm. In some cases great improvement follows this treatment. Even when we can do no positive good to the limbs, very much can be effected by the aid of apparatus. Properly adjusted braces to the legs will enable a child to walk on crutches, or in a Durrach wheel crutch.

There is a form of spasmodic spinal paralysis in which the child is imbecile. In these cases there has been probably congenital defect in cerebral development. The head is small, and there is no evidence of intellect; often mystagmus is present.

Paralysis from Pott's Disease.—Paralysis of lower extremities may result from caries of the spine. The lesion may be either a meningitis or a myelitis. If meningitis alone, there is considerable pain and contraction of the legs. Generally there is a transverse myelitis. The symptoms are numbness and pricking of the legs, with loss of sensation; gradually increasing loss of power with wasting of the muscles; incontinence of fæces, with retention or incontinence of urine. Sometimes there are ulcers over the sacrum or on the limbs.

The indications for treatment are evident. An apparatus which will take the weight of the body from the spine is necessary, and is sometimes sufficient of itself. Frequently, however, the application of the actual cautery over the spine brings improvement in the symptoms when an apparatus has done no good. Massage and electricity should be used to restore the atrophied muscles.

Paralysis from Rachitis and Diphtheria is seldom complete. The former is often spoken of as the pseudo-palsy of rickets. Negro children, who are very subject to rachitis in cities, often have rachitic paralysis. The child at three or four years is unable to walk or stand. Sometimes it has not sufficient muscular development to sit upright. It can move every limb, and has no loss of sensation, but has no power. Cod-liver oil and massage bring about the most satisfactory results in these cases. *Diphtheritic paralysis* usually begins in the muscles of the soft palate and pharynx, and extends to the extremities. It is generally bilateral and incomplete, but I have seen a case in which it was hemiplegic. It is considered peripheral in character, and is believed by some to be connected with the altered condition of the blood consequent on the original attack. Diphtheritic paralysis is rarely fatal, and lasts in most cases only a few weeks, although it may continue for months. Strychnia and electricity are the means to be employed, and the case usually responds promptly to these remedies.

Pseudo-Hypertrophic Paralysis is a rare affection, but is of much interest. The disease belongs almost exclusively to infancy. It is characterized by muscular paralysis, with great increase in the bulk of the muscles. This enlargement is due to fatty deposit, while the muscular tissue proper is atrophied. The affection begins with weakness of the legs, a peculiar balancing of the trunk, and separation of the legs in walking. The shoulders are thrown far back in standing and walking. There is great difficulty in getting from the sitting to a standing position. Later in the disease the muscles become wasted and shrunken, and the general health begins to suffer. Death results from implication of the respiratory muscles. The skin is mottled like a piece of Castile soap. The tendon reflexes are abolished, and electro-muscular contractility is impaired. There is often a greater or less amount of mental weakness. There is no loss of power over the bladder or rectum, and sensation is not affected. Heredity influences the disease, which is slow in its progress, but the course is steadily downward.

Freiderick's Disease is still more rare than the preceding. It is practically locomotor ataxia in childhood. There is evidenced here also a hereditary predisposition, and the female children seem most liable.

Cerebral Palsies.—Hemiplegia may result from some injury at the time of birth, either from the forceps or from the pressure of a prolonged labor. A child may be born hemiplegic after a perfectly natural and easy labor. Under these circumstances we must regard the paralysis as the result of imperfect cerebral development. Hemiplegia, under these circumstances, is generally permanent. The side affected grows less rapidly than the other. The flexions of the arm and hand are usually contracted. The leg becomes rigid in the

act of walking. Convulsion is almost always associated with cerebral paralysis, either immediately preceding the attack or occurring soon after. The convulsive movements are most violent on the side which is subsequently paralyzed. The child will have an idiotic expression, and speak indistinctly, but their friends think them intelligent. The convulsions are liable to return when the child is older, and then assume an epileptic form. The walk is peculiar, and is called the *spastic* gait. The patient plods along looking as if he were about to pitch forward. The affected limbs are smaller and shorter, the growth of both bone and muscle being affected. In the choreic variety, where the arm is in constant motion, the muscles may become hypertrophied, but the bone remains short.

Prognoses.—As a rule, the prospect of recovery is bad; even if the patient gets well, the hemiplegic side remains awkward.

Treatment.—Cod-liver oil and massage, which always relaxes the contracted muscles. The affected limbs should be used as much as possible. *The paper, with illustrative cures and details of treatment will be published in full in the Archives of Pediatrics.*

Dr. Harris inquired if Dr. Sinkler had ever observed any hereditary predisposition to convulsions and cerebral paralysis.

Dr. Sinkler replied that the hereditary influence was decided, even when no convulsions occurred.

Dr. R. P. Harris read a report of the autopsy upon Mrs. Reybold, from whom two living children had been removed by Cæsarean section by Prof. Gibson, of the University of Pennsylvania. The superior strait was reniform; conjugate diameter 1¾ inches, transverse diameter 5¼ inches. The malformation was due to rachitis and injury from a fall in her second year. A full report of the history of the patient, the operations, and the autopsy can be found in the *American Journal of the Medical Sciences*, October, 1885, p. 422.

Oophorectomy.

Dr. E. E. Montgomery reported the following case:

Mrs. L., of Columbia, Pa., aged thirty-six years. Married ten years; pregnant five times, the last four years ago; was brought to my notice by Dr. A. T. Chase. Her health has been bad since her last confinement. First menstruation at twelve and a half years; regular and very free for one and a half years, when she fell, producing pelvic distress; after which, for seven years, the flow was very scanty, lasting but one or two days, and accompanied by excruciating pain. She improved somewhat after marriage. Her first conception was followed by so much nausea, vomiting, and anæmia that her physician advised and induced an abortion. She is now regular as to time, but irregular as to quantity; it is preceded by an excruciating pain for two days, and continues until the flow disappears; she also has severe pain in the head. She is very nervous at all times, but this is much intensified during the period. Pain is more marked in the left inguinal region and down the corresponding limb. Coition and vaginal examination are very painful. The uterus is enlarged and painful; tender on pressure over both ovaries. Local uterine treatment had been kept up during the entire four years with no relief. Trachelorraphy had been performed. Ovariotomy was advised. September 19, 1885, she entered my private hospital, and, assisted by Drs. W. H. and C. B. Warder and E. Eshleman, the uterine appendages were removed. The left ovary was composed of a number of cysts, the largest of which ruptured while adhesions were being separated. The right ovary was not enlarged, but it was removed to ensure relief. The wound was closed with silk-gut and dressed with sublimate gauze and absorbent cotton. There was no shock. The highest temperature reached was 101.6° at midnight of the 20th, and it became normal on the 22d. Sutures were removed on the eighth day, and the wound redressed for the first time. It had united throughout, and there was no irritation from the sutures. The effect upon her general health remains to be determined.

Dr. Montgomery also reported a case of

Supra-Vaginal Removal of the Uterus and both Ovaries for Fibroid Tumor.

Ann M., æt. 27, was brought to me by Dr. T. H. Boysen, of Egg Harbor City, with the following history. Her menses from the beginning occurred every three weeks, and were free an entire week. During the last four years they have occurred every two weeks, and are attended with pain in the pelvis and down the limbs, and severe pressure upon the bladder, causing frequent urination, and several times necessitating the use of the catheter. Dr. B. had diagnosticated fibroid tumor, which my subsequent examination confirmed. The tumor was the size of a child's head, filling up the pelvis, and apparently arising from the anterior wall. The examination led me to believe that the bladder was adherent over the anterior surface, and would render the removal of the tumor unsafe. I suggested the removal of the ovaries. She entered my private hospital 9–15–'85, for that purpose. Drs. W. H. Warder, Boysen, and Martin assisted, Drs. C. B. Warder and Staltweather present. An incision three inches long was made, and finding the tumor free from the bladder, with cervix sufficiently long to serve for a pedicle, the incision was extended to within an inch of the umbilicus above and symphysis below, and the tumor, with some difficulty, withdrawn. In the absence of a Tait's clamp, which had been ordered some days before, the pedicle was constricted by a wire ecraseur, and the tumor with the ovaries was removed. The pedicle was then transfixed with two steel pins and tied in three sections with strong silk thread. The peritoneum was fastened to the pedicle below the ligatures, and the wound closed with silk gut sutures, the pins holding the stump outside. The wound was dressed with sublimated gauze and absorbent cotton. The operation was followed by some shock, temperature 97.4°, pulse 104, from which she soon rallied. She complained greatly of pain. A half-grain of morphia had been given by suppository, and three hypodermatic injections of morphia, ¼ grain each, were given during the afternoon before the pain was relieved.

At 3 a. m. of the 24th, I was called by the nurse, who reported bleeding from the stump. Three ounces of blood had been lost. By aid of

Dr. Warder a Wells's clamp was applied below the pins, apparently controlling the hemorrhage; but it recurred later in the day from the angles and from beneath the clamp. By this time the Tait's clamp had arrived, and the patient was etherized, the lower three sutures removed, the pedicle drawn up, the clamp applied so as to control it completely, and the wound again closed. The wound had united throughout. Temperature reached 100.6° at 9:30 p. m. The highest subsequently, 101.6°, was in the afternoon of the 25th, and it became normal on the 28th. Upon removing the dressings on the 27th, some pus welled up about the pedicle. As the skin was irritated, the dead pedicle was cut away until the clamp slipped off. There resulted, of course, considerable retraction of the stump, but the sloughed tissue is now nearly cleared away. The patient suffers no pain or discomfort; temperature normal. The tumor was situated in the anterior wall and fundus of the uterus, and projected into the uterine cavity.

Dr. Parish remarked that removal of the ovaries had given such good results in cases of uterine fibroids, and was comparatively so free from danger, that he would like to hear from Dr. Montgomery his reason for his choice of operation.

Dr. Montgomery replied that the tumor filled the pelvis and pressed upon the bladder and rectum, causing great and constant distress. As diminution of the size of the fibroid tumor is not a certain result of oöphorectomy; and as all the circumstances were in favor of the major operation, he decided upon it as the best one.

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Editorial Department.

Periscope.

"Foulbrood."

Mr. W. Watson Cheyne thus writes in the *Brit. Med. Jour.*, October 10, 1885:

This is an epidemic of bee-hives affecting especially the larvæ, and resulting in the death of the larvæ, which degenerate and form a yellowish and black stringy material at the bottom of the cell—the "foulbroody matter." Mr. Cheshire, who has chiefly investigated the matter, finds that the disease is not confined to the larvæ, but affects the adult bees, more especially the workers, which die off in large numbers. He also found it as a local disease affecting one of the ovaries of a queen-bee, and leading to infection of the ova of that bee. If the foulbroody material is examined, it is found to contain numbers of oval bodies, which have been described by some as micrococci, by others as one of the Saccharomyces (cryptococcus alvearius). Mr. Cheshire, however, found that these bodies were not present in the juices of the larvæ—that there one only saw moving bacilli—and he has made out the same fact with regard to the adult bees affected with the disease. He therefore regards it as a bacillar disease.

In August last he brought me some foulbroody material to see if the organism could be cultivated, and it is the result of this research which forms the subject of the present communication. And I may say shortly that from this material I got a growth of bacilli exactly resembling in size and appearance those seen in the juices of the larvæ and adult bees, and that these bacilli produced large spores, which were evidently the bodies seen in the foulbroody material.

In cultivation in agar agar the bacilli vary in size, their average length being $\frac{1}{7500}$ of an inch. They are somewhat pointed at their ends, and very often have a clear space at one side near the end, but this is not constant. Their average breadth is $\frac{1}{100000}$ of an inch. The spores are largish oval bodies averaging in length $\frac{1}{12000}$ of an inch, and in breadth $\frac{1}{20000}$ of an inch.

They do not grow below 17° C. They grow most rapidly at the temperature of the body. Very few spores are formed at 17° C., but they appear rapidly and in large numbers at the body temperature. The reaction of the medium is not of very great importance, but a neutral material is best.

Their growth in meat-jelly (ten per cent. gelatine) is very characteristic, and quite different from that of any other organism with which I am acquainted. So peculiar is it that a cultivation of this bacillus can at once be detected by the naked eye. If an infected needle be plunged into a tube of this material, growth occurs on the surface and along the track. On the surface the bacilli shoot out and form a ramifying layer, the characters of which will be presently described. Along the track irregularly-shaped masses appear, and in a few days processes are seen to shoot out from these masses, which may extend a long distance from the track, being thickened at various parts. If jelly is poured out on a glass plate, allowed to solidify, and then the infected needle drawn over it, we see the explanation of the peculiar appearance seen along the track; bacilli shoot out from various parts of the track, and very soon a circle is formed; from this circle fresh shoots pass out and form circles again further on; these circles becoming filled with bacilli give rise to the apparent thickenings and nodules seen in the course of the shoots. The bacilli cause liquefaction of the gelatine, which assumes a yellowish color and gives off a urinous or fishy odor—the same odor as that of the infected hive.

They grow in agar agar jelly at the temperature of the body; but the cultivation, like the cultivations of other bacteria in the same material, is not sufficiently characteristic to be of use as a diagnostic.

On potatoes they grow slowly, and form a yellowish layer.

In milk they grow well, and in a few days cause the coagulation of the milk, which also assumes a yellowish color, and gives off the odor previously described. The coagulum is not firm, but is like

a tremulous jelly, and may remain for some days without the separation of any fluid; by and by, however, it becomes liquid, and ultimately, after some months, assumes the appearance of a dirty yellowish glairy fluid. It is very slightly, if, indeed, at all, acid.

They grow extremely slowly in blood-serum, and there form very long filaments with comparatively few spores.

With a cultivation in milk, Mr. Cheshire sprayed a comb containing a healthy brood, covering up the comb with a piece of cardboard with a lozenge-shaped space in the centre. The larvæ in the cells corresponding to the lozenge-shaped space all died of foulbrood, while the others remained healthy.

He has also fed bees with another cultivation of these organisms, and a number of them died of foulbrood. One day while I was testing some milk in which they had grown, a large blue-bottle fly settled in it and commenced to eat. I put a large glass funnel over the dish, leaving sufficient air for the fly. When I came, twenty-two hours later, the fly was in the sitting posture on the table, and was dead. Its juices were full of these bacilli, as shown by microscopical examination and by cultivation.

Other animals are more or less refractory to this bacillus. I have kept cockroaches for days in a box in which was milk containing these bacilli mixed up with sugar. None of them died, but I cannot be certain that they ate the material. I inoculated two mice and one rabbit with a cultivation without effect. I injected half a syringeful of a cultivation subcutaneously into two mice; one died the following day, the seat of injection being very œdematous and full of these bacilli, and there were also a few in the blood; the other mouse remained well. At the same time I injected a guinea pig subcutaneously. It died six days later with extensive necrosis of the muscular tissue, but no true pus. These bacilli were present in the necrosed tissue, and also in small numbers in the blood. I have since injected three guinea pigs subcutaneously without effect.

The conclusion to which we have come is, that without doubt this bacillus, growing in the juices of the affected larvæ and adult bees, is the cause of the disease.

A very important part of the work done on this subject by Mr. Cheshire is the discovery of a method of curing this disease. He gives the workers in an infected hive a mixture of carbolic acid and syrup (1 to 500) as food, and finds that very soon the dead larvæ are removed, and fresh and healthy larvæ occupy their cells.

An Obscure Case of Pulmonary Disease.

Before the New York State Medical Society (*Med. News*, October 24), Dr. W. McCollom read the report of the case.

The patient was a gentleman with the early history of specific disease, who had a large chest and voluminous lungs. A few months since he began to suffer from emotional excitability, and from occasional paroxysms of dyspnœa. These asthmatic seizures were liable to be brought on by an unusual emotion or exercise, and as time went on they increased in frequency. A careful physical examination of the chest, however, did not detect any appreciable cardiac or pulmonary trouble. Afterward, Dr. Sherwell, of Brooklyn, examined the larynx, but found no evidence whatever of any disease. He expressed the opinion that there was probably an aneurism of the arch of the aorta. Still later, the patient was examined by Prof. A Flint, who found only some subcrepitant râles on both sides of the chest. He believed that there was pulmonary œdema present, but could not say from what cause it proceeded.

In the meanwhile the dyspnœa was steadily progressive, and on the 24th of September last the patient took to bed. On the 25th he was examined by Dr. James R. Leaming, of New York, who thought that there were extensive pleuritic adhesions present, both old and new; an opinion in which he was confirmed by subsequent examinations. At this time the right lung did less work than the left, and the respiration altogether was largely abdominal.

Death occurred on the 5th of October, 1885, and an autopsy was made forty-eight hours after death.

The kidneys were entirely free from disease, and the liver, with the exception of possibly being a little fatty, was also normal. The pericardium contained two ounces of fluid, and the right ventricle of the heart was found to be moderately dilated. Otherwise the heart was perfectly healthy. The thoracic aorta was also free from disease. The lungs were of a dark gray or brown color, and were found to float in water. The parenchymatous structure of both lungs was very hard and dense, and creaked distinctly under the knife. There was no evidence of acute pneumonia, and no cavities were found. The only adhesions dicovered were two slight ones at the top of the right lung, and they were evidently very old. (Specimens of the lungs were exhibited.)

Dr. Flint said that he remembered the case perfectly well, having made notes himself upon it. He had not heard of the patient's death before, but he was very glad to know the result of the autopsy. When he made the examination of the chest in consultation with Dr. McCollom, he could discern nothing but the presence of a moist râle on both sides. He then felt quite sure that the patient had disease of the kidneys, and requested specimens of the urine. When, however, the examination of the latter gave a negative result, he felt at a loss in regard to the case, and asked to be allowed to see the patient again.

The condition of the lungs, found after death, completely explains the progressive dyspnœa, and at the same time it serves to illustrate the inadequacy of physical signs under certain circumstances. The remarkable point about this case is the equal development of the pulmonary cirrhosis on the two sides. Almost invariably the condition is much more marked in one lung than in the other; so that the difference between the two sides of the chest is very apparent. The existence of moist râles in connection with a normal condition of the heart seemed to him positively to indicate kidney disease, and he was therefore surprised to find that the urine gave no evidence of this. On the whole, therefore, he

considered it a very interesting case, and the specimens that had been presented he believed were unique. He thought it also worth while, in this connection, to call attention to the mechanism of subcrepitant râles. One observer, as the history showed, had referred these râles in the present case to the presence of pleuritic adhesions. From the result of the autopsy, however, it was pretty evident that here the subcrepitant râles were produced in the smaller bronchial tubes, and not in the pleuræ.

Treatment of Lacerated Middle Meningeal Artery.

Before the Clinical Society of London (October 9), Mr. Charters Symonds read a case on trephining for compression by a clot derived from the middle meningeal artery, and suggested the resort to compression or closure of the carotid as a means of arresting the hemorrhage. A man, aged forty-three, fell from a height of six feet, striking his head. He was admitted immediately into Guy's Hospital, and was seen shortly after in a totally insensible condition, with right hemiplegia and a pulse of 52. He had two abrasions on the left temporal region, and a large extravasation of blood. Though there had been no conscious interval, Mr. Symonds immediately trephined on account of the hemiplegia and deepening coma. The site selected was rather posterior to that usually chosen, as here the chief injury seemed to have been received. On elevating the disc of bone a pulsating clot was exposed and removed. The bleeding was profuse, and to reach the laceration a great deal of bone was removed by Hoffman's forceps, two loose pieces of the sphenoid being found. Two lacerations were found in the vessel; one was closed by under-running the vessel with fine gut; the other by completing the division of the vessel and twisting both ends. The bleeding, however, still continuing, and the bone having been incised to the base, the hemorrhage was finally arrested by under-running the artery with a piece of the dura mater, and making traction on the ligature carried out of the wound, and by a pair of torsion forceps pushed down into the farthest accessible point and given a half twist. The operation altogether lasted two hours, and the man lost much blood. Recovery was immediate. As soon as the clot was removed, the pulse rose from 40 to 64, and the muscle of the right foot moved; and at the conclusion of the operation the man could move his right arm and leg, and give his name and address. The next day he answered all questions and spoke rationally. The same afternoon he became restless, and finally delirious, coma supervened, the temperature rose gradually, reaching 104.8° shortly before death, which took place at 3:15 p. m., or fifty hours after the accident. At the autopsy the dura mater over the exposed area was yellow and purulent, and there was general congestion. The temporo-sphenoidal lobe on the right side was bruised, as was the cerebellum. The fracture extended from the site of the operation to the wing of the sphenoid, and there divided into two branches, the one running over the orbital plate to reach the cribriform plate of the ethmoid, the other reaching the same point after traversing the optic foramen and sphenoidal fissure. In his remarks Mr. Symonds said that his main object was to call attention to the want of information upon the best method of dealing with the bleeding vessel, and to suggest a resort to compression of the carotid from the moment such a case is seen, and to its ligature, should, after trephining, other means fail to arrest the bleeding. Though no mention was made in our leading works of this method of arresting the hemorrhage, no doubt the idea had occurred to others before it had to him in connection with this case two years ago. To the severity of the operation, to its great prolongation, and to the loss of blood, he attributed the fatal meningitis, and did not think that the result affected the average success of trephining. As to whether it would be better to secure the external or common carotid, he thought that while deligation of the external would remove the special cerebral dangers attending closure of the common, its safety was to be established. He considered that with our present method of treating wounds he would prefer to close the external carotid. Mr. Furneaux Jordan's suggestion to ligature the carotid instead of trephining, while it was thought effective, would, Mr. Symonds considered, be confined to those cases seen very early, and would therefore have but a limited application. The absence of the interval of consciousness was considered to be due to concussion, while the strictly localized character of the paralysis was unlike that seen in cases of cerebral laceration.

Two Cases of Severe Gun-shot Injury.

Dr. J. H. Branham reports these cases in the *Medical Chronicle*, June, 1885:

Case 1. A. D., white male, age 14, in March, 1884, while crossing a fence with a loaded gun in his hand, fell, and striking the gun it was discharged, the contents entering the left arm below the shoulder, passing upward and backward, carried away a large part of the head of the bone, the end of the acromion process, completely destroyed the joint and cut the deltoid in two.

The accident occurred near the patient's home, several miles from the city. A physician was called who cleaned the wound, removing shot, wadding, and pieces of clothing. It was afterwards dressed with carbolized solution.

I first saw the patient two weeks after the accident. At that time the wound was covered with unhealthy granulations; the patient was very weak, and the febrile symptoms were marked. He had a severe bronchorrhœa, and his cough was constant and troublesome.

Underneath the pectoralis major muscle was an immense abscess, which was limited below by the fascia at its lower border, and above extended beneath the skin in front of the clavicle into the supra-clavicular space. On the next day this was opened at its lowest point and a drainage tube inserted. The wound was washed twice a day with carbolized solution, and the patient began to improve at once. A small abscess formed half-way down the anterior aspect of his arm, and was opened by Dr. Erichsen. The patient moved to town about four weeks after I first saw him, and was subsequently entirely under my care. Several pieces of bone were removed, and the wound

healed entirely in about six months. Notwithstanding immobility of the shoulder, the patient has a fairly useful arm.

The interesting features here are the comparatively good result in a very ugly and extensive wound, and the wonderful benefit of free drainage.

Case 2. Wm. H., colored, age 26, on December 23, 1884, was wounded by a ball from a large-sized Colt's revolver. It passed through the left femur, about four inches below the trochanters, shattering the bone to a great extent.

The patient was in a garret, entirely without comfort and almost without attendance. He was urged to enter a hospital but refused. His leg was placed in a straight splint, but the patient was restless and soon loosened the bandages. He was then put in a Smith's anterior apparatus, but this could not be kept on.

The would suppurated freely and an incision was made about the eighth day, and the bullet found just in front of the bone, where it had lodged after passing through; it was extracted. The bone was found completely shattered for about six inches. The splinters were firmly adherent, and could not be removed. A second opening was made higher up and a tent passed through.

The limb was then encased in a thick plaster splint, and when this was removed, two months afterward, the bone had firmly united. There is still considerable discharge and dead bone is present, but the patient is able to sit up and is well nourished, and the limb requires no support.

As soon as his consent can be obtained I intend to remove the necrosed bone.

I report this case to show the great usefulness of the plaster-of-Paris splint. The wound was dressed, syringed, and disinfected for two months, but the splint remained firm.

On a Condition of the Inner Surface of the Uterus, After the Birth of the Fœtus, of Practical Importance.

Dr. J. Braxton Hicks, M. D., London, thus writes in the *Brit. Med. Jour.*, October 10:

Without entering now into the question as to the thickness of the mucous or lining membrane of the uterus, I wish, in the present communication, to draw attention to a condition which I have occasionally noticed after the expulsion of the fœtus; and which may easily give rise to mistakes of a clinically grave character.

When the uterus is emptied of the fœtus, the area of its inner surface is proportionally reduced. If the lining tissue also became contracted to the same extent as the muscular substance, then it would lie smooth and level; but, in some cases, this is not so; consequently it is thrown into folds or waves, imitating, in some instances, growths springing up loosely from the surface. But there is a still further state which adds much to difficulties of diagnosis, and, consequently, to danger in practice; for this inner membrane (I speak from the clinical point of view) is not unfrequently resting loosely on the muscular coat beneath, so that, when the fingers are pressed against it, it glides over the subjacent part, so as to feel very like a portion of the placenta, or the thickened membranes; so much so, that, in some cases, till I had traced it for some distance, I could not tell its exact nature. Where nodules of inflammatory deposit occur in the same case, there this portion is fixed firmly to the muscular tissue beneath, but beyond it is loose; and thus there is a great similarity to the placenta, I mean where the placenta has been already removed. The cases in which I have particularly noticed this condition, are those where I have had occasion to remove the placenta for adhesion. I have not noticed it where, for other reasons, I have passed the hand within the womb, as in ordinary turning; nor in, by any means, every case of adherent placenta. Yet, inasmuch as, in such cases, one does not specially look for such phenomena, it is impossible to say in what proportion it might exist. In the first case that I observed it, it was most marked. It was in a case to which I had been called, of very difficult labor, in consequence of miserably ignorant attempts at delivery, whereby both arms had been brought down over the back, and were drawn down outside the vulva, both humeri having been broken. The placenta was adherent, and in passing the hand to remove it, I was on the point of mistaking this loose lining of the womb for the placenta, and was about to detach it when, in passing my hand over the placenta, I concluded that it was the uterine surface covered by the smooth membranes. To make quite sure, I penetrated the placenta from the amnial surface, where I was quite sure of its presence, and worked outwards to the margin, and thus was able to safely remove it. I need not record more cases, for attention having been once directed to it, it will, I think, be readily comprehended. I am not aware of any one having noticed or pointed out the peculiarity before, though I can hardly think it could have escaped observation; but, in the excitement of the moment, the danger of mistaking the lining of the uterus for adherent placenta is undeniable, and this must be my excuse for occupying your time.

The Influence of Temperature on Muscles at Rest.

The *Med. Press*, October 7, 1885, tells us that Dr. Max Rubner has lately published in Du Bois Reymond's *Archiv. f. Physiologie* an interesting account of some laborious and complicated experiments on the respiration of individual organs, the results of which have an important bearing on our knowledge of the tissue changes that take place in muscles at rest, and on the determination of their functional activity. We know now that muscle, even when not in contact with the body, respires. What influence temperature has on this respiration is, up to the present, not known, and Dr. Rubner has attempted to determine it, his experiments being carried on in Ludwig's laboratory in Leipsic. The uninjured hind leg of a dog was played over with a mixture of dog's blood nnd saline solution (8.7 per cent. of common salt and 0.1 per cent. of phosphate of soda) whilst the author examined the irritability of the muscle and the gaseous contents of the blood of the crural artery and vein; the muscle preparation was contained in a zinc vessel with double walls, and filled with water of varying temperature. The most important result of the experiments consists in the proof of the dependence of the consumption of oxygen in muscle on the

temperature of such muscle. In every case decrease of temperature was accompanied by diminished consumption of oxygen, on again raising the temperature the consumption of oxygen was increased; when the temperature fell 1° C. the consumption of oxygen fell from 1.55 to 3.10 per cent., when it rose 1° the consumption of oxygen rose 2.92 to 4.8 per cent. higher. The increase with rise of temperature was not constant in all cases as the consumption of oxygen by muscle was almost altogether independent of temperature within certain wide limits. It is only when the temperature passes these limits that consumption of oxygen is markedly influenced by its temperature. The conditions requisite for formation of carbon dioxide, on the other hand, are essentially different from those favoring the consumption of oxygen. It showed itself independent of temperature, and especially of low temperatures. The facts demonstrate that, by the action of abnormally low temperatures the capacity of muscle for consumption of oxygen, and also its irritability can be inhibited; but a low temperature does not check the formation of carbon dioxide. Thus, two of the most important properties of muscle may be shown by the varying degrees of heat:

1. That of formation of CO_2 independent of the consumption of O (in low temperature).

2. The development of vigorous oxydation (in higher temperatures).

A Unique Case of Chorea.

Dr. James Weir thus writes in the *Louisville Med. News*, October 17:

Eddie B., aged twelve years and two months, was sent me, August 28, for treatment by Dr. Trunnell. The doctor had diagnosed chorea, and upon examination I confirmed his diagnosis. Upon stripping him for physical examination, a most beautifully developed condition of the whole body showed itself. Every muscle was in proportion, the *tout ensemble* presenting the appearance of the Farnese Hercules in miniature. He stood firmly on his feet, without a muscle of his upper or lower extremities or trunk showing a single tremor. His father told me that he had slight volitional control over his paroxysms, and that when under observation did not show evidence of his disease. Furthermore, that the "snapping of his eyes and the popping of his mouth was all that bothered him." I directed the boy to put on his clothes, watching him the while. Suddenly a contraction of the *zygomaticus major* on the left side drew the corner of his mouth almost to his ear, at the same time the *orbicularis palpebrarum*, *levator palpebræ superioris* and *corrugator supercilii* were in violent and continuous action. I immediately recognized chorea limited to the muscles of the face, a rare and infrequent form of this affection. After-study of the case showed me that the muscles involved other than those above mentioned were the *levator labii inferioris*, *orbicularis oris*, and *buccinator*. As far as I could determine the motor branches of the fifth, as well as certain branches of the third and seventh nerves were involved. There was absolutely no sensory involvement. There was no mental impairment, no hallucinations, no dreams, and no involuntary action of the sphincters. I gave the father a favorable prognosis, and the progress of the case has justified my opinion. Under large doses of pil. ferri. carb. and liq. potass. arsenitis, with five-minute *seances* of faradic and galvanic currents, I have gotten rid of the choreic paroxysm in every muscle involved save the *levator labii inferioris*. I believe his occassionally uncalled-for use of this muscle is partially habit.

The Psychological Aspect of Suicide.

Dr. J. S. Conrad read a paper on this subject before the Medical Society of Virginia, saying:

1. Suicide increases with the advance of civilization, and is but little known in the savage state of men.

2. The act is an intelligent one (?), done with a full consciousness of the act, as shown by the method of execution, whether by the sane or insane.

3. That suicide is done always for the purpose of escaping an evil, and for the benefit of the felo-de-se, whether by sane or insane.

4. That it is a voluntary act (?), whether by sane or insane.

5. That it is an emotional act, whether by sane or insane, however deliberately planned and executed, since deliberation enters into the mind of both mental states.

6. That delusions are not essential to the distinction as to the sanity or insanity of the suicide, since authorities affirm that delusions are not essential to the proof of insanity.

7. That suicide is rare in the first class (*Insanity* by Maudsley), viz., intellectual or ideational insanity; but does occur in the vast majority of the second class, or affective or emotional forms of insanity.

8. Query. Is suicide an intellectual act, notwithstanding the intelligence exercised in its execution? Or is it an emotional act *per se*, since we have seen that the emotional part of mind dominates the ideational centres, and perverts the intellect into becoming its humble servant?

9. Does moral depravity satisfactorily account for it, when we have seen that moral depravity is a factor of both sane and insane?

10. That in doubtful cases of the sanity or insanity of the felo-de-se, very great caution is necessary in making up a just judgment as to the one or the other.

Aphonia from Inebriety.

Dr. Morgan, in a paper published in the *Journal of the American Medical Association*, gives two cases of this affection. He refers to literature showing that it has been noticed as far back as 1761 by Morgagni, who speaks of alcoholism as a cause of aphonia, and particularly of the central lesion giving rise to this trouble. Other references are made to show that it has been noticed by different observers. Dr. Cohen thinks it comes from the exposure, muscular relaxation, and lowered vitality following inebriety. Other writers suppose it is only one of the many palsies, which may appear in the various muscles of the throat and larynx, or that it is a reflex from some central nerve lesion. Undoubtedly it acts very much as other posions do which affect the throat and voice.

Dr. Morgan's remark that these cases are more common than the scanty literature would indicate is confirmed by all who are treating these cases. In our experience about ten per cent. of all cases suffer from this paralysis of the lateral crico-arytenoids. Often it is very transient, and disappears in a few days; in other cases it lasts a longer time. The treatment, most effectual, seems to be active catharsis, and cold applications on the outside of the throat. All internal medication and electrical currents have not been satisfactory.

The removal of alcohol and buiding up the system, is always followed by a disappearance of this affection. It will be found in most cases that aphonia is associated with other palsies of different parts of the body which escape attention at the time, but come out when this passes away. Bronchitis or laryngitis are the usual associate affections, and often the hearing is disturbed and lessened, and catarrh is also present. When erysipelas and rheumatism are present, the prognosis is more difficult, but usually the future of the case is promising. The subject should receive more careful study and clinical observation before it can be well understood.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The obscure topic of cysts of the pancreas is discussed by Dr. N. Senn, of Milwaukee, in a reprint before us. His conclusions are summarized as follows:

A positive diagnosis of a cyst of the pancreas is impossible; a probable diagnosis between it and some other kind of cysts amenable to the same surgical treatment, is adequate for all practical purposes.

The formation of a pancreatic fistula under antiseptic precautions recommends itself as the safest and most expedient operation in the treatment of cysts of the pancreas.

——Dr. Charles L. Mitchell, of this city, has begun the publication of a periodical called "Clinical Notes on the Local Treatment of Disease." It is chiefly intended to introduce certain methods of local treatment to the profession.

——Dr. J. B. Mattison, of Brooklyn, comes out boldly in a paper for the purpose of denouncing *avena sativa*, in its alleged value in opium addiction, as "a fraud, a delusion, and a snare." This writer is wont to use language of unnecessary violence, and we think he does so in this instance. Though the avena has doubtless been over-estimated, it probably possesses certain valuable nervine properties.

——Dr. James Craig, of Jersey City, has reprinted in pamphlet form a collection of his various recent contributions to medical journals. They will be found to make a useful collection.

——The therapeutics of high temperatures in young children occupies the attention of Dr. W. P. Watson, in a recent reprint. His review of our means for reducing the excessive bodily heat is clear and instructive.

——Dr. C. M. Wilson, of this city, in a short paper defends the mechanical dilatation of the uterus by the use of the Wilson dilator. He claims that it has excellent results, and is not necessarily risky.

——Dr. George Sutton, of Aurora, Indiana, describes in a paper from the State Society *Transactions* the epidemics which have occurred in southeastern Indiana during the past fifty years. It is an article of much local interest.

——The relation of iritis to the rheumatic diathesis, and its treatment, is discussed by Dr. Charles J. Lundy, of Detroit, in a short paper. His conclusions are well reasoned.

——In a paper originally read before the American Medical Association, Dr. J. J. Caldwell, of Baltimore, gives a study of epilepsy. It is a judicious summary from the best authors.

BOOK NOTICES.

Epilepsy and Other Chronic Convulsive Diseases: Their Causes, Symptoms, and Treatment. By W. R. Gowers, M. D., etc. Pp. 255. Wm. Wood & Co., New York.

This carefully-prepared monograph on epilepsy and epileptoid diseases, written by an eminent London physician, forms one of the issues of Wood's Library of Standard Medical Authors. It is a valuable addition to it, as no treatise on the subject could be named which ranks higher than the one before us.

Practical Surgery: Including Surgical Dressings, Bandages, Fractures, Dislocations, Ligatures of Arteries, Amputations, and Excision of Bones and Joints. By J. Ewing Mears, M. D., etc. 490 illustrations; 8vo., cloth; pp. 794. Price, $3.75. P. Blakiston, Son & Co., 1885.

This is the second edition of Dr. Mears' work, and the author has subjected it to a careful revision, as well as added freely to the text. Confining himself to the strictly practical aspects of surgical science, he presents them in as few words as is consistent with clearness, avoiding the introduction of debatable operations and the explanation of doubtful points in surgical mechanics and pathology. His book, therefore, is a recognized desideratum in surgical literature, and we can safely predict for it a continuance of the favor

with which the first edition was received. The paper and print are excellent and the engravings well prepared and abundant.

Elements of Inorganic Chemistry, Descriptive and Qualitative. By James H. Shepard. 8vo.; pp. 377. Boston, D. C. Heath & Co.

For those who would like to obtain a good general knowledge of inorganic chemistry without going into the intricacies of the science this book may be cordially recommended. It is intended for normal, preparatory, and collegiate institutions of education, and we have seen no textbook of its size that is superior to it in clearness and comprehensiveness.

Rationalism in Medical Treatment, or the Restoration of Chemism, the System of the Future. By William Thornton. Pp. 46. Boston. Published by the author.

A trivial and egotistical essay, this pretending to introduce to the laity a method of medical treatment which educated physicians are too jealous to accept. The day is past when any man can offer a good thing in science and have a cold reception.

The Principles and Practice of Surgery. By John Ashhurst, jr., M. D., etc. Fourth Edition, Enlarged and Thoroughly Revised, with 597 Illustrations. 8vo., sheep, pp. 1118. Lea Bros. & Co., Philadelphia. 1885.

In presenting the fourth edition of this work, which has met with a well merited popularity, the author has carefully scanned all parts of it, and brought them up to date by adding freely from the latest contributions to surgical science both here and in Europe. The illustrations have received material accessions from original drawings and photographs of new operations, instruments, or pathological conditions. The general plan of the work, however, has been retained, and its bulk not too unduly augmented. Considering the quite unwieldy size to which many so-called manuals have grown nowadays, it is to the credit of the author that he has compressed so much in the space of his pages.

The work is admirably manufactured, paper, printing, binding and cuts being fully up to the high standard set themselves by the eminent publishing house which issues the work.

Clinical Therapeutics. Lectures in Practical Medicine Delivered in the Hospital St. Antoine, Paris, by Professor Dujardin-Beaumetz. Translated by E. P. Hurd, M. D., etc. 8vo., cloth. Pp. 491. Detroit, Mich. George S. Davis. 1885.

For many years Professor Dujardin-Beaumetz has stood prominently at the head of the therapeutists of France. He is one of the few distinguished European physicians who are as much interested in treating the patient and studying the effects of remedial agents on disease as in refinements of diagnosis and the debated questions of pathology. He has condensed his prolonged studies and observations in a series of lectures, the translation of which, made with his approval and almost under his supervision, is presented in the volume before us.

The text of the lectures is copiously enriched with notes, some by the author, others by the translator, all of them useful in character and explanatory of the words of the speaker.

The subjects of the volume are: The Treatment of Nervous Diseases, That of General Diseases and of Fevers. In other words, and to adopt the division of the original, of the Nervous System, of the Blood, and of Fever. Under these headings, single diseases are taken up and their therapeutics discussed in detail.

In several respects there is no other book quite like this in our language; it is therefore suggestive to the reader, and even where it savors too much of Gallican views, with which ours are not in unison, it will stimulate to research, and will often furnish happy inspirations for the practical management of cases.

Transactions of the South Carolina Medical Association's Thirty-fifth Annual Session. Pp. 155. Charleston.

The proceedings open with an agreeable address by the President, A. A. Moore, on the trials and difficulties of the country physician. This is followed by committee reports and a number of original papers. They are mostly short and valuable. Dr. F. P. Porcher reports nine cases of pleuritic effusion. Dr. T. S. Waring gives some excellent advice on the cause, treatment, and prevention of malarial fever. Several physicians describe cases in midwifery and gynæcology, and there are various contributions to ophthalmology. Dr. McKie reports his success in two cases of the bites of venomous serpents by the exhibition of large doses of bromide of potash.

Rosebuds. By Virginia Gerson. 4to., Illustrated. White, Stokes & Allen, New York. For sale by J. B. Lippincott & Co., Philadelphia.

A charmingly-illustrated and delicately-tinted gift book for children is that with the above title. Every page is a study of hue and design, and it cannot fail to capture the hearts of the little ones, and also evoke many pleasant ideas by the happy commingling of good sense and fun in the rhymes which are the posies to this garland of buds.

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THE MEDICAL LAW OF INDIANA.

The medical bill passed recently by the Legislature of Indiana to control the practice of medicine in that State, is meeting with various difficulties in its practical application. A number of questions touching its construction were submitted last summer to the Attorney-General of the State by Dr. C. F. Metcalfe, Secretary of the State Board of Health. The replies he received from that officer indicate that there is yet considerable labor to be expended on the law before its full interpretation can be fixed; and that perhaps various amendments to it will be necessary before it offers that protection to the public against unqualified and incompetent practitioners which it is the prime purpose of such an enactment to secure.

Many of the points raised by the Attorney-General refer more especially to the wording of the Indiana bill, but some are of a general drift. A few of these may be extracted from his replies to Dr. Metcalfe:

The right to reasonably regulate the practice of medicine rests on the police power of the State, which extends to the protection of the health and lives of all persons within the State, which subject I have considered in an opinion heretofore given to you. Chief Justice Shaw, in discussing the subject of the police power, in Commonwealth *vs.* Alger, said: "It is much easier to perceive and realize the existence and source of this power than to mark its boundaries, or prescribe limits to its exercise." It is undoubtedly difficult to determine the exact limits to the exercise of this power, but it is well settled that it belongs to the Legislatures of the several States, and forms a part of the mass of residuary State powers over which Congress has no direct control. * * *

It is the prerogative of the Legislature to prescribe regulations founded on nature, reason, and experience, for the due admission of qualified persons to professions and callings demanding special skill and confidence. * * * *

The confidence of a community, good will, the right to pursue his vocation by a qualified physician, who has practiced his profession for three or more years, although he may have no diploma, and may not have attended one full course of lectures in a reputable medical college, is his property. The Legislature may make qualification a test and condition for license to practice medicine.

Whether or not a law operating retrospectively, affecting physicians who have regularly practiced their profession within this State for three or more years before its passage, depriving them of their occupation and the emoluments of their established business, without reference to or test of their fitness for their position, can be regarded as a reasonable regulation of the practice of medicine and a proper exercise of the police power, and constitutional, is a very close question, and ought to be settled by the courts. * * *

No particular school or system of medical practice is preferred by the law, and no rights are conferred upon one not accorded to all, and a practitioner in his treatment is to be tested by the general doctrines of his school, and not by those of other schools and systems of medicine.

All recognized schools and systems of medicine stand equal before the law, and equally reputable. The statute does not require the medical college to be incorporated from which the certificate or diploma is derived.

Every institution, whether incorporated or unincorporated, organized in good faith for scientific instruction in medicine, surgery, or obstetrics, and in which such scientific instruction is systematically imparted, without regard to the school of medicine under whose control or management it is, is a reputable medical college within the meaning of the statute. * * * * *

We shall look with interest to the final shape which will be given to Indiana legislation in these particulars.

CORROSIVE SUBLIMATE AS A SURGICAL DRESSING.

While we are all familiar with the fact that the bichloride of mercury is a most valuable disinfectant, yet we doubt whether its full power is realized and whether it holds that high place in the estimation of surgeons to which its undoubted efficacy entitles it.

Considering it as one of the most valuable aids to the surgeon, we deem that all should be familiar with its merits, and we therefore desire to call notice in an especial manner to its use. In one of our hospitals in this city, solutions, varying from 1 to 1000 to 1 to 5000, are kept constantly on hand, and when cases of bruised and lacerated limbs are brought in they are at once enveloped in these solutions and the results are truly remarkable. One case is so striking as to merit special note.

A small child was brought in with his leg so mangled (bones comminuted, etc.,) that the whole surgical staff (three prominent surgeons) decided that amputation was imperative. To this the parents so strongly objected that the surgeons were forced to yield. Explaining to the parents the almost certainty that the child would die, and placing the responsibility where it rightly belonged, the limb was encased in bichloride sawdust. Presto, result! an absolutely perfect limb.

Many such cases could be cited, but suffice it to say that by the use of corrosive sublimate we can save many limbs that would otherwise be sacrificed.

In this connection it will be well to note that Dr. R. J. Levis has great faith in the potassio-mercuric iodide. He has tablets prepared of such strength that one dissolved in a pint of water gives him a $\frac{1}{12000}$ solution, which with hydronaphthol constitute his antiseptic armamentarium.

THE BENEFICENCE OF NATURE.

We are constantly reminded of the kindness of nature in various ways and of how bountifully she provides for the welfare of her children.

A most striking illustration of this fact is to be found in the case of the inhabitants of the mining borough of Shenandoah in this State. Surrounded by all or many of the elements of ill-health, containing among its crowded population a large number of Poles and Hungarians whose methods of life are insanitary in the extreme; living in a way that *ought* to make most prevalent all the filth diseases; yet these people enjoy a most wonderful immunity from zymotic diseases. At the present time, there are only four cases of typhoid fever in this town with a population of fourteen thousand, and it is the universal testimony of physicians throughout the region that infectious, zymotic diseases are very rarely met with.

At first this immunity seemed difficult of explanation, until two important points were noted—

first, the topography, and second, the water supply.

Shenandoah is located upon ground that slopes steeply away from the town on three sides, thus affording ideal natural drainage, while the water is strongly impregnated with iron and sulphur—a tonic and a disinfectant. The iron, no doubt, so tones up the system as to render it insusceptible to the inroads of zymotic diseases, while the sulphur has a disinfectant virtue.

But as there is no rose without a thorn, it is curious to learn that four-fifths of the inhabitants of this borough suffer from hemorrhoids, due, no doubt, to constipation (which exists very commonly), produced by the iron in the water.

COCAINE ANÆSTHESIA.

The beneficient properties of cocaine seem not yet exhausted, for now a New York surgeon (Dr. M. J. Roberts) tells us that he has performed two serious operations without the aid of ether or chloroform, solely under the anæsthetic power of cocaine. It seems that when the blood circulation in a part is checked or stagnated by an Esmarch or other rubber band or bandage the anæsthetic effects of this drug may be indefinitely prolonged. Imagine a boy, four years old, undergoing a most severe operation, watching intently and intelligently each cut of the knife and each vibration of the saw in his own person and smilingly meeting the eye of the operator. Does not such a picture seem utopian? Yet such was the attitude of the boy upon whom Dr. Roberts operated. If we can do away with the unpleasant features of ether and chloroform anæsthetization, and banish pain during surgical operations by injecting deeply cocaine and stagnating the circulation of a part, we have truly made a great advance.

We shall have more to say on this subject, for we have requested a prominent surgeon to put this method to test, and we will shortly publish his experience. In the meantime we will be pleased to record other observations on this subject.

THE STATE BOARD OF HEALTH.

The State Board of Health held its regular meeting in Harrisburg last week, and it is with great pleasure that we record the fact that the quantity and quality of work accomplished by this Board in the short five months of its existence is eminently satisfactory.

Our readers can congratulate their representatives in the Legislature for having voted this body into existence, and can feel assured that the body is awake and alive.

The report of the secretary, Dr. Benjamin Lee, was a surprise, in the amount of work it represented, even to the members of the Board themselves, and satisfied them that they had the "right man in the right place."

Without anticipating the "Report," which will be published in due time, and will make a goodly-sized volume of most valuable and interesting reading, we would most emphatically say that the Board is nobly laboring in the right direction, and would bespeak for it a hearty support and co-operation from all our readers.

NOTES AND COMMENTS.

Suppurating Cyst of the Broad Ligament.

Such cases will reflect so much credit upon the physician who intelligently handles them that we note this case from the *Brit. Med. Jour.*, Sept. 26:

On December 20, 1884, a woman was admitted to the hospital complaining of abdominal enlargement. The swelling first noticed in April, 1883, now occupied both iliac regions, and reached as high as the umbilicus. It was dull on percussion, and fluctuation could be felt in it. For some weeks before admission, patient suffered much from dragging and stabbing pains in the tumor, and lost flesh rapidly. She was in very low spirits, restless, pale, and careworn.

January 10, 1885. On opening the belly, a large cyst was exposed. It contained stinking pus. Several smaller cysts were tapped, clear, viscid, but not purulent fluid escaping. The tumor was situated between the folds of the left broad ligament, adhering to the great omentum, sigmoid flexure, and cæcum. A small portion, closely adherent to the sigmoid flexure, was left *in situ*. On separating the cæcal adhesions, a small abscess was opened, and a ragged ulcer, the size of a shil-

ling, exposed on the peritoneal covering of the gut, leading into a cavity in the cellular tissue behind the cæcum, from which pus welled, but between which and the interior of the cæcum no communication could be found on careful and gentle examination with the finger. Gas, however, bubbled through the ulcer. The hemorrhage was considerable. A drainage-tube was passed through the ulcer into the abscess-cavity, and secured in the abdominal wound. There was no pedicle. The incision was closed with interrupted sutures of silk-worm gut.

January 12. The wound was dressed. The discharge was considerable, and had a distinctly fæcal smell. Gas escaped through the tube.

January 13. During the night, patient experienced a feeling of something giving way. A large quantity of fæces was found in the dressing that day, and continued in decreasing quantity till January 20, when the drainage-tube was shortened. On January 30, the temperature rose from 99° to 103° Fahr., and she had several severe rigors, followed by profuse perspiration; a hard tender swelling appeared in the left iliac fossa. The belly was covered with a linseed-poultice.

February 4. Gas was still passing through the tube. The iliac swelling was painful, but not increasing in size.

February 15. The wound had healed, and the swelling in the iliac region was slowly decreasing.

March 1. The patient was discharged cured.

Arsenic in Malarial Fevers.

Tomasi-Crudelli's utterances on this subject have induced Dr. James H. Parkinson to look into the question, and he tells us in the *Pacific Med. and Surg. Jour.* for September that the results have been very gratifying. The drug has been administered in solution, the preparation usually employed being the liquor arsenici chloridi, U. S. P., with occasionally the liquor potassæ arsenitis, the dose ranging from 1 to 6 ms. every three or four hours, but not exceeding a quantity of 36 ms. in twenty-four hours. It has been given in combination with tr. nux. vom. ms. 3 to 12; vinum ferri. ms. 5 to 15; tr. cinchon. co. ms. 5 to 15; tr. ferri. perchlor. ms. 5 to 15. Syrup and glycerine being used as the vehicles, with occasionally the elixirs of taraxacum, gentian, and calisaya. These last were more frequently added to produce the moral effect of quinine than for any other purpose, and he does not suppose that their presence, or that of the tincture of cinchona, will be considered to have materially influenced the result. Assuming that in the majority of cases quinine and arsenic possess equal antiperiodic powers, some decided points of superiority must be proved, to claim a preference for either. Convenience in administration, and the absence of that undisguisable bitterness which to many makes quinine so nauseous, gives arsenic a decided advantage. Children will take it readily, and their well-known tolerance of the drug makes it the most useful remedy for malarial fevers in early life. With adults, particularly women, this tastelessness is often a matter of importance, and if treatment is successful, the opprobrium attached to so-called "allopathy" is correspondingly diminished. Cheapness is also an element of consideration. The price of a four- or six-ounce mixture containing one dr. of quinine ranges from $1 to $1.25, which is practically equivalent to the daily pay of the ordinary laborer, and as the cost can be reduced at least one-half, the change, equal results being obtained, will be regarded as eminently desirable. The facts that arsenic is usually more readily borne by an irritable stomach, and will often be retained during the pyrexial stage, when quinine is rejected, are important. In remittent fevers it must be considered the most desirable febrifuge. The objections which are urged against quinine by specialists in the department of aural surgery deserve to be taken into account, and the positive assertions by eminent authorities, drawn from their extended experience, should receive due weight. Patients often assert and maintain with perfect conviction that the beginning of impairment in one or both ears was distinctly traceable to large doses of quinine, or its prolonged use in some obstinate intermittent.

A Singular Accident.

The following rather curious case is related by Dr. A. A. Hamilton in the *Indiana Medical Journal* for September, 1885:

"One Sunday in July last, a young man, a farmer, aged eighteen or nineteen, was quietly resting upon a lounge in his father's house, sleeping, perhaps, or dozing. While thus reposing at full length upon his side, another young man approached the sleeper, and in a playful manner gave him a box or blow upon the side of his head over the right ear with his open hand. An uneasy sensation, with slight pain, was experienced for a few moments, but this feeling soon disappeared, and the occurrence was, in a manner, forgotten for some three or four days, when it was noticed that there was a slight discharge from the injured ear, together with some difficulty of hear-

ing on that side. He thereupon presented himself at my office for examination. Suspecting the character of the trouble to be rupture of the membrana tympani, resulting from concussion or sudden compression of the atmosphere, I directed him to gently inflate the middle ear by Valsalva's method, whereupon the exit of air could be both heard and felt. He was then directed to carefully abstain from further efforts at inflation, and to remain as quiet as possible, in hope that the torn membrane would reunite. This it has failed to do, however, thus far."

Nitro-glycerine for Hiccough.

This explosive remedy has come to be regarded as a real addition to our materia medica. In the *American Practitioner* for September, Dr. O. T. Schultz reports the case of a man affected with fibroid phthisis and angina pectoris, who was troubled with persistent hiccough lasting some ten days and resisting all treatment. His condition becoming critical nitro-glycerine (one drop of a one per cent. solution) was given at 8 a. m. on the tenth day, and repeated at 9 a. m. A moderate degree of bursting headache set in immediately on swallowing the dose, the hiccough became easier and rarer, and by 9:30 o'clock had ceased entirely. The medicine was continued every two hours. At 2 p. m., after drinking a glass of iced milk, the spasms again appeared, but yielded quickly to a new dose. During the afternoon and the night there was only an occasional hiccough, but on the eleventh day a short attack appeared at 2 and 6 p. m. The medicine was steadily continued. The spasmodic movements now ceased entirely. On the twelfth day an occasional dose of the nitro-glycerine was exhibited, and a tonic of iron, muriatic acid, quinine, and nux vomica begun; on the next day the former was dropped entirely.

Typhoid Fever.

As affording some valuable data for prognostic and diagnostic purposes, we made the following abstracts from Dr. Edwin T. Doubleday's paper in the *Medical Record*, November 7, 1885. The number of cases observed was 178. Relapse occurred in 33 cases; more than one relapse in five cases; in 9 of these cases the cause was sitting up too early. Diarrhœa occurred in 115 cases; eruption in 96; epistaxis in 57; delirium in 46; bronchitis in 19; phlebitis in 6; abscess in 7; otitis media suppurativa in 3; general furunculosis in 8; intestinal hemorrhage in 12; cystitis in 3; retention of urine in 22; albumen, hyaline and granular casts, in 13; albumen, without casts, in 13; lobar pneumonia in 7; temperature reached 107° in 4 cases; in 11, 106°; in 46, 105°. Quinine alone was used in 46 cases, 43 recovered; antipyrin alone in 12 cases, 11 recovered; kairin alone in 3, 2 recovered.

The Treatment of Lupus by Parasiticides.

Before the last meeting of the American Dermatological Association Dr. White read a paper on this subject in which he sketched the recent developments in our knowledge which established the common and bacillous origin of tuberculosis, scrofulosis, and lupus, and the rational attempts which have followed to overcome the latter phase of the disease by the external use of parasiticides. He reported the results of these methods in twelve cases of the disease which had been under his observation during the past eighteen months. From these experiments he concluded that we may probably be able to substitute for the painful and unsatisfactory surgical methods hitherto employed against the disease, such very simple applications as are capable of destroying the bacilli in the lupus tissues. Among the most promising of these, in his experience, were corrosive sublimate and salicylic acid.

Sulpho-Carbolate of Soda in Lichen.

To a recent meeting of an English medical society Dr. Mackey showed a case of lichen urticatus in a baby fifteen months old, who had a papular pruriginous eruption, with patches like nettle-rash, the day after lymph had been taken from his arm after vaccination at three months of age. Another child, with precisely similar history, had attended hospital on the same day; neither child had been free from eruption since its commencement, but they were only just presented for treatment, and were improving under sulpho-carbolate of soda. Another case of lichen circumscriptus, in a girl, was remarkable for the size of the papules, its resemblance to psoriasis in parts, its relapsing character, and the dusky color of the general surface associated with such relapse.

Electrolysis in Port Wine Mark.

Dr. Hardaway read a paper on this subject at the last meeting of the American Dermatological Association, in which he stated that, in the treatment of this malady, the object was to excite sufficient inflammation to cause occlusion of the ves-

eels. Electrolysis seemed to be the most convenient way of doing this. At first, he had used a bundle of needles, but after their use the reaction was too violent, and there was also a great tendency to keloidal development, so that he now employed only the single needle. It is important to allow a period of some weeks to elapse between the operations. The histories of three cases were given, in which this method had been employed. In two, the result was very gratifying; in the third, but little was accomplished.

Vaccination for Whooping-Cough.

This measure, empirically proposed many years ago, has been revived by Dr. F. W. Entrikin, who, in the *Cincinnati Lancet and Clinic*, says:

"I have vaccinated for this purpose several hundred children, and almost always with happy results, usually a speedy cure. During the many years I have been familiar with the practice, I have seen no reason to discard it. I have frequently seen it recommended in medical journals. I think it best to give the usual treatment until the febrile stage has passed, then vaccinate. The new disease set up by the virus will then usually arrest the nervous and other distressing symptoms."

Tubercular Nephritis.

While it will be always difficult to make the diagnosis of this condition with any absolute degree of certainty, yet we are justified in suspecting its existence when, to a tubercular heredity, we have added the symptoms which Dr. J. A. Hobson reports as occurring in a boy aged 13 (*Cinn. Lancet and Clinic*, Oct. 17). His trouble commenced with nocturnal incontinence, and for two years ran a downward course (with decided remissions), the urine being scanty, purulent, low specific gravity, and containing albumen, until, finally, a short time before death, nothing but pure pus was passed. The autopsy revealed absolute destruction of all the tissues of one kidney and numerous tubercular deposits in the other.

Salicylic Acid in Urticaria.

Lassar (*Monatshefte f. Prakt. Dermatologie*) reports the case of a man, who had for six years been subject, at various intervals, to the most severe attacks of general urticaria, involving even the mucous membranes, and accompanied by general malaise and febrile disturbance where the salicylate of sodium treatment was followed by very beneficial results. The patient was apparently otherwise healthy, and no cause could be assigned for the trouble. The drug was administered in twenty-four-grain doses at the onset of each attack, and repeated every two hours until two more doses were taken. The attacks were thus cut short and much reduced in frequency.

Some Wisdom About Coughs.

Dr. J. Milner Fothergill concludes an article in the *Med. Record* on "cough," by very wisely saying that the physician must observe and reason upon the cause of the cough, what it accomplishes, and how it affects the patient, before proceeding to deal with it. Some cough is useless, because ineffective, and needs some stimulating expectorant to render it efficacious — a very common affair; some cough is useless from every point of view, and so requires a sedative; and here the physician must decide in each case which is the lesser of two evils—the cough, or the sedative.

The Treatment of Earache.

How often do we hear one recommend laudanum and sweet oil for earache. We will not be so apt to use it when we learn that Dr. Norman Chevers (*London Med. Times*, Sept. 10,) says that it acts like liquid fire upon the sensitive mucous membrane. He always uses pure opium rubbed up with olive oil. The application of two or three leeches precisely in the cleft between the mastoid process and the ear, and the free use of steaming by means of a jug of hot water and a towel, will, he believes, nearly always render incision needless.

Glycerin in Dryness of the Tongue.

The annoying dryness of the tongue and pharynx, so common in acute febrile diseases, according to Cotter may be relieved by brushing pure and undiluted glycerin over the affected parts. The great thirst ceases, and the patient's condition is made more comfortable. It is probable that glycerin stimulates the secretion of the salivary glands, and thus acts as a solvent for the inspissated material accumulating upon the buccal mucous membrane in cases of this kind.

Opium Poisoning.

The *Union Médicale* reports a case where an individual took two ounces of the officinal laudanum and evinced all the symptoms of profound intoxication by opium: coma, scarcely perceptible pulse, faint and slow respiration, coldness, and cyanosis. Atropia, electricity, friction, and all

other usual means proving in vain, recourse was had to inhalations of nitrite of amyl, whereupon at once amelioration set in, finally ending in the patient's rapid and complete recovery.

Aseptol.

From the Philadelphia *Med. Times*, July 11, we learn that M. Serran has directed attention to this substance. It is a liquid of a rose-color, and is also called "acide orthoxphenyl-sulfurex." It is an antiseptic three times as strong as carbolic acid, and it has no disagreeable odor. It may also be given in quite considerable doses by the stomach without any danger. It is also very soluble in water, and destined, it is thought, to replace carbolic acid in most of its uses, especially for internal administration.

For Dyspepsia.

M. Germain Sée, in *L'Union Med.*, gives us the following:

℞. Tr. hyoscyami,
Tr. conii, āā ʒ ijss.
Tr. gentiani, ʒ jss.
Sp. anisi, gtt. x. M.

S.—Ten to thirty drops at each meal in painful dyspepsia and in cancer of the stomach.

Nephrolithotomy.

From our English exchanges we learn that on September 16, Mr. Victor Horsley removed a stone weighing two ounces and a quarter from the kidney of a middle-aged woman. Symptoms of renal calculus had been present for four years, and after the operation, the urine, which had been fetid, became normal. The whole of the wound, with the exception of the track of the drainage-tube, healed by first intention within five days.

A Remedy for Hay Fever.

℞. Acidi boracici pulv., ʒ ss.
Sodii salicylatis, ʒ ij.
Cucaini hydrochlor., gr. ij. M.

S.—A small quantity puffed into the nostrils by means of an insufflator.

This remedy Dr. John Philpots says, in the *Brit. Med. Jour.*, August 29, is also quite capable of preventing coryza if used at the onset of the attack, *i. e.*, the sneezing stage.

Antipyrin in Hectic Fever.

There seems to be no question as to the power of antipyrin to reduce temperature, but some of our observers incline to think that it fails in its power to keep it down. Dr. MacAlister reports in the *Brit. Med. Jour.*, September 26, two cases of hectic fever in phthisis, wherein the temperature was elevated in the evening to 102° and 103°. Fifteen-grain doses administered twice in the course of the afternoon served to keep it down.

Special Report.

PROGRESS OF OTOLOGY.

Continued from Report of Medical and Surgical Reporter April 18, 1885.

BY LAURENCE TURNBULL, M. D.

Aural Surgeon Jefferson Medical College Hospital.

(*Continued from page* 578.)

On the Use of the So-called Calcium Sulphide. Dr. Sexton* exhibited a former patient, now a waiter at the hotel, who had been suffering from mastoid disease in consequence of chronic suppurative otitis media complicated with ozæna.

In this case a natural opening formed, the remnant of which still showed in a dent in the bone, and he had kept this open until the discharge ceased. For treatment he had only given calcium sulphide.

In a very large number of cases of aural diseases in general, and of the mastoid in particular, he found no occasion for trephining the mastoid. He relied especially on the calcium sulphide.

If this remedy has proven unsuccessful in the hands of some of the members, it was because too large doses had been given. The dose should never exceed one-tenth of a grain. Of late he does not apply leeches. He calls attention to the frequency of pus burrowing through the posterior wall of the meatus, and he tried to favor this process and removed sequestra as soon as possible. He does not consider pain so important in regard to indications for operative interference; there is other evidence needed. Moreover, the pain is not confined to the mastoid; oftener the side of the tympanic cavity is the seat of pain, more than in any nerve distribution in the mastoid cells.

Dr. Gruening remarked, "that in the case shown by Dr. Sexton is was not the sulphide of calcium, but nature, to which the recovery was due, and in order to be consistent with this theory, in place of keeping the opening made by nature open until the discharge had ceased, he should have endeavored to close that opening."

Dr. Bartlett said that sulphide of calcium was contra-indicated in such cases, because it accelerated suppuration in every part of the body where it might be going on.

Our own experience with this agent, the so-

*Transactions of the American Otological Society, 1884

called sulphide of calcium, or more properly, sulphuretted lime, in mastoid disease, has been perfectly negative. In one case we administered one hundred pills, from $\frac{1}{8}$ to $\frac{1}{4}$ of a grain, without the slightest results—no diminution of discharge, no relief of pain, nor of the constant dizziness. In another case, I reduced the dose to $\frac{1}{8}$ and $\frac{1}{10}$ of a grain, and continued its use without any good results. After treating a large number of cases, with the experience of many years, I believe that it is best to open the mastoid in every case in which we are reasonably certain that the cerebral disease is due to caries or the retention of pus in the mastoid antrum or the mastoid cells.

Acute Catarrh of the Middle Ear and Acute Suppuration of the Organ. By Dr. Wm. Cheatham, of Louisville.*

For the relief of acute inflammation of the middle ear, the author recommends the old remedy of the use of hot water by the fountain syringe or douche, the point of the tube passing well into the ear. He cautioned his hearers against the use of poultices.

In the report there has been no regard as to whether there is perforation or not.† This is a very important matter, and a continuous powerful stream of hot water from a fountain syringe placed at an elevation would be very disastrous to a delicate membrane, while gentle irrigation with some mild detergent or sedative yields better results in our hands; indeed, it is always well to incorporate a saline or a small amount of carbolic acid in the treatment of such cases.

A recent Italian writer, E. Gianpetro, advises the following treatment in "suppurative middle otitis, with perforation of drum membrane:"

℞. Acid carbol. cryst., ℥ss.
Aqua dest., f℥iij. M.
Signa—Keep in a flask for external use.

By appropriate tube, at every irrigation, not less than a quart of the solution should be used, and its application should be made morning and evening. Immediately after the use of the douche three or four drops of the following mixture should be dropped into the middle ear:

℞. Glycerine puræ,
Iodoformi, āā ℥ss.

After cure of the suppurating process, cicatrization of the tympanic membrane should be promoted by painting the margin of the perforation with iodized glycerine, tincture of benzoin, or with the following mixture:

℞. Ol. terebinthinæ, ℥iv.
Iodoformi pulverat., gr. xv. M.
Signa—Apply to the margin of the perforation with a brush.

Should all effort to cause cicatrization be fruitless, resort should be made to the application of an artificial tympanic membrane.*

Inflammation of the Attic of the Tympanum. Dr. S. Sexton considered the disease under two headings: acute and chronic inflammation of the attic or upper part of the tympanic cavity. The moment there are symptoms of purulency Dr. Sexton gives the calcium sulphide. To relieve pain he employs aconite or pulsatilla. He also feels certain that the sulphide of calcium, when given alone, would relieve pain. The chronic forms presents itself as deep sinuses, containing polypoid tissues, crusts, pultaceous matter leading from the inner end to the attic, on to the antrum of the mastoid, and sometimes through the membrana flaccida.

For treatment of the chronic form, Dr. Sexton relies upon drainage and the employment of such constitutional remedies as tend to check inflammation, as mercury, etc.

Dr. D. B. St. John Roosa, of New York, said: "He had used mercury in doses of $\frac{1}{10}$ to $\frac{1}{5}$ grain, and also sulphide of calcium, but without any favorable effect. He considers a warm room, good nursing, taking care of the bowels, and local measures, as the most important, while the external treatment may be of expectant nature." This is our own experience. Dr. Sexton, we think, has gone over to the homœopathics in his views.

Dr. W. W. Seely, of Cincinnati, condemns the slurring of cases of chronic otitis medea catarrhalis by specialists in various ways, as by putting the catheter of the balloon in the hands of the patients; this should not be done unless the patient fully understands the use of it, and is a great distance from an expert.

The doctor stated that salves have almost quite supplanted all other applications for nasal and naso-pharyngeal trouble. We do not think this is the case, as the nasal syringe, and with us the spraying can be better applied than any form of ointment. We are glad to see a general expression of the importance of attention to the bowels,† and the hygienic portion of the treatment (see

*Report of the Kentucky State Medical Association.

†Medical News, July 8, 1885.

*Gazette degli Ospitali, June 24, 1885. Med. News, August 25, 1885.

†Aperient Mineral Waters in Diseases of the Ear. The Therapeutic Gazette.

page 99 of the author's* work): "In severe catarrhal inflammation of the middle ear the bowels will frequently be irregular, and the patient feels much relieved when their action is promoted by laxatives, or stronger saline purgatives, suited to the circumstances." The regular use of mineral water, especially when indicated by constitutional ailments, is likewise attended with benefit, and I have derived very satisfactory results from the use of the water of the spring of "Friedrichshall." Other aperient waters I have employed in special cases with success, as Oak Orchard, Congress, Bedford, and the sulphur waters of this country; also the Bohemian and other waters containing sulphate of magnesium; but, like my friend Dr. Ernest Hart, and Prof. Henry Thompson, I find that while mineral waters containing the sulphate of magnesium are very useful as a purgative, that they are deficient in some of the most important qualities of a saline alterative, owing to their deficiency in chlorides. The great advantage of the Friedrichshall water is that it will not irritate the bowels, nor is it at all necessary to increase the dose; it retains its activity, and the dose can even be slightly diminished and yet retain its laxative character.

The question may be asked, How does the Friedrichshall water act in diseases of the ear? In all acute and chronic affections of the ear the general health is more or less impaired, and to relieve this, the health must be restored to its normal condition, and not until then, can the local disease be treated with success. Now, we know this from the physiological action of Friedrichshall water by the careful investigations of Prof. Mosler,† on the effects of the different doses of the water upon the frequency of the pulse, and respiration, temperature, and weight of the body, the evacuations, the specific gravity, reaction of the urine, etc. His conclusions in brief are as follows:

"Friedrichshall water improves the general health, increases the appetite, relaxes the bowels and the urinary secretions, and carries off waste products."

Von Mering, of Strasburg, has found, by an exhaustive examination, that this water has a remarkable depurative influence in promoting tissue changes in the body, and in all chronic affections of the ear there is almost always a deviation from the normal condition in the skin, mucous membrane of the middle ear, and the fibrous and nervous tissues. In a considerable number of cases of tinnitus aurium, caused by an excess of blood in or about the ear, involving the labyrinth, which has received the term plethora, I have found the Friedrichshall water a most admirable remedy, provided the individual gives up all stimulants and persists in the prolonged use of this agent. It also acts on the local catarrhal conditions which produce deafness, in which the pathway to the middle ear is involved, and in which there is frontal headache and a more or less copious naso-pharyngeal secretion blocking up the Eustachian tubes.

In the so-called torpid form of scrofulous disease of the ear which produces deafness by swelling of the glands in and about the ear, with more or less otorrhœal discharge and eczema, I have treated chronic cases by moderate doses of the water for weeks, with out-door exercise and good diet. Local treatment has also to be employed, such as weak solutions of nitrate of silver, lead, and zinc, ointments of yellow oxide of mercury and oil of tar.

Cocaine in Ear Disease. Dr. E. E. Holt was satisfied that "while cocaine relieved the pain and for a while held the inflammation in check, after its effects passed off the inflammation goes on unabated, even loss of hearing seems to be more intense." It is no doubt true that for a certain time, say from one hour to three, the pain is less and the blood is driven out of the inflamed part. This will become a permanent result if we associate or follow up the treatment by means of morphia, quinine, and mercury.

Mode of Testing the Acuteness of Hearing. Bazold, in a recent article in the last number of the *Zeitschr. für Ohrenheilkunde*, has stated "that ordinary speech and still more the whispered voice are in his judgment the best hearing tests at our command." We are of the opinion that to the voice test should be added in all cases a loud ticking watch or small watch-like clock, one of which we now use, standing on a solid basis in our office, of a definite standard; while in rare or obscure cases, we resort to the accumeter, tuning-fork, and steel rods of König.

—The Lima medical journal, *El Monitor Medico*, states that, though the sanitary regulations of Peru are pretty complete, it is practically impossible that they can be acted up to. Indeed, Callao, which is the main port of the country, and, therefore, the spot which it is the most important to guard efficiently against the ingress of infection from outside, possesses no sanitary guard and no sanitary service boat.

*Imperfect Hearing and Hygiene of the Ear, p. 233, third edition. J. B. Lippincott & Co., Philadelphia.

†Archiv. des Vereins für gemeinschaftliche Arbeiten. Pamphlet, pp. 16. London, 1885.

CORRESPONDENCE.

Maggots in the Ear.

EDS. MED. AND SURG. REPORTER:—

I noticed in your journal of October 24 an article on "Maggots in the Ear," which reminded me of a case I saw last July. It is interesting as an example of rapid propagation of insect life. A young woman came to my office early one morning and said that while she was at work about the house the evening before about 9 o'clock, a common house-fly flew against her ear and crept into the meatus before she could prevent it. It caused her intense pain for about an hour, when some of the family succeeded in getting it out. She went to bed, but toward morning was aroused by a painful buzzing or roaring sound in the ear, which became gradually worse until she came to me. On examining the ear, I found dozens of white maggots, $\frac{1}{12}$ to $\frac{1}{10}$ of an inch long, creeping about, while the stench which emanated from it was equal to that of putrefaction. I injected a carbolic solution, which brought them all away in a few minutes, and there was no more trouble. Not more than nine hours had elapsed from the time the fly first entered till I saw the patient.

T. CUMBERLAND, M. D., C. M.

Ft. Gratiot, Mich., November 6, 1885.

NEWS AND MISCELLANY.

Prevention of Bad Teeth.

A foreign exchange says the troubles which arise from disease of the teeth, or from their loss, are not always directly referable to their cause. When actual toothache is present there is of course little doubt, and the remedy of extraction at once presents itself. At the same time, it must be remembered that the forceps does not undo the work of disease or make amends for its ravages. A jaw which has lost the best part of its function with its teeth, or which bites unequally with the scattered survivors of its former armament, is but a deceitful guardian of the passage to the stomach; while it seems to do duty in mastication, it passes intact much that is unfit for the immediate action of the gastric juice. Were the relationship between bad teeth and dyspepsia, with its consequent discomforts, better understood, we should probably hear less of the prevalence of dental caries. Greater attention would then be paid to the small organs whose obscure influence on the general health so fully justifies their preservation. Specific constitutional disease, drugs, and other special factors no doubt account for a certain amount of dental decay. Neglect, however, accounts for much more. Want of care in choosing food, and particularly in cleansing the teeth, has nearly everything to do with the dental worries of a great many people. A point well worthy of note in this connection is that most of the permanent set of teeth come into active operation during childhood or early youth. It is hardly to be expected that children, if let alone, will pay much attention to the state of their mouths, unless driven to notice an aching stump. Thus it happens that most children have lost one or several teeth before they are well into their teens. Here, then, there is need for parental supervision. Mr. W. M. Fisher, of Dundee, has been led by certain observations, which proved the defective condition of the teeth in a majority of school children, to suggest that some regular system of supervision by a dentist be adopted as a part of school management. The expenses he would have defrayed by the parents, or, should they be too poor, by the State, ont of the education grant. This plan has actually been adopted in the parochial school at Anerley, in Surrey. We have long been of opinion that it would be most desirable if the health of children in all schools could by some plan be periodically passed under review by a medical inspector. The possible obstacle to such an arrangement would be the expense. This may not prove insuperable, and if it do not, we may hope that this method, and also some plan of dental supervision, may find their place among the recognized forms of school discipline.

Floral Courtship in Japan.

The *Populor Science News* tells us that an English traveler says that among the Japanese the love of flowers and young plants is an absorbing passion. In the smallest of dwellings, there is an altar-like niche, in or upon which flowering plants are arranged. But they have in some districts a most remarkable custom in connection with window-gardening.

In houses wherein reside one or more daughters of a marriageable age, an empty flower-pot of an ornamental character is encircled by a ring, and suspended from the window or veranda by three light chains.

Now, the Juliets of Japan are, of course, attractive, and their Romeos as love-sick as those of other lands. But instead of serenades by moonlight, and other delicate ways of making an impression, it is etiquette for the Japanese lover to approach the dwelling of his lady bearing some choice plant in his hand, which he boldly, but let us hope reverently, proceeds to plant in the empty vase. This takes place at a time when he is fully assured that both mother and daughter are at home, and of course neither of them is at all conscious that the young man is taking such a liberty with the flower-pot outside their window. It is believed that a young lover so engaged has never been seen by his lady or by her mamma in this act of sacrilege; at any rate, our traveler says that, during his long residence in Japan, he never heard of any one being detected in the act, or interfered with in any way.

The fact is, this act of placing a pretty plant in the empty flower-pot is equivalent to a formal proposal to the young lady who dwells within. The youthful gardener, having settled his plant to his mind, retires; and the lady is free to act as she pleases. If he is the right man, she takes every care of his gift, waters it, and tends it carefully with her own hands, that all the world may see and know that the donor is accepted as a suitor; but if he is not a favorite, or if stern parents object, the plant is removed from the vase, and the next morning finds it withered on the veranda, or on the path below. In a word, if

you are not the right man, it is quite evident that this phase of window-gardening must be a difficult and disappointing one to carry on in Japan.

Hydrophobia Inoculation.

Last week we briefly noted some of Pasteur's results. We now read that the Paris correspondent of the *London Medical Times*, October 31, 1885, thus writes:

M. Pasteur has communicated to the Academy of Medicine and the Academy of Sciences the results of his latest experiments upon the prophylaxis and cure of rabies, together with the account of a case observed in the human subject. M. Pasteur now adopts the following method: A rabbit is inoculated with a fragment of the spinal cord of a mad dog. The animal is affected with hydrophobia in the space of about one fortnight. A portion of its spinal cord is employed to inoculate a second rabbit, which also contracts the disease, but more rapidly; the spinal cord of this second rabbit serves to inoculate a third, and so on. It is observed that at each step of this process the intensity of the disease becomes greater, and the period of incubation shorter. When the spinal cord of these animals, which have died of hydrophobia, is suspended in a perfectly dry tube, its virulence diminishes by degrees, and at last disappears. A collection of these spinal cords, some of them entirely stale and powerless, others more fresh and active, others again quite fresh and extremely active, are always kept in readiness. To render a dog insusceptible of rabies, he is first inoculated with the stale and powerless specimens, then with fresher and more active ones, and lastly, with the most powerful of all, when he becomes quite proof against the inoculation of rabies. Lately, a young boy, nine years of age, Joseph Meister, was brought by his friends to M. Pasteur's laboratory. He had been most severely lacerated by a mad dog, having fourteen bites in different parts of his body. M. Pasteur, in presence of the almost absolute certainty of death, inoculated the child according to his system; the first inoculation was made with a spinal cord fifteen days old on the 6th of July, sixty hours after the child had been bitten. Similar inoculations with virus of constantly-increasing intensity were made up to the 16th of July, when the spinal cord employed was quite fresh. The child having, up to the present time, four months after the accident, exhibited no symptoms of hydrophobia, is considered as radically cured by M. Pasteur, and he has already recommenced the same method of treatment upon a young shepherd, who, in defending other boys, was cruelly bitten by a mad dog, which he killed upon the spot. The results of this new experiment will be communicated by M. Pasteur in due time to the Academy. With respect to the first patient, it must be remembered—(1) That sixty per cent. of people bitten by mad dogs do not contract hydrophobia. (2) That the incubation of the disease is sometimes extremely long (cases have been known to occur two years after the bite). The experiment is not, therefore, absolutely conclusive, although it marks a great progress in the history of the disease, and justifies in some measure the enthusiastic applause with which the communication was received.

Human Electrotypes.

M. Kergovatz, a chemist of Brest, has, says the *Scientific American*, proposed a new method of disposing of the human body after death, which he considers preferable in every way to either burial or cremation. His system is an antiseptic one, much simpler and less expensive than the old process of embalming, and is nothing more than a new galvano-plastic application. The body is coated with a conducting substance, such as plumbago, or is bathed with a solution of nitrate of silver, the after-decomposition of which, under the influence of sunlight, leaves a finely-divided deposit of metallic silver. It is then placed in a bath of copper-sulphate, and connected for electrolysis with cells of a gravity or other battery of constant current. The result is, that the body is encased in a skin of copper, which prevents further change or chemical action. If desired, this may again be plated with gold or silver, according to the taste or wealth of the friends of the dead. M. Kergovatz has employed the process eleven times on human subjects, and on many animals, and states that in all cases it was perfectly satisfactory. In spite, however, of his warm recommendation, the idea, our contemporary thinks, is repulsive. It seems a mockery to give permanence to the temple, when all that once made it valuable is gone.

Eating Glass for a Living.

Dr. C. C. Burke, of Texarkana, Tex., sends to the *Med. Record* the following curious account, for the authenticity of which he vouches: "I witnessed on our streets a few days ago what seemed to me to be an impossibility, a human being eating glass, I might say by the wholesale, I had heard of the negro before he reached our town, and I, like all others, disputed his ability to eat the glass without its doing him serious injury. When he arrived in our city I witnessed his exhibition, both in private and public, and I am now thoroughly satisfied, from careful examination of his mouth and throat, before and while eating the glass, that he eats it fairly and squarely. He is not very particular to chew it fine. I saw a piece in his mouth, after he had chewed it, one-quarter by one-half inch long, made into all kinds of shapes and sizes by crushing it with his teeth. He informed me that he had been at it for twenty years, and had never had the least discomfort from its effects. He told me that he has daily passages of glass through the bowels. He eats it in any quantity, from a small piece to a whole lamp chimney at a time, and keeps it up during the day, making his living by exhibiting his extraordinary power of eating glass."

Death Among Hæmophiles.

Dr. Emery, of Libourne, has read an interesting paper before the Société de Médecine et de Chirurgie of Bourdeaux, on "Sudden Death amongst Hæmophiles." He describes three cases. In two,

death resulted from pulmonary apoplexy; in the third it was probably due to cerebral hemorrhage, but no necropsy was made. The first patient observed by Dr. Emery was a child in arms; its mother noticed that red spots appeared on the back, the loins, and the inner side of the thighs, in fact, wherever the clothes pressed upon its body. The child frequently rubbed one foot against the other, then red spots appeared on the inner side of the feet. They were scarcer on its face and hands, but on slight pressure or friction they were readily produced. The child's health was good. Its hæmophilic condition was manifested by a series of purple spots, appearing at certain intervals, but unaccompanied by any form of suffering; its dentition passed off without any difficulty. At the age of eleven, it died, suddenly, from pulmonary apoplexy. Neither the parents nor the grandparents of the child were hæmophilic; its brothers and sisters were also free from this condition.

Foundlings at Nurse as Syphilitic Foci.

An English exchange says that at a meeting of the Moscow district medical officers, Dr. Michaeli read a paper on the effect of the system of taking in children to nurse on the health of the population of the Moscow government. From his own observations, amounting to sixty cases in the Russian quarter, and from those of the medical officers of other districts, the author had been led to the conclusion that the children put out to nurse by the Moscow Foundling Hospital acted as distributors of syphilis in all the districts into which they were sent, the death-rates of those districts being perceptibly raised thereby. Usually infection is conveyed from the child to the foster-mother, producing a hard chancre on the nipple; this is then a focus of infection for the woman's own children, and sometimes for those of neighbors, whom she may occasionally suckle. In this way the disease spreads throughout the district. The matter was discussed with representatives of the Foundling Hospital, and a set of regulations drawn up for an improved system of observation of the effects of the system on the public health. On the proposal of Dr. Miller, it was decided to try artificial feeding of foundlings in villages.

A Dutch Obstetric Charity.

The *Weekblad* publishes some interesting statistics of the Obstetric Charity at Gravenhage, which has now been nine years in existence. The confinements are as a rule attended by midwives; but in difficult cases the medical man in charge of the Charity is called in. During the whole 9 years, 13,818 cases have been attended, the doctor being called in 1,253 of these; 940 operations were performed, resulting in 16 deaths of mothers and 142 of children. The number of cases during the past 12 months was 2,204, in 362 of which medical aid was sent for, operations being performed in 127 cases, one mother and 15 children dying. The forceps were used in 73 cases, all the mothers living, and 68 of the children. There were 19 breech cases; all the mothers lived, but 4 children died. The foot presentations were 12 in number; one of the children was putrid. There were five cases of placenta prævia with no maternal deaths. There were 2 cases of triplets, in one of which a boy was born in the first cranial position, two girls following as footlings. Two placentas existed, connected together. The children were very small, and all died within a week. There were no cases of puerperal convulsions.

The Metric System.

Dr. Llewellyn Elliott publishes the following valuable rules in the *Med. Record:*

1. To convert troy grains or minims into grammes or cubic centimetres: Divide the number by 10, and from the quotient subtract one-third.

2. To convert apothecaries' or fluidrachms into grammes or cubic centimetres: Multiply the number by 4.

3. To convert troy or fluid ounces into grammes or cubic centimetres: Multiply the number by 32.

4. To convert grammes or cubic centimetres into troy grains or minims: Add fifty per cent., or one-half the number, and then multiply by 10.

5. To convert grammes or cubic centimetres into apothecaries' or fluidrachms: Divide by 4.

6. To convert grammes or cubic centimetres into troy or fluid ounces: Divide by 32.

7. To convert inches into metres: Divide by 40.

8. To convert metres into inches: Add ten per cent., or one-tenth the number, and then multiply by 36.

Ready for Business.

The *Hartford Times* says that the driver of a truck cart met a Naugatuck physician on the bridge recently, and asked him if he could remove the stump of a tooth. "Yes," said the doctor, "I have the tools right here in my buggy; I always carry them." So both teams were stopped, blockading travel on the bridge, and the doctor extracted three teeth for the driver, drawing him something less than ten feet at every pull. Quite a crowd collected, several other teams were stopped, and another man liked the appearance of the sport so well that he got down from his wagon and had one of his teeth drawn.

Canada Medical Association.

The officers for the coming year are:

President—Dr. Holmes, of Chatham.

Vice-Presidents.—For Ontario, Dr. Sloan, of Blyth; *for Quebec*, Dr. Colin Sewell, of Quebec; *for Nova Scotia*, Dr. Wickwire, of Halifax; *for New Brunswick*, Dr. Earle, of St. John; *for Manitoba*, Dr. Brett, of Winnipeg.

General Secretary—Dr. James Stewart, of Montreal.

Treasurer—Dr. Sheard, of Toronto.

Quebec was chosen as the next place of meeting.

A Brakeman's Terrible Death.

Charles Buckalew, aged 32 years, who was employed as a brakeman on the Reading railroad, while coupling cars in the freight yard recently, caught his foot in the guard rail and was unable to extricate it. Just then a freight train, which was backing into the yard, caught him, cutting

both legs off immediately below the knee, killing him almost instantly. By this accident four of the cars of the train were thrown from the track. Buckalew lived at Tamaqua. He was married.

He Removed Her Good Eye.

A terrible mistake was made by a physician recently. A young woman was suffering with an eye affection. An operation was decided upon and the patient put under the influence of chloroform, when one of the eyes was successfully removed. When the patient recovered consciousness it was found that the good eye had been removed. The physician was so overcome that he fled the house. A suit will be entered at once against him for malpractice.

Alkaloid in Pickled Cabbage.

The *Lancet* tells us that alkaloids, like dogs, appear to be having their day. M. Tuyagopu has extracted an alkaloid from pickled cabbage. The hydrochlorate of this base does not cause intellectual or sensory disturbances, but it paralyses the vaso-motor centres of the medulla as well as the cardiac fibres of the vagus. M. Tuyapogu asserts that the new alkaloid suppresses the delirium due to prolonged abuse of alcohol. This may point to a new use for pickled cabbage.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended November 7, 1885.

Urquhart, F. M., passed assistant surgeon. Upon the closure of Cape Charles Quarantine Station, to proceed to Norfolk, Va., for duty, November 5, 1885.

Battle, K. P. assistant surgeon. Resignation accepted as tendered by the Secretary of the Treasury, to take effect November 25, 1885, November 3, 1885.

Poisoned by Wild Parsnips.

We learn that three children at Shenandoah, two girls and a boy, aged 10, 8, and 4 years, recently found and ate wild parsnips, and all were poisoned, the boy so seriously that for a time his life was despaired of.

Personal.

—Dr. Robert Blake Cruice has removed to No. 114 North 18th street, Philadelphia.

Items.

—A retailer of methylated spirits in Glasgow has been amerced in 20*l.* for each offence, for having sold half a gill of methylated spirits as a beverage to two persons on the 9th of August last.

—According to Dr. Carl Seiler, some persons have a defect of smell analogous to color-blindness. One person finds that to him violets smell like garlic, everything else smelling normally.

—Tanquin, the ordeal poison of Madagascar, has been examined by M. Quinquand. It affects, in the first place, the central nervous system, augmenting especially the bulbo-spinal reflectivity. The animal dies by arrest of respiration, the heart continuing to beat.

—Dr. Normaud, in a note to the Académie des Sciences, states that the mucus of dysentery always contains a specific microbe, which has been observed by others, but hitherto not considered to be of any importance. Dr. Normand believes this organism to be an important agent in the etiology of dysentery.

—Dr. Pfitzer, of Stroppen, has remarked in two cases after the ingestion of large quantities of strawberries daily for ten years or more, the occurrence of a considerable amount of gravel in the urine, and in addition to that, minute round stones of a dirty yellow color. In one case there was also hæmaturia and polyuria.

—Out of ten ladies who completed their first year of study at the Grant Medical College, Bombay, four took prizes, and one (Miss Walke) took the second prize, having passed the second best examination, in competition with all the students of her year. There are now sixteen female students in the college.

—In a little village near Valencia (Spain), 36 persons have been poisoned by drinking adulterated wine from one tavern. They had violent colic, vomiting, and diarrhœa, which caused great alarm there. The government analyst has reported that the wine was adulterated with coloring matter and acetate of mercury(?).

—A commission, specially appointed by the Royal Academy of Medicine, has pronounced a very unfavorable opinion on the hospitals of the Italian capital. It condemns the position of all, with the solitary exception of the Hospital of St. John in Lateran; but the construction and sanitary arrangements are censured without reservation.

—The *New York Medical Journal* says that it is stated that the sanitary officials of New York do not feel authorized to issue permits for cremation until after certain necessary modifications of the provisions of the Sanitary Code have been made. In the meantime, a number of bodies are said to be awaiting cremation, being now stored in vaults in various cemeteries.

—Professor Oertel, of Munich, inventor of the method which Schweininger had so successfully applied to the Chancellor of the Empire, has set out for different places, in order to found establishments therein for the cure of patients suffering from diseases of the heart, fatty heart, obesitas universalis, etc. Baden-Baden, Ischl, the Semmering, and Abazzia on the Adriatic, are already chosen for this purpose. As climatic stations, Meran, Bozen, Gries, and others, have already been opened.

—Dr. Merle, of Vichy in a communication to the Académie de Médecine, describes what he terms biliary coniasis, or biliary gravel. Pain in the hepatic region is the most important symptom. In order to detect the presence of biliary gravel, M. Merle recommends pouring hot water on the stools; the gravel falls to the bottom; when poured into a clean receptacle and washed, it is easily recognized.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

LYMPHATIC LEUKÆMIA IN CHILDHOOD.*

BY JOHN M. KEATING, M. D.,

Of Philadelphia.

The short paper which, by invitation, I propose to read to you this evening, will, I am sure, prove of interest on account of its clinical rarity and the infrequency with which we meet the disease in current literature. To make the subject more interesting and more lucid, at the risk of recalling to your memory matters already familiar, I will premise, with a few remarks on the blood in health in children, and briefly with its diseases.

There is a uniformity of composition of healthy blood, which is curious. This is brought about by that equilibrium which is so striking in textures regulated by the production and waste.

The blood corpuscles which we are called upon to study are—

1. The *red*, of which there are floating in the plasma about 5,000,000 to the cubic millimeter. These are about $\frac{1}{3200}$ of an inch in diameter.

2. The *white*, of a diameter of $\frac{1}{2500}$ of an inch, having the proportion of one to every 300 or 500 red.

3. The *nucleated red* found in the fœtus and infant and disappearing about the third or fourth year of life. These may contain one or more nuclei, in some instances protruding from the cell. They measure from $\frac{1}{1400}$ to $\frac{1}{2000}$ of an inch.

4. The *hæmato-blasts* of Hogem—"small discoid, colorless, corpuscular, normal constituents of healthy blood—in drawn blood they aggregate in clumps known as Schulze's granule masses." As to the origin of the red corpuscles, I will quote: "They are developed from colorless corpuscles, the lymph cells, or leucocytes. The nucleated corpuscles of the embryo also aid in the development. These nucleated cells disappear early in childhood, and are then found only in the red marrow." It is Osler's opinion that "they apparently originate from colorless marrow cells, which gradually become more homogeneous, and hemoglobin develops in the protoplasm, the nucleus degenerates and disappears, when the cell has the appearance of an ordinary red disc." Possibly these nucleated cells may give birth to red cells by the process of budding. The relations of the cyto-genetic organs to blood formation has always been somewhat debatable ground; the present state of our knowledge may be formulated about as follows: "The spleen certainly takes part in the development of colorless corpuscles, but its participation in red blood formation is more doubtful; though the opinion prevails widely that the spleen is one of the important organs in the formation of red corpuscles, the evidence for this belief is of an exceedingly scanty nature."

The lymphatic glands and adenoid tissues in other regions are the seat of constant production of colorless corpuscles, but of their relation to the red corpuscles, there is the same lack of information as in the spleen.

Neumann and Bizzorzero pointed out the fact that the red marrow appears to be the seat of blood formation. In the adult it is the only region in which embryonic or nucleated red cells

*Read before the Obstetrical Society of Philadelphia.

are found. In the young the marrow fills the long bones.

It is Osler's opinion, and I have quoted from his recent admirable articles on this subject, that the evidences of the development of red corpuscles in the marrow rests upon the constant presence of nucleated cells infiltrated with hemaglobin, and of their fission. In excessive hemorrhage, natural or induced, it appears to undergo active proliferation, and it is an interesting fact to notice the marvelous rapidity with which the red corpuscles are reproduced after a hemorrhage. The amount of hemoglobin in healthy blood, according to Preyer, is 13.45 grammes to 100. This relation is important for us to have in mind, as it proves an index to treatment. The color test being used, I feel certain that before long it will be a matter of more than ordinary interest to the general practitioner when the means of applying the color test shall be generally adapted, as has been done already to daily practice.

In the new-born the blood is said to amount to $\frac{1}{10}$ part by weight of the body; in the adult, $\frac{1}{12}$ to $\frac{1}{14}$. I may also note that it has been shown by Neumann that the liver in the embryo may be the seat of the fornation of corpuscles, though in the adult it is the seat of their destruction.

Let us now take up the subject of anæmia in children. Were I to attempt to do justice to this condition, it would take far more time than your patience would allow. We will omit that caused by hemorrhage, by toxic agents, by mineral poisons, by miasm, by syphilis, in which we have an increase in the watery elements and a diminution in the albuminous, and consider that dependent upon disorder of the blood-making organs themselves—and here we meet with a most difficult problem. By the blood-making organs we understand the spleen, the lymphatic tissues, and the bone marrow, remembering, of course, that some of these tissues have also to do with blood destruction. We, however, definitely know that an increase in the cysto-genetic tissues is associated with disturbances in blood formation. The organ undergoes a hyperplasia, particularly of its fibrous constituent, and the marrow of bone changes from normal appearance to one like spleen pulp. The blood of all patients suffering from anæmia presents a reduction in the number of red corpuscles. This is true no matter whether the seat of the trouble is located in the spleen, the marrow of bone, or in the general lymph glands. The white cells may or may not be increased; the clinical features of a case of anæmia will be strikingly alike; let the cause be in any one of the blood-making organs, all the more important symptoms will be present. To quote once more, such common features would be "the progressive anæmia, with its group of circulatory symptoms, the irregular febrile reaction, essential fever of anæmia, the absence of marked emaciation, the tendency to effusions of the serum, the progressive debility, the recurrence of hemorrhages gastric and intestinal, gastric and intestinal disturbances, and the resistance to treatment.

These affections that have so many symptoms in common, are grouped as distinct diseases under the following headings, viz.: leukæmia, Hodgkin's disease (anæmia lymphatica), splenic anæmia, and idiopathic anæmia.

Leukæmia signifies a hyperplasia of the blood-making organs, with anæmia, and an increase in the colorless corpuscles. Of this form we have three varieties, the splenic, lymphatic, and medullary. Leukæmia is present at all ages; the youngest case recorded by Osler being an infant of eight months. The chief symptoms are insidious onset, anæmic appearance, bleeding at the nose or other hemorrhages, frequent diarrhœa, or other gastro-intestinal disturbance. The spleen is enlarged, gradually increasing in size from the onset, and finally it may interfere with the circulation and cause difficulty of breathing by pressure. Late in the disease the liver is also enlarged. The lymph glands in most cases are affected, and sometimes slightly enlarged. The tonsils and follicles of the pharynx are usually enlarged. The lymph glands of the intestines and of the peritoneum are always enlarged. Fever is present and increases as the case progresses, and is usually of the remittent type. But the most important aid to differential diagnosis is the microscopical examination of the blood. This I give in detail in the case that forms the basis of this paper, which I will now relate. I was called in consultation by Dr. J. W. Godd, of this city, to see the child with him, the latter part of last month, and the following notes were given by Dr. Godd:

Mamie McC., aged four years and five months, had measles when about two years old, from which she recovered without complication or sequelæ. About August, 1884, the tissue surrounding the eye became much inflamed and swollen. The swelling increased so much that the eyelid could not be opened for several days. After continued poulticing, an abscess formed and broke, discharging a quantity of pus, and continued to do so for a considerable time, but finally healed up with a small scar. The child never complained,

yet was pale, and did not want to play as other children did. I believe this was more due to her disposition than to the effect of any disease. About midsummer there appeared a rash all over her body, very thick, resembling the eruption of measles; as it matured it was crowned by small white caps or heads. The epiderm soon came off in large patches. The child had no fever. As the eruption faded the mother observed purplish spots, like bruises, making their appearance. These were considered by the parents to be bruises due to falls. No attention was paid to her condition until September 28, when I was called in the evening to arrest an epistaxis, which had existed most of the day. I found the child lying on a sofa, though able to sit up, with blood slowly trickling from the nose; each nostril contained a large clot. The child appeared very anæmic, with slight fever, yet did not complain of anything except weakness. The mother stated that the appetite had been very poor for some past. The bleeding from the nose was very easily arrested by removing the clots and packing with a strip of lint in each nostril. I also gave the following internally:

℞. Acid gallic, gr. xxx.
Acid sulph. dil., ♏xl.
Ext. ergot fl., ♏xxx.
Syrup, f℥j.
Aquæ, q. s. ad. f℥ij. M.

Et sig.—A teaspoonful in water every hour.

Also ordering her as much milk as she cared to take, with the precaution that she should sip it slowly.

Tuesday morning, I saw her and found her in the same condition, except that the epistaxis had been arrested. I thought it best not to remove the lint packing. It now being daylight, her mother called my attention to the bruise like spots over her body. These were in size from that of a two-cent piece to that of a fifty-cent piece, and two of them, situated one over each trochanter, were as large as silver dollars; with the exception of these two, they were all, I believe, situated over the soft parts, such as over the belly of a muscle, and varying in color according to age from a bluish-black to a greenish-yellow. She still had some fever, and her heart was more rapid in its action than normal; hence, I gave her, in addition to the gallic acid and ergot mixture, the following:

℞. Liq. potass. cit., f℥j.
Spts. æth. nit., f℥ij.
Tr. aconiti rad., gtt. xv.
Syr. limonis, f℥iv.
Aquæ, q. s. ad. f℥ij. M.

Et sig.—Teaspoonful every two hours.

Wednesday morning, I found her feeling somewhat better, though still having slight fever; pulse 124 per minute, and undoubtedly weak in character. I did not detect any abnormal heart-sounds. I removed the lint packing without any further bleeding and with much relief to the patient. I then ordered tr. digitalis in three-drop doses every three hours, and also the following:

℞. Quin. sulph. gr. viii.
Tr. ferri citro-chlorid., f℥j.
Syr. tolu, f℥j.
Aquæ, f℥vii. M.

Et sig.—Teaspoonful every three hours.

Thursday, I found the patient, to use her own language, well; evidently much better. Fever had entirely subsided; the heart's action remained abnormally rapid. The cervical glands were slightly enlarged, but no enlargement of the tonsils, and apparently no inflammation of the fauces. Treatment was continued with the addition of more nourishing food, beef-tea, wine-whey, etc. The child seemed so much better that I said it might come to my office the next morning, instead of my going there. Later in the same evening she took a sudden change for the worse, but I was not sent for until Friday morning. Now the patient was suffering from high fever, 104° F. in the axilla; pulse 134 per minute, compressible. The cervical glands much enlarged and very hard. The bowels had not been moved for twenty-four hours; the tonsils were but slightly swollen; there were no patches in the throat. Thinking that possibly she was developing a malignant form of diphtheria, I at once put her on the calomel treatment until the bowels were moved, giving her three grains, repeated in two hours, and then two grains, when the bowels were moved freely, and the calomel was stopped. I also gave suppositories of two and a half grains of quinine every two hours; also—

℞. Liq. ammon. acet., f℥j.
Spts. æth. nit., f℥ij.
Syrupi, f℥iv.
Aquæ, f℥ij. M.

Sig.—Teaspoonful every two hours.

I continued the tr. digitalis in five-drop doses every three hours. I also applied hot-flaxseed poultices to the enlarged glands and at noon plenty of beef-tea and milk, but the child did not care for food, and it was difficult to get her to take any nourishment. At midday I noticed for the first time, although I had carefully and frequently listened before, a systolic heart murmur. The temperature was but little affected during the night, and next morning (Saturday) at 7.30 a. m. I found it as high as ever, 104° F. in the axilla. Fearing that endocarditis had set in, from the continuance of high fever and the heart-murmur, I

at once applied a mustard plaster to the pericardium, followed by a poultice, giving internally potassium iodide and ammonium carbonate, continuing the digitalis until noon, when I met Dr. J. M. Keating in consultation.

Physical signs showed, in addition to what has been mentioned, an enlargement of the spleen, yet there was no history of malaria. Dr. Keating did not think that endocarditis had set in, believing the murmur to be rather of a hemic character, yet, as a stimulant to the heart, suggested the application of a blister, internally, very small doses of Basham's mixture every three hours, with the free use of alcohol, beef-juice in small amount, etc. The temperature to be kept down to 102° or lower by means of the wet sheet. On examining a specimen of the urine, which had just been passed, and the first that I had been able to obtain, I found it to be of specific gravity 1016, of a light straw color, free from albumen and sugar. The child could not retain either medicine or beef-juice. The nose again commenced to bleed, to prevent which I again plugged the nostrils. Soon large clots of coagulated milk were vomited, the result of having been given by half-cupfuls at a time, which was entirely contrary to my direction. Her stomach soon became settled, and she took brandy and crushed ice in small quantities. We wrapped her up in a wet sheet, and then poured cold water over her until the temperature came down to 101° in the axilla, which required about thirty-five minutes. She was then wrapped in a blanket. In two hours the temperature was again 104°. We gave several of the wet packs during the afternoon and evening, and notwithstanding we were at the same time giving two and a half grains of quinine every hour by suppository, the same rise in temperature was observed after each. During the night she took her medicine regularly; alcohol and water and beef-tea were also administered.

Sunday morning (the day of her death), I found her, to all appearance, bloodless; pulse rapid and small; respiration shallow and too frequent; temperature rising to 104° after the wet pack, as before. During Saturday night she had removed the packing from the nostrils, which allowed a slight oozing of blood, and this having been swallowed, gave rise to vomiting of clotted blood; this continued, after the bleeding from the nose had been again checked, at intervals of ten to fifteen minutes, which gave me the belief that there was a slight hemorrhage into the stomach, these clots differing somewhat in form and color from those which I ascribed to the epistaxis. The heart became more rapid—138 per minute—and the patient gradually sank. She died at 6:30 p.m., in great agony, giving two or three shrieks, which were quite loud considering her weakened condition.

Dr. William Osler kindly examined a slide of blood, and reported as follows:

"Report on slide of blood sent by Dr. J. M. Keating. Examination about three hours after withdrawal. *Red corpuscles* present no special alteration in size or shape. *Colorless corpuscles* greatly increased in number—fifty to sixty in each field of the No. 7 Hartnock. They present remarkable variations in size; many are small, not more than one-third the size of the larger forms; they resemble the smaller colorless cells, which Virchow has noted to be present in cases of lymphatic leukæmia. Many of the cells have feeble amœboid movements. *Nucleated red corpuscles* not observed. *Schultze's granule masses* (often abundant in leukæmia) scanty."

The relation of the increase in number of the colorless corpuscles above noted to the increase in size of the glands and cysto-genetic tissue is, indeed, hard to solve. The increase in size and hyperplasia of the spleen in leukæmia and anæmia are histologically identical. We must remember that the view that colorless corpuscles are changed into red corpuscles is not fully established, hence, also, that it is not proven that the excess of colorless corpuscles is due to failure in the change to red ones. In such cases, the prognosis, when the disease is detected at its incipiency, may be favorable under rigid treatment, of fresh air, suitable diet, iron, quinine, and arsenic and salt backing; but in marked cases that have existed for some time with advanced symptoms the result is fatal.

PROTECTION OF THE PERINEUM.*

BY T. A. REAMY, M. D.,

Professor of Obstetrics, Medical College of Ohio.

After apologizing for occupying the time of the Society with a subject which had already been so much discussed, the doctor called attention to the great variance of opinion on this subject by those who write and teach. It has been much worked, but cannot be considered as well worked, since there is no agreement. This is especially true as to treatment. Few oppose all methods of support, few agree as to the best methods. The method of universal success has not been found. Under any method of treatment yet devised, in-

*Abstract of a paper read before the American Gynecological Society, at Washington, September 23, 1885.

jury occurs in a considerable number of cases. The remote sequelæ are the basis of much of the invalidism of child-bearing women. This feature of the subject is well understood. Perfect success in preventive treatment cannot be confidently hoped for. However, better methods with better results may be expected. He who preserves from rupture a perineum which is in peril, shows more skill, consummates higher art, than he who successfully repairs a perineum which has been ruptured. Prophylaxis has ever been a more humane and more successful means of lessening human suffering than cure.

The methods of perineal support or protection as taught may be divided as follows:

1. Those whose chief aim is to retard the head, and prevent its too rapid advance, in order to gain time for adequate perineal relaxation. As exponents of this class may be quoted Goodell, E. Warren Sawyer, W. Tyler Smith, W. A. Duncan, and Hohl.

2. Methods which aim at protection chiefly by applying artificial support directly to the perineum. As supporting this class may be mentioned Barnes, Playfair, Ramsbotham, Gardner, Baudelocque, Garrigues, Niemeyer, Cazeaux, Meigs, Velpeau, Glisau, and Collins. The doctor gave the particulars of each man's manner of supporting the perineum.

3. Methods of support combining the two classes above named, in that they endeavor to retard the head, and at the same time afford direct support to the perineum.

Dr. Theophilus Parvin, in a paper before the American Gynecological Society in 1882, recommends a combined method by applying the concave palm of the right hand to the convexity of the bulged perineum, while the left hand passed over the right thigh grasps the head and retards or directs it at will. He then gave the manner of supporting the perineum practiced by Chailly, Schroeder, Lusk, McGaughey, and Hodge.

4. Again, there are those who, following none of the above methods of perineal protection, yet try to accomplish the same result by means of forcible dilatation of the vulvar and vaginal outlets with the finger, at the same time practicing a system of enucleation. Notably among these are Ritgen, Ahlfield, Olshausen, Duke, and Smelter.

5. In this class we place episiotomy as a preventative means of treatment. Although strongly urged by high authority, it is probably not adopted by anybody to the entire exclusion of all other means of prevention, and is chiefly retained as a *dernier resort* in cases of extreme peril.

Every one has seen deliveries occur when it seemed impossible without tearing the perineum. To determine what cases demand this operation is absolutely impossible. Indeed, nothing more clearly proves the truth of that aphorism of Victor Hugo, "There is nothing so possible as the impossible." Nevertheless, there may be cases where laceration is so imminent that we are warranted in selecting the site of the apparently inevitable laceration by a resort to episiotomy. This practice has found able followers in Sir James Simpson, Cazeaux, Tyler Smith, Chailly, Honore, Schroeder, Thomas, Moore, Madden, Fordyce Barker, Anna E. Broomall, and Manton.

The last, and numerically the least, includes the total perineal abstainers, who let this structure religiously alone. This practice finds high authority in the writings of Leishman and Hewitt.

Most authorities believe in some means of preservation. Methods which combine judicious perineal support with simultaneous retardation of the head, seem to meet with most favor.

Several years ago the doctor adopted this method, which has been so generally successful in his hands that he believes it his duty to call the attention of the profession to it. Accordingly, in the winter of 1881, he illustrated this method upon the manikin before the Cincinnati Academy of Medicine. He begged leave to submit an account of the method, with illustrations, to this Society, in order to secure for it a more general distribution and to solicit opinions and criticisms. He has for several years employed this method at the obstetric clinics before the classes of the Medical College of Ohio, as well as in his private practice, and is satisfied that by its use he has saved many perinei, which under any other procedure formerly used would have been lacerated.

This method is to be recommended only in primiparæ and other subjects where the structures are likely to be greatly imperiled.

The woman may take a lateral or dorsal decubitus at pleasure during the early part of the second stage of labor. Indeed, the patient may not be required to lie down during the early part of the second stage of labor. When the head begins to bulge the perineum, and its distension is such as to indicate peril to its attenuated structures, he places the patient on her back across the bed, with her nates brought to the verge. The thighs are flexed upon the abdomen, and the legs upon the thighs, with the knees brought close together and held in this position by two assistants. A towel or bandage of linen about ten inches wide and forty or fifty inches long, is carried

around the buttocks of the patient and spread out smoothly, with its anterior or upper edge on a level with the fourchette, and the ends given to these two assistants. They are then instructed to make traction during the pains, in such amount, in such direction, and with such part of the bandage, as the accoucheur may direct. The direction of traction may be varied at will, from a downward and backward to an upward and forward movement.

As anatomical and mechanical reasons for this method may be given, the recent investigations of Ramsey, D. Berry Hart, and Savage, which tend to overthrow the prevailing views concerning the muscles of the perineum. It has been very generally held that the vagina had a proper sphincter ani, with a figure of eight continuation, and that just back of the fossa navicularis there was a muscular commissure in the centre of the floor of the perineal body, which also gave attachments to the transverse perinei muscles. It now seems well established that there is no such fortunate decussation just behind the fourchette; for if there were, this would be the strongest point of the perineum, and not the weakest, as is shown by the clinical evidence of the frequent rupture at this point. Formerly the constrictor anni, constrictor vaginæ, and sphincter vaginæ, as they are called, were supposed to be an elliptical muscular ring, whose fibres were continuous behind the fossa navicularis. D. Berry Hart shows such a view to have been greatly in error, for first, the transversi muscles run markedly backward, and meet each other at quite an acute angle in the perineal body; and second, the sphincter vaginæ is not a sphincter at all, but simply the median portion of the two halves of the levator ani, as they spread apart to allow the exit of the urethra and vagina, and these parts of the levator ani are called the pubo-coccygeus by Savage. This view of the muscular arrangement is sustained by Ramsey and illustrated in the last edition of Cazeaux and Tarnier. The fibres of the pubo-coccygei portions of the levator ani meet each other between the rectum and the coccyx, and between the anus and fourchette, but do not cross over as a true sphincter.

Thus it is evident that a median laceration is not required to tear any muscular fibres transversely, except a few of the transversi, until it reaches the sphincter ani; and in such an injury the skin and fascia only are torn, while the muscular fibres are spread apart longitudinally. Emmet aptly illustrated the lesion in laceration, when he compared it to the drawing aside of curtains. The head in parturition tends to spread apart those muscular curtains stretched from the pubes to the coccyx. In this method of support the towel properly applied, and the traction skillfully directed, plays the part of the third curtain in the illustration, and answers the purpose of a supplemental perineum in practice. Flexion of the limbs lessens the violence of expulsive pains by relaxing the abdominal muscles. This position assumed puts the femoral extensors on the stretch, and thus lends assistance by dragging on the perineum, as pointed out by Dr. Chadwick in the discussion of Dr. Parvin's paper three years ago. By keeping the limbs close together in this position, nature is allowed to supply tissue from the neighboring soft parts, as recommended by Liebold and Landie. When the whole perineum is convex from the bulging by the head, the towel or bandage is in contact with every part, and affords equal elastic and resilient support throughout. It retards the head at the will of the accoucheur by varying the amount and direction of traction on the towel.

By the method under consideration, if the traction be made on the anterior zone of the towel the sinciput is held back, and the flexion is retained. This plan exerts complete control of the direction of the head, and does not interfere with the use of the forceps or the employment of episiotomy. This plan substantially secures the same end that is reached in hooking the perineum downward and forward by Goodell's method, while the presence of the fingers in the rectum is avoided. Since the support is so equally distributed, there is not that perilous excitation of expulsive efforts through reflex stimulation, caused by the localized partial and unequal pressure made by the bare hand. The support should be continued until the shoulder has passed the vulvar opening. This method does not interfere with the use of forceps.

Finally, he said, his clinical experience with the method here advocated warranted him in confidently commending it; but to succeed with it requires a thorough comprehension of the principles upon which it acts, and the most faithful painstaking in every detail of its execution.

As already stated, no method will be successful in all cases. Should rupture occur, the immediate operation for repair should be resorted to. Every man who assumes the office of accoucheur should be prepared for the immediate operation, and thoroughly competent to perform it.

The doctor appended to his paper an exhaustive bibliography, giving the authorities on the subject.

OVARIES FROM TWO CASES OF OOPHORECTOMY.*

BY WILLIAM GOODELL, M. D.,

Of Philadelphia.

OÖPHORECTOMY FOR OVARALGIA.

When the patient, an unmarried woman, aged thirty, first consulted him, she weighed 236 pounds, but at the same time she was very weak and could barely walk. She suffered excessive pain at her catamenial periods, which appeared only at long intervals. She had cataleptic and hystero-epileptic fits, and complained of very constant and acute ovarian pains. Her urine was passed but once a day, and this act was attended with much suffering. The womb was enlarged and the ovaries were very tender indeed; but nothing else abnormal was discovered. Assafœtida and the bromides were prescribed in large doses, and she was advised to try the rest treatment.

Fourteen months later, she was again brought by her physician to consult Dr. Goodell. She now weighed only 120 pounds, having lost 116 pounds, and she was in every respect worse, her ovarian pains being now constant and very acute, requiring large doses of morphia to control them. Her catamenia had not appeared for nigh four months, and tonics seemed to have no effect whatever on her. Her physician was compelled to be in constant attendance on her, and was liable to be summoned at any hour of the day or night to give her a hypodermic injection. Masturbation was suspected, but she always denied practicing this habit. Nothing further could be done than the operation of oöphorectomy, which was accordingly performed a few days later at the hospital of the University. The ovaries were found much enlarged from cystic and interstitial degeneration, but there were no evidences of peritonitis or of cellulitis, which had been suspected. A corpus luteum existed in one ovary, a rectal hemorrhage or vicarious menstruation having taken place a few days before the operation. Her ovarian pains at once left her; she needed but very few doses of opium, which was given by rectal suppositories. Her convalescence was prompt, and she returned home in less than four weeks, free from all pain, and in a fair way to get perfectly well.

The case was a typical one of the advantages of oöphorectomy, yet he (Dr. G.) thought that the operation was being performed altogether too frequently.

OÖPHORECTOMY FOR BLEEDING FIBROID OF THE WOMB.

In this case the lady was thirty-seven years of age, and had been married eleven years. She gave birth to a child about seven years ago, and since then has had one premature birth at seven months, and one miscarriage. She first noticed an abdominal tumor nine years ago, but her catamenia began to be free sometime before this. Late in the year 1881, the catamenia began to be excessive. As nothing served to check them, early in the following year Dr. Goodell was consulted. He found multiple fibroids of the womb. Six tumors could be readily made out, of which two seemed pedunculated; the sound gave a measurement of 4.5 inches. Under ergot and ammonium chloride the patient improved for several months, then the menorrhagia became worse, and finally a dribbling of blood kept up between the periods. In May of the present year she again consulted Dr. Goodell. She had been dribbling continuously from January, and was much reduced in strength. Being a brunette, she exhibited the facies uterina in a most marked degree, the pigmentation being very dark and extensive. The womb now measured 7.5 inches. She was admitted into Dr. Goodell's private hospital, and on May 24th both ovaries were, without difficulty, removed. They were greatly enlarged by follicular degeneration, a condition which Dr. G. had repeatedly seen in cases of fibroid tumor. The effect of the operation on the tumors, and especially on the main one, was astonishing. After two weeks this fibroid had diminished in length nearly a hand's-breadth. Her recovery was prompt, and she was sent to Atlantic City to recruit. On July 10th, just forty-seven days after the operation, she called on Dr. G., who found the tumors very greatly reduced in size, and the uterine cavity measuring only 3.25 inches, a diminution of 4.25 inches. This extraordinary amount of diminution, in spite of the fact that the obliteration of the ovarian blood-vessels cut off only a small portion of the blood supply to the womb, drove him to the conclusion that the ovaries were the important factors in inviting blood to the womb. Every successful case in which he had removed the ovaries for fibroid tumor of the womb had been followed by the menopause and by rapid diminution in the size of the tumor. But in his hands, and in those of others, this operation was more fatal than that of ovariotomy. During the ten months of the present year, he had twenty-five cases of ovariotomy, with but one death, and that one in a lady operated on at her home, two hundred miles from Philadel-

* Abstract of paper read before the Obstetrical Society of Philadelphia.

phia. For simple cases of oöphorectomy the mortality should not be greater than that of ovariotomy. But when complicated with the presence of a large or an adherent fibroid tumor, the operation is often one of great difficulty. Twice during the past year he was unable to reach the ovaries, and was compelled to abandon the operation, because in neither case was the woman willing to undergo the risk of having hysterectomy performed. Each case recovered, and while the women were under observation the tumors appreciably lessened in size, as if the shock of the exploratory incision had temporarily suspended the ovarian influence.

ABDOMINAL SURGERY, WITH REPORT OF CASES.*

BY EDWARD BORCK, M. D.,
Of St. Louis.

At a previous meeting of the society at Evansville, in 1879, the doctor read a paper before it entitled, "Ovarian Tumors: at What Stage of the Disease is the Proper Time to Operate." This was followed by a very interesting and instructive discussion. One surgeon believed in the waiting plan. He lost twelve patients in succession. Another surgeon agreed with him in regard to waiting, and had the courage to say that he had lost thirteen patients in succession. Only one stated that he had operated as early as he was able to make a diagnosis and his patient would let him. He lost about 66 per cent. of his cases.

The doctor stil adheres to his views there expressed in favor of an early operation, and today is able to sustain what was then his theory by his own practice.

In March, 1878, he had his first case of ovariotomy. Then he followed with a report of the case, a multilocular ovarian tumor in a lady 55 years of age, from the country. He was advised to operate, under the guidance and with the assistance of one who had operated. Therefore, he asked Dr. Louis Bauer, of St. Louis, to assist him with his counsel and presence. The cyst was of only about three months' duration—the third stage—and all other surgeons who had been consulted advised the waiting plan, and against an operation at present. The patient recovered.

The second case was a lady æt. 43. He removed a large ovarian cyst from the right side, together with the uterus in the last stage, having had a cyst removed from the left side 17 years ago. She died.

Next a simple cyst of the left side in a young miss, æt. 14. Last stage. Died.

But we learn much from our unsuccessful cases, and eight successful ones followed. The next case, ovarian cyst accompanied by cancer, was lost. The next twelve cases recovered. He then lost a case—single cyst, last stage.

Then followed a similar case, which also died. Out of the succeeding twenty-five cases he lost but one, a colored lady. This makes fifty cases from March, 1878, to May, 1884, with five deaths. These cases were divided as follows:

Simple cysts	8
Cysts of the broad ligament	2
Ovarian cysts, with cancer	1
Ovarian cysts, with removal of the uterus	1
Persistent pain in the ovary removed, cystic degeneration	1
Fibro-cystic tumors	6
Oligo- or polycysts, etc.	31

These cases were all in private practice, and all but five of them operated upon in their own homes, and were distributed over several States. With the exception of those that died, the cases were all early operations—from six to twenty-four months' duration; the youngest aged fourteen years, oldest sixty years. In two cases drainage-tubes through the abdomen; in one, drainage-tube through the vagina. In these cases there was much surface bleeding. In all the other cases the abdomen was closed; the pedicle was dropped into the abdomen in every case. In one case, a simple cyst, it was found necessary to open the abdomen again on the third day on account of the internal hemorrhage. The clotted blood was washed out, and the wound closed again. She recovered. In this case he was led to use the catgut ligature. He will never use it again. It is his custom to remain with his patients until they are out of danger—sometimes from three to six days. He was not able to say what influence the air and malaria of Missouri had upon such patients; but it must have changed (?) since 1878, for other surgeons, too, were having brilliant success of late.

Now, when we know that the average life of a patient afflicted with ovarian tumor is four years, that polycysts terminate fatally in twelve months, oligo-cysts in twenty-four months, after the third stage has begun, he draws the following conclusions:

1. That those cases operated upon at the extreme last die.

2. That the comparatively early operations are successful.

3. That there is no absolute need to send your

*Abstract of paper read before the Mississippi Valley Medical Society, September 9, 1885.

patients off to a hospital or private institution, if she is any way comfortable at home.

"I always advise those gentlemen who attend my lectures, as well as others, to do as I do—take care of their own patients if they have the confidence in themselves to do so; but if they do, by all means give their patient all their time and attention, and be well prepared for all emergencies.

"It has been intimated to me more than once that I must pick my patients. I will freely and openly admit that I do. There are certain cases which I seem to know instinctively will turn out fatal. These I avoid, for there must be the utmost hope and confidence on both sides."

Here he related a case he had seen in Illinois, where he would have operated on Saturday, when he first saw the patient, as she was willing, but he was not prepared. She would not permit an operation on Sunday, so it was deferred until Monday. Being in the last stages, she died Sunday night. He thought an operation here perfectly justifiable.

"Successful cases are reported from all over the country, even in the small towns. In the near future this will be considered a minor operation. But how few fatal cases do we see reported! I have seen many fatal cases in this country, and not one of them reported. My friends say I pick my cases. I would call it a judicious discrimination between cases, and recommend all who begin to do the same. One thing my friends cannot say, that I hide my fatal cases. Every one of them has been published at once and in detail, and I will publish every other case I happen to lose in the future, for the benefit of all.

"Since 1878 I have seen and examined on an average about twenty-five cases of abdominal enlargement per year, and I have not in a single instance made an exploratory incision for diagnostic purposes, though justifiable in many doubtful cases, and as a rule safe.

"I do not believe in the practice of opening every woman's abdomen, because it is easier to make a diagnosis. I prefer the more difficult manner, without the knife. Whenever I should be in doubt, and have to record an exploratory incision, it would be with the distinct understanding to go on with the operation, if such were indicated."

—Paul Guttmann, in a careful study of the bacilli of leprosy observed in elevated nodosities in a girl twelve and a half years old, found the microbes always collected in cells, a feature which distinguishes them at once from the bacilli of tuberculosis, while the fact that they stain more easily than the latter further distinguishes them.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

Service of Dr. J. M. Da Costa.

Chronic Bright's Disease.

This woman, gentlemen, is thirty-eight years old, and married. She tells us that she enjoyed good health until two and a half years ago, when her ankles commenced to swell, and this swelling gradually extended upwards to the knees, and it has continued until the present time. Two weeks ago her face became œdematous, and her abdomen commenced to swell. Her vision is somewhat obscure, and Dr. Fox reports to us that he finds, upon ophthalmoscopic examination, slight hemorrhages in the retina and deposits of colloid degeneration in both eyes; they are in the first stages, and the white patches (shown in a diagram) are not so very pronounced. For two months past, she has been troubled by frequent desires to micturate, compelling her to get up at night; but she passes very little at each call, so that the total quantity of urine voided is rather diminished than increased. She is very anæmic; her tongue flabby and slightly coated. She is troubled occasionally with vomiting and headache. There is no heart lesion; the first sound is heavy, and there is an occasional irregularity of action; the pulse is full; there is no organic disease, but a tendency towards hypertrophy, which will result if this condition of affairs continues. Serum is now commencing to exude from the distended limbs. She has no cough.

The urine is found to be highly albuminous; there is so much albumen that it will not redissolve when the tube is agitated, as it will do when the quantity is small. We have, in this case, a history of grief; this poor woman was for some time engaged in nursing a daughter, who died with symptoms much resembling her own. There is no history of cold, exposure, or scarlet fever. Here, then, we have a case of chronic parenchymatous nephritis, with an obscure causation. We will order this woman—

℞. Tinct. ferri chlor., f℥j.
Potass. acet., ℥ss.
Acid. acet. dil., f℥ij.
Elixir simpl., f℥j.
Aquæ, ad. f℥iv. M.

S.—Teaspoonful in half a wineglass of water, thrice daily.

This is a good tonic and diuretic, and the dose will be gradually increased. If she were passing an excessive quantity of water, this formula would not be given. The iron will increase the red globules of the blood, and the potash will act as an alterant on the kidney. Her diet will consist of eggs, milk, and under-done meat. Milk, when taken in large quantities, is a diuretic. If, however, this formula does not meet the indication of reducing dropsy (which it most likely will), she will be given croton oil (¼ drop) or compound jalap powder (℥j.—℥ij.) two or three times a week. But avoid purgatives, if possible, as all of them are more or less weakening.

Anæmic Dropsy.

This girl, aged 22, presents a condition some-

what similar to the woman who was just before you, but from a totally different cause. Five years ago she had pneumonia, and now occasionally has cough and stitches in the side, but she has never spit up blood. Nine weeks ago her face and limbs became very much swollen, but, under treatment, this disappeared. One week ago she was at the hospital, and then said that the week before she was much swollen. She has to get up at night to make water. The urine has a specific gravity of 1020, is strongly acid, contains neither albumen nor sugar, upon repeated examinations, but abounds in phosphates. The microscopic examination is negative. She has an over acting heart, but no hypertrophy. Near the left base there is a very faint systolic murmur. Her menstrual functions are normal, and there is no history of exposure. This might have been an acute case of Bright's disease, but, although repeated examinations were made, the urine failed at any time to offer any evidence of renal trouble. Acute dropsy may result from exposure, without any renal trouble; he has had just such a case, where the swelling subsided after ten days. In this case there was coryza and all the usual signs of a heavy cold, followed by anasarca. But if such were the case here, we would not have the swelling recurring as it has done. The murmur is too soft and indistinct to warrant us in attributing the dropsy to heart disease. In 99 cases out of every 100, a soft murmur at the left side is a blood murmur, due to anæmia.

Here, then, we have a case of rapidly developed dropsy, without any apparent cause save anæmia, to which we must ascribe it. The marked improvement in this case has taken place under the use of a modification of Blaud's pill:

℞. Ferri sulphas,
Potass. carb., āā ʒj. M.
Ft. pil. No. xl.
S.—One thrice daily, and gradually increase.

We will continue this treatment.

Pulmonary Syphilis.

I will give you a resumé of this man's history as I have gleaned it after much trouble. If I question him, he will consume the whole hour, for he has a penchant for talking around corners and dilating upon every subject save that upon which he has been questioned. He had several hemorrhages from the lungs; one three years ago, one six months ago, one last Friday; two ounces at the first, four ounces at the second, and a teacupful at the last. The blood is red, frothy, and liquid, not clotted. There is dullness at the apex of the left lung; feeble inspiration and slightly prolonged expiration. There is considerable swelling of the ends of the bones, about the clavicles, sternum, and ribs; a periosteal swelling. The tongue is coated and somewhat flabby. The left lobe of the liver is enlarged, as is also the spleen. There is no heart disease. The question now arises whether this hemorrhage is from the lungs or stomach. The physical signs as well as the fact that the blood is fluid point to the lungs. Then we must inquire whether the lungs are congested from heart disease or themselves diseased. The heart is sound, so the first possibility must be dismissed. He thinks the lung is diseased. What disease? He is inclined to think that we have here syphilitic disease of the lung, though the diagnosis of this condition is an extremely nice problem, as so very much depends on the previous history, which in this case we cannot procure. This man indignantly denies that he ever had syphilis, though, with a wonderful refinement of morality, he pleads guilty to gonorrhœa. As favoring the diagnosis of pulmonary syphilis, we have the fact that the lung trouble dates back some years, but his general health remains good. With the exception of the hemorrhage, there is very little evidence of any departure from a healthy standard. We must also consider the enlargement of the bones as in favor of syphilis. Taken altogether, we have a very good case in favor of pulmonary syphilis as against pulmonary tuberculosis, which is all the better for the patient. We must in the first place do away with the liability to hemorrhage, and this we will accomplish by giving him ergot, one-half to one drachm thrice daily, keep him quiet, and give an occasional laxative. After the liability to hemorrhage shall have passed, say in one week, we will give him decided doses of iodide of potassium, commencing with ten grains and increasing to half a drachm thrice daily. With this he will be given cod-liver oil. If our diagnosis is correct, this treatment will benefit him; if it is erroneous, it will do him no harm.

Hysteria.

The most marked case that one could ask to see was now brought before the class. The patient was a woman twenty-six years old. Her spells, as she called them, commence in March and continue until September, when they vanish, unless brought about by some excitation, as pregnancy. As she sits in the clinic-room, her limbs are in constant tremulous motion. There is no tender spot along the spine. Sudden impressions, such as pinching the skin, will bring on one of these spells. Dr. Da Costa places the stethoscope to her heart, and this excites a paroxysm; a convulsive movement of the shoulders is followed by a suffusion of the face; she grasps her ears and gives rise to several piercing shrieks; she is told to put out her tongue, and at once obeys. She tried to walk, and nearly fell; but at times can walk as well as any one. She seems like a sensible woman, not like one who would desire to simulate and deceive, and with her the hysteria is really a disease. A strong point in the diagnosis is that she never loses consciousness. Her uterine functions will be inquired into, and if deranged, will be treated, but whether or not a cause is there found, the treatment must be general. She must be encouraged; moral suasion and reasoning must be resorted to. She must have good food and open-air exercise, without fatigue, as carriage driving, etc. The nervous system must be invigorated, without being fatigued. She must go to bed early and get up late, so as to have plenty of rest. For drugs she will be given two grains of valerianate of zinc four times daily.

—The *Med. Record* says that boracic acid is largely used by milk-dealers in the summer time to preserve milk. It is, we understand, the basis of a preparation known as "vex magnus."

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Discussion on Leukæmia in Childhood. (*See page* 617.)

Dr. Goodell inquired if there were any distinguishing points between purpura hemorrhagica and lymphatic leukemia. If there is a deficiency of red blood corpuscles, why do red patches occur so easily?

Dr. Keating remarked that the subject under discussion was dependent upon certain conditions, which physiologists are still debating. In leukemia we have, as a diagnostic feature, an involvement of the lymphatic system, more or less; a hyperplasia of the tonsils, lymphatic glands of the peritoneum and of the intestines; also of the spleen and bone-marrow—all of them being more or less connected with red-cell formations; but the principal diagnostic point is the increase in number of the colorless cells, as is noted in Dr. Osler's report, just presented. The hemorrhages in these cases are possibly due to a diapedesis or capillary rupture. In what is known as purpura hemorrhagica, there is an exudation of blood-cells or the hematin from their destruction, into the rete mucosum and the papillary layer of the cutis; of course, capillary ruptures may occur with profuse hemorrhage. The blood-cells (red) are usually diseased; they become crenated or they cease to form rouleaux, and possibly the plasma may be at fault. The microscope alone will reveal the distinguishing features. Purpura may be considered a symptom accompanying a dyscrasia in which the blood itself is involved, not merely the organs of its production.

Discussion on Ovaries from Oophorectomy.

(*See page* 623.)

Dr. Montgomery was glad to hear the good results in Dr. Goodell's cases. In a few of the cases upon which he had operated, the menopause did not at once occur, sometimes not for two years after the operation. In such cases the tumor did not decrease in size while menstruation continued. In the case of hysterectomy for fibroid tumors reported by Dr. Montgomery at the last meeting, temperature at no time exceeded 101⅘°, and the patient left the hospital to day perfectly well. He preferred removal of the uterus and its appendages entire when the ovaries cannot be removed in consequence of previous inflammatory changes. Ligation of blood vessels supplying the tumor might be useful, when nothing better could be done.

Dr. Baer thinks that when the ovaries can be removed, it is the preferable operation.

Dr. Goodell has been so uniformly successful in removing the ovaries for the cure of fibroid uterine tumors, that it is his choice. He has been notified that in a case of fibroid tumor of the womb in a woman aged thirty-three years, he will be called in consultation; this will be the third. He will advise removal of the ovaries: if at the time of operation that is not found possible, he will close the incision, as the other operation is very dangerous, and the patient can certainly live a few years as she is. In one case only of his oöphorectomies have the menses continued, and he thinks that in that case there must have been some supplemenary ovarian tissue.

Ovariotomy.

Dr. Montgomery exhibited for Dr. Warder a large ovarian tumor, and related the following history: The patient was a young woman. Her menses commenced at 17 years of age, and had always been irregular. They ceased entirely for twelve months, and at the same time the abdomen was enlarged until the tumor reached above the navel. Fluctuation was doubtful; the mass seemed quite solid, and pressed the uterus down into the pelvis. Anæsthesia did not relax the abdominal wall, and diagnosis was doubtful. An exploratory incision, showing the pearly tint of an ovarian tumor, made it sure. Nothing would pass through the trocar, but some of the jelly-like contents of the tumor escaped beside it and passed into the abdomen. The large cyst was filled with small cysts. The patient did well for one week, then the pulse became rapid; but she has since been doing well, and is now rapidly recovering.

Dr. Goodell thinks the danger from the escape into the abdomen of cyst contents is overrated.

Dr. Baer: In the early stage of ovarian tumors, metrorrhagia is sometimes present; sometimes the menses are entirely absent. He should like to hear from the Society some reason for this inexplicable difference.

Dr. Goodell has observed the same facts, but can throw no light upon it.

Dr. Montgomery remarked that in this case both ovaries had undergone cystic degeneration. The second ovary contained numerous small cysts.

Dr. Baer inquired about the treatment of the second ovary.

Dr. Montgomery replied that it was removed.

NEW YORK ACADEMY OF MEDICINE.

Stated meeting, November 5, 1885, the president, A. Jacobi, M. D. in the chair.

Sketch of the Life of James L. Little, M. D., and of the Twenty-five Years in which He Practiced Surgery.

D. B. St. John Roosa, M. D., read the paper. Dr. Little from early years had a love for medicine, and while clerk in a book-store availed himself of the opportunity to read medical works. He applied to Dr. Willard Parker to become one of his pupils, and came near being rejected by that eminent practitioner, whose office was already overflowing with students. As a pupil, Dr. Little was very punctual and industrious. He first entered the wards of Bellevue Hospital, where James R. Wood felt an interest in him; but as the New York Hospital was then the centre of surgery in this country, and he had an opportunity to do service there, he resigned his position as assistant in the Bellevue Hospital. Dr. Little's experience as a surgeon might be said to have commenced in 1860, in which year he graduated from the College of Physicians and Surgeons. He it was who overcame the difficulties in the way of a practical use of plaster-of-paris as a splint and dressing. Dr. Little rendered some valuable service as a surgeon during the war of the rebellion. During the twenty-five years of his practice he was en-

gaged in teaching in various medical schools: in the College of Physicians and Surgeons, the University of Vermont, and at the New York Post-Graduate Medical School. Young men felt attracted toward him, and his office was usually full of students. He was unassuming and frank; he showed skill in his operations, and his success could not fail to attract attention. His learning was of a practical kind, and although he might not operate according to the latest methods taught by Erichsen or other authorities, still his patients would recover and the result would be all that could be desired. He died in the vigor of life, from peritonitis, and on his death-bed expressed trust in the Christian religion.

Electricity as a Therapeutic Agent in Gynecology.

Dr. Paul F. Mundé next read a paper on this subject. He thought electricity could be put to more general use in gynecological practice than it is at present; any physician after a slight amount of experience in its use would find cases in which it would be of decided benefit. The galvanic current would be found useful in a far greater number of cases than the faradaic. If applied properly, it would be followed usually by a pleasant sensation, and by relief of pain and other symptoms. If applied too strong, it might give rise to painful symptoms. The faradaic current was usually employed only when it was desired to produce a special result, and it was likely to be beneficial in proportion to the power of the current. If the galvanic current increased the pain, it was an indication that it was doing harm, and it should be reduced in strength or its use be discontinued. It was not the author's intention on this occasion to speak of the galvano-cautery. Time would not permit of his reading that portion of the paper devoted more particularly to obstetrics, nor of certain other portions.

In general it had made no difference in his practice which pole, the negative or the positive, was applied internally or externally. There was one exception, namely, in pelvic exudation and constant irritation of direct or reflex character; here the negative pole should be connected with the intra-vaginal electrode. He often employed the negative pole when he desired an alterative or absorbent effect, with a mild current. In the use of the faradaic current, it never seemed important whether the one or the other pole were placed internally or on the integument. It might be another matter if it were desired to affect a special group of muscles or nerves.

It was safe to begin treatment with a mild current—if the galvanic, say from four to six cells; if the faradaic, begin with as strong a current as the patient could bear without discomfort. Increase the strength of the current gradually, but diminish before disconnection of the poles. In internal electrization it is always well to introduce the electrode before closing the circuit, and break the circuit before removing it.

Whether benefit was to be derived from the treatment, could often be told only after continuing it for some time, except where the faradaic current was employed to bring on the menstrual flow. Fewer than two applications a week would be a waste of time; it was much more desirable to make the sittings frequent, and to continue them about an hour. This, of course, would encroach upon the time of a busy practitioner. He had seen no bad result follow the use of either current.

The conditions in which Dr. Mundé had employed electricity were the following: Deficient development of the uterus and ovaries, the development, however, being sufficient to give hopes of arousing them to functional activity. Here he usually employed the faradaic current upon the endometrium.

For awakening the menstrual flow, he made applications every other day, and every day for a week before the expected flow. But if there were no molimina, little hope could be entertained from treatment, for the ovaries in that case were probably atrophied, and contained little glandular element. On several occasions he had found the alternate use of galvanism and faradism of advantage.

In amenorrhœa, besides other methods of treatment, local applications, etc., electricity might prove of benefit. But the temporary absence of the menses in girls just budding into womanhood need not demand special attention. In women who have borne many children, have become plethoric or anæmic, take little exercise, in whom there is venous congestion of the pelvic organs, but not to the extent of bursting the capillaries and bringing on menstruation, advantage would be gained from the use of electricity, perhaps faradism and galvanism alternated; frequently several sittings would be required to bring on the flow.

In subinvolution and menorrhagia the faradaic current was especially indicated.

In hyperplasia uteri he had obtained a great deal of satisfaction from the frequent and prolonged use of the galvanic current, both in relieving reflex neuroses and in reducing the size and hardness of the uterus. The indications as to the strength of the current were the reverse of those in sub-involution; it should be employed as strong as the patient can bear.

In pachysalpingitis and certain other conditions of the tubes and ovaries, a real cure could be effected only by removal of the parts by laparotomy; but temporary relief from the pain might be obtained by the use of electricity, and by blisters applied over the ovarian region. The sittings should be of half an hour's length, and the number of cells employed should not exceed twelve.

In pelvic neuralgias, chronic pelvic cellulitis, lymphangitis, nothing would prove so effective in relieving pain, and to a certain extent in producing softening of adhesions, as galvanic electricity.

Electricity should not be employed in acute or subacute affections. He had obtained no benefit in those uterine displacements dependent upon an elongated condition of the uterine folds or ligaments. In fibroid tumors, electricity would probably have a future; but for ovarian tumors, an almost perfectly safe and sure cure was laparotomy.

Dr. Freeman, of Brooklyn, said the author's experience had coincided in almost every particular with his own. He commenced the use of electricity about twenty years ago, and in an almost purely empirical manner. Later, he learned that

all the benefits which could be obtained from the use of the faradaic current could be obtained equally well by the use of the galvanic current, except in the production of muscular contractions, and for this one could use the interrupted current. But static electricity had not been mentioned in the paper, while during the last four years Dr. Freeman had used this form almost altogether, and had found it efficient, and much more convenient, especially in relieving the patient of the necessity of disrobing. One of the greatest advantages of electricity was seen in its power to allay pain; it offered a practical substitute in many cases for opium. Dr. Freeman then gave an account of two or three cases of fibroid tumors of the uterus which he had treated very successfully by electrolysis, introducing a needle into the tumor either through the vagina or abdominal wall. No severe reaction had followed this treatment.

Dr. A. D. Rockwell's experience confirmed that of Dr. Mundé in most respects, although he had employed electricity less in gynecological practice. He could not understand how the gynecologist could get along without electricity in the treatment of pelvic cellulitis. He should suppose the galvanic current would be preferable in subinvolution.

Dr. H. J. Garrigues had employed electricity in gynecological practice to a limited extent. The reason why he had not employed it more was that it took too much time. The condition in which he had used it oftenest was amenorrhœa, but it had not always answered the purpose, and this was true not only where the uterus was affected, but also in cases which seemed to be principally of functional trouble. He had found that something which acted in a mechanical manner would answer about as good a purpose. He had found some trouble with the use of the galvanic current in the vagina; even if no more than six cells were used, there was danger of producing an eschar.

Dr. W. R. Birdsall thought the literature on the subject of electricity in medicine was rather mystifying and unsatisfactory. He thought better results would be obtained if there were more exact methods in the use of the agent. One important point was to employ means for estimating the exact strength of the current used. He gave the preference to galvanism; the faradaic current might be more useful where it was desired to produce muscular contraction or cutaneous irritation. Neither should be used in acute and subacute cases. The effects of electricity, particularly faradaic, were transient, and required to be repeated frequently.

Dr. Malcolm McLean urged the importance of giving electricity and other means a fair trial in cases apparently calling for Tait's operation, before resorting to removal of the ovaries and tubes; for, he believed, fifty per cent. of the cases in which Tait's operation was performed experienced no more than temporary benefit.

Dr. H. J. Boldt said that in two cases of subinvolution of the uterus, with menorrhagia and metrorrhagia, he performed trachleorraphy without benefit, but subsequently effected a permanent cure by alternate use of galvanic and faradaic electricity.

The president said the need of such a paper as that read by Dr. Mundé was evident from the fact that three of the most recent works in German pertaining to diseases of women contained not a word about electricity.

The president announced that owing to illness, Dr. Janeway would be unable to deliver the anniversary discourse the second meeting in November, and Dr. H. D. Noyes had kindly consented to discharge that duty.

MISSISSIPPI VALLEY MEDICAL SOCIETY.

Discussion on Abdominal Surgery. (*See page* 624.)

Dr. Byrd had made a number of ovariotomies. He never lost a patient if the tumor weighed less than thirty pounds. He referred to picking patients. Certain patients will die. When you see little varicosities over the body, it shows that the tissues are relaxed, that suppuration and peritonitis will intervene, and the patient will die.

Dr. Eastman inquired, Why is it that European operators are so much more successful than American? It is not in the air and not in the patients. It is a very important question to decide, When shall we operate? Do not wait until the woman is weary of life. I am not in favor of waiting any longer than to improve the general health of the patient. No difference if the tumor is small; so much the better. Lawson Tait says his patients come to him much earlier now than formerly: hence his better results. He does not pick his cases. The doctor referred to his opinions as expressed before the Indiana State Medical Society, and published. All men can look back and say, "I do believe now, with my present experience, I could have saved that case."

Dr. H. H. Clark, of Danville, Ills., has done nine ovariotomies, and had two deaths. Is confident that he could have cured one of those two with his present experience. The tumor weighed 47 pounds. Large tumors are not desirable for an operation. Make your opera ions early.

Dr. Louis Bauer thought there was nothing to be gained by delay. The tumor interferes with the general health, so what can we gain by delay? Dr. Borck is to be congratulated for his courage in reporting his unfavorable cases. There are men who operate only for fame. If be were only a neophyte in the operation, he desired to be a better one.

Dr. Arch. Dixon, of Henderson, Ky., reported the case of a woman he had operated upon, with a tumor the size of a head. The case went without fever for nine days. He then removed the sutures, and found a little pus. The temperature rose slightly. He washed out the pus, and the temperature fell to normal. He also reported a second case.

Dr. Byrd said the gentlemen had discussed the present aspect of the case. For the last five years he has used torsion in all operations except ovariotomies. He has not had courage to use it in this operation, but it has been used by Sims. I may some day become prominent enough to do this in ovariotomy, but am now too young. I opened the abdomen 78 times, and lost eight patients. Do not put irritating material in the form of sutures in there and leave them, and you will not have so much trouble.

Dr. Louis Bauer reported the case of a little woman four months married, who had a tumor just the size of a four months' pregnancy. She had severe pains at the time of her periods, and and had been to a dozen physicians. He reported this case, because one in which to exercise the powers of differential diagnosis.

Dr. Eastman said: If you report your fatal cases you must remember your enemies, if you have any, will use them against you. Cleanliness is a great necessity. A private house can be fitted up as well as any hospital. The patient should receive your close personal attention. As Lawson Tait says, efficient and good-looking nurses, and everything æsthetic about the home, is very necessary.

Dr. E. S. Mckee, of Cincinnati, thought, as Lawson Tait once said, "The reason of the large percentage of deaths in ovariotomies in America is due to the fact that there are too many men doing the operation." Every physician who can get a case performs ovariotomy. Every man who has performed twenty ovariotomies does not lose half as many out of his second ten as his first. They can all see, in looking back over their operations, how they could save this case or that case were they to operate now. In this free country of ours the practice of medicine and surgery is entirely too free. Imagine, if you can, the operation of ovariotomy under the control of wise government officials—say the most successful and experienced ovariotomist in each State, or more or less as occasion demanded, was appointed and empowered to do all the ovariotomies in that State. Would there not be a marked decrease in deaths from the operation? An assistant might be appointed who would be with him in all his operations and receive his scalpel when he succumbed to the inevitable. Such an idea I know is impracticable in this free-for-all country, but theoretically it is wise.

Dr. A. C. Bernays agreed there were too many men performing the operation. No general practitioner should do an ovariotomy; one tracheotomy is much more credit to the general practitioner, and sometimes is much more difficult to perform. All are liable to be called on to perform tracheotomy, and the man should be kicked out of the profession who is unable to perform it at a moment's notice.

Dr. Borck, in closing, said he thought it well to send cases to the specialist; but if he dies, what then? New men must be coming on all the time. He taught his students to perform their own ovariotomies. He thinks Dr. Byrd correct—that torsion can be used in this operation. He thinks it proper to use the cautery after removing the secreting membrane.

Editorial Department.

Periscope.

Severe Vomiting in Pregnancy, Due to Alcoholism: with Remarks.

Dr. Arthur W. Edis thus writes in the *Brit. Med. Jour.*, October 10, 1885:

The case related by Dr. Horrocks in a recent issue of the *Journal* encourages me to forward the particulars of the following case, which may prove of interest to many:

A. B., aged thirty-nine, married fifteen years, mother of four children, the youngest seven years old, ceased menstruating early in May, 1884. Within a few weeks from this time, she suffered considerably from nausea and vomiting, which gradually increased in severity and frequency until, at the time of my first seeing her in the latter end of August, the vomiting was incessant, and she was unable to retain anything whatever on her stomach. So severe was the retching, and so grave were the symptoms, that the question of inducing premature labor was raised; and for this reason I was asked to see her in consultation with her medical attendant.

I found the patient propped up in bed, with a flushed congested appearance of the face. The conjunctivæ were injected; the tongue foul, coated, red, and irritable at tip and edges; the breath was offensive; the voice was harsh and subdued. She held a basin in front of her, and for the last three or four days had been vomiting almost incessantly, straining herself to that degree that it was feared that some untoward event would happen unless the vomiting was arrested. On inquiry, I ascertained that the bowels were loose and irritable, acting five or six times, at least, in the twenty-four hours. The urine was reported free from albumen, but loaded with lithates. There had been a slight discharge of blood from the vagina a few days previously, but no pains as of threatened abortion. For days past, the patient had taken nothing but brandy and soda, champagne, iced soda, and milk in small quantities. Her pulse was rapid, weak, and irritable; temperature normal. The skin was moist and clammy. The chest and abdomen were examined carefully, but no well marked abnormality detected to explain the persistent vomiting. On examining *per vaginam*, the uterus was found to be considerably enlarged, apparently about the size of four months' utero-gestation. It was fairly normal in position, the cervix being fleshy and somewhat granular.

In consultation with her medical attendant, I ventured to suggest that the vomiting seemed to be due, not to the pregnancy, but to the immoderate imbition of alcohol; and that I considered her condition so desperate that, if labor was induced, she would probably succumb. Taking the husband into our confidence, the decision we had had arrived at was plainly and distinctly stated; and, with his full consent, I was empowered to speak to the patient herself on the subject. She had sufficient good sense to understand the motive for our appeal to her to give up at once all alco-

holic liquors, and, as it subsequently proved, sufficient moral control over herself to carry out her resolve.

A mixture of bromide of potassium with compound tincture of lavender and aromatic spirit of ammonia was prescribed, to relieve the distressing sinking and craving; and another, with bismuth, nux vomica, morphine, and hydrocyanic acid, to be taken occasionally, to allay the vomiting. The importance of supplying nourishment in the form of nutritive enemata, with or without opium, to allay the irritability of the bowel, until such time as small quantities of jelly, beef-tea, etc., could be retained by the stomach, was insisted on. Under the watchful care of her medical attendant, the treatment indicated was carried out thoroughly, with the result that the vomiting ceased within twenty-four hours, the patient was enabled to retain small quantities of nourishment, and ultimately went to her full time, being safely delivered of a son, both mother and child doing well.

In a letter from the practitioner about six months later, announcing the fact that she was safely over her confinement, he told me that "she proved most sensible and tractable, with a little management, and the secret of her recovery was one glass of Sauterne at lunch and one at dinner, and nothing else in the way of stimulant."

Remarks.—The case illustrates the extreme importance of differentiating the vomiting *in* pregnancy from that *of* pregnancy. My firm conviction is, that had premature labor been induced on the assumption that the vomiting was due to the pregnancy, the patient would inevitably have succumbed. Her general health was such that even the shock of induction would probably have proved fatal, to say nothing of the risks of exhaustion and septicæmia.

Although in this case there was a clear history of the abuse of stimulants, preceding even conception, I think it cannot be too strongly urged that extreme care should at all times be exercised in suggesting champagne, brandy and soda, and such like remedies, with a view of relieving the sickness generally associated with early gestation. In strict moderation, such remedies may be of service in some cases; but I have no hesitation in saying that, speaking generally, they only aggravate the sickness and increase the tendency to gastric disorders. We have yet to learn that there is one constant factor which will explain the vomiting of pregnancy. It may be said this is not a case in point: and yet, if we go carefully into the history of these cases, we shall generally, or at least frequently, find that in a large percentage of them there is something, perfectly apart from the position or even condition of the uterus itself, to explain the vomiting. Each case must be treated on its merits.

Renal Calculus: Nephrolithotomy: Recovery.

Mr. H. C. Phillips reports this case in the *Brit. Med. Jour.*, October 10:

H. H., aged 19, a laborer, was admitted on May 8, 1885; his appearance was anæmic and expression anxious.

About a year before admission, he began to suffer from pain in the left loin, which came on after hard work; he was subject also to headaches and to occasional attacks of vomiting. His urine was often thick and bloody, coffee-colored; this condition was not affected by exercise, as he often passed blood while laid up in bed. He had pain in the region of the left spermatic cord, and also down the inner side of the thigh. Occasionally there had been retraction of the testicle.

Dr. Rice, of Derby, who had the man under supervision and treatment for some time previously, had formed the opinion that there was a stone in the kidney, and he advised him to submit himself to nephrolithotomy, as all other treatment had proved unavailing.

On admission into hospital, nothing abnormal could be made out by palpation in the region of the left kidney. On making firm pressure upon the kidney itself, there appeared to be no unusual tenderness, and the manipulation was not followed by hæmaturia. The pain in the groin continued acute, even though the man was kept in bed; pains were constantly complained of in the left genito-crural region. The urine was of a pale straw-color, acid, and the specific gravity was 1015; it contained neither pus nor albumen. A sound introduced into the bladder gave a negative result.

Operation.—On May 15, he was brought into the theatre. Ether having been administered, he was turned on to his right side, and the left loin was washed with a solution of corrosive sublimate (1 in 1000.) The surgeon standing behind the patient, an incision about four inches long was made parallel to the last rib, and about two fingers' breadth below it, the hinder limit of the incision being over the outer border of the erector spinæ. The anterior fibres of the latissimus dorsi and the posterior ones of the external oblique were divided, the internal oblique and the transversalis were incised, and the transversalis fascia was cut through. The anterior trunk of the last dorsal nerve was recognized. Loose connective tissue and fat were scratched through with a steel director, and the kidney was reached. At once the left index-finger was curled round to the front of it, and by making firm pressure backwards, a stone was felt in the pelvis. Without removing the finger, the posterior part of the pelvis was scratched through with the director, and, with the help of a pair of ring dressing-forceps, the stone was extracted. The bleeding was insignificant. The wound was syringed out with the mercuric solution, and a full-size drainage-tube was introduced down to the level of the rent of the pelvis, and deep sutures closed the chief part of the surface-wound, which was then dressed with a large pad of wood-wool.

With the exception of the track of the drainage-tube, the wound healed entirely by first intention. The tube was made gradually smaller, the washings and dressings being continued daily, as on the occasion of the operation. For a few days there was a little blood in the urine, and from time to time urine issued through the drainage-tube. From the day of the operation, the man became free from pain. At first, he was kept well under the influence of morphine; and later on he was prescribed tincture of iron, and with manifest advantage. He grew fat and well-looking, and some color appeared in his cheeks. He was sent home convalescent on July 30.

Temperatare.—The day after the operation, the temperature was 101.2° Fahr., but after that day it did not again reach 100° until June 22, when for some reason it went up to 102.4° Fahr. There was some tenderness about the site of the small drainage-tube (which was still worn), but, after the application of some leeches, the chart was again normal.

The calculus, which was about the size and shape of the "ace of hearts," was irregularly studded with short spines. It weighed forty-eight grains.

Dr. Rice reports, under date September 29, that the man is quite well, that the sinus has completely healed, that he has grown fat, is free from pain, and has gone to work.

Treatment of Cholera by Hypodermoclysis and Enteroclysis.

The *Lancet*, October 3, says:

Literally translating Prof. Cantani's words: "The practical results of enteroclysis in cholera were even more splendid than those of hypodermoclysis." The former method consists in repeatedly injecting large quantities (from one to two quarts) of astringent solutions, usually of tannin, into the lower bowel, with sufficient force to overcome the ileo-cæcal valve and irrigate the small intestine. The solution varies in strength from 1 per cent. to two grammes of tannic acid to the pint of water, at a temperature of 39° to 40° C. The author is a firm believer in the comma bacillus. It is to be regretted that, with the large opportunities for clinical study supplied by the terrible epidemic of cholera at Naples in 1884, Prof. Cantani's statistics are not larger and more exact. He is fully conscious of these imperfections, and pleads in extenuation that his request for separate hospital wards was not acceded to. The Italian authorities have now to cope with another epidemic of cholera in Sicily; and it will be interesting te know what judgment Cantani's countrymen pronounce on abortive and physico-chemical treatment of cholera, by copious tannin injections per rectum and warm saline hypodermoclysis. The *rationale* of these therapeutic methods, according to the author, may be deduced from a study of the causes of death by cholera. The disease, he considers, has two marked stages —the first of infection, the second of intoxication. He adds that in the fatal progress of the disease the most striking fact is the slowing, and final arrest, of the circulation, by progressive paralysis of the heart. One of the most obvious causes of the slowing of the circulation is, in ordinary cases, the progressive thickening of the blood, in consequence of the great losses of water by diarrhœa and vomit. This thickening of the blood disturbs the nutrition of the whole organism; new food is not taken up; excrementitial products are retained; nervous excitability and cardiac contractility are impaired. At the commencement, the heart struggles, by more frequent contractions, to overcome the obstacle; but eventually it fails, and the blood stagnates at the periphery, causing cyanosis and fall of temperature. The stasis increases from the periphery to the centre, and the block finally results in stoppage of the heart. Against this cause of fatal cardiac paralysis, the Neapolitan professor considers the only rational resource is the restoration to the blood of the lost water; and, as the best and safest plan to fulfil that indication, he advocates warm saline alkaline hypodermoclysis. He attaches great importance to the development of ptomaines in the intestinal tract, and considers that the poisonous process is efficiently checked by copious injection into the intestine of astringent and antiseptic solutions. This theory is elaborated in the memoir published in *Il Morgagni* with much erudition; but, for the present, judgment must be suspended. *Observationes perpendendæ non numerandæ* was the motto of the great pathologist after whom the periodical is named, in which Prof. Cantani's memoir is published. The first consideration is undoubtedly that the individual cases should be thoroughly investigated; but, in a disease which attacks so many individuals as Asiatic cholera does during an epidemic, opportunities abound for numerous, as well as accurate, observations. A study of the pathological and therapeutic questions involved, by the analytical and numerical methods combined (*observationes perpendendæ et numerandæ*), could not fail to be productive of results of the highest scientific interest and practical importance.

Hydronephrosis and Pyonephritis.

Before the Brighton and Sussex Medico-Chirurgical Society, October 1, 1885, Dr. J. H. Ross read notes of a case of hydronephrosis of the right kidney and pyonephritis of the left, occurring in a man aged twenty-nine, of delicate constitution. He applied for advice in November, 1881, complaining of hourly calls to urinate day and night; there was tenderness over the bladder, no pain in the back or rise of temperature. There was pus in the urine; no stone in the bladder. Warm baths and morphine-suppositories were prescribed, but the latter were not tolerated. Under general treatment, his health improved, but pus remained always in the urine.

In June, 1885, he went to sleep on grass in a cold wind, and got rigors the same evening, with pyrexia. On examination, a tumor could be detected in the right hypochondrium, about the size and shape of a cocoa-nut, soft and fluctuating. It seemed to come from behind the liver. Its exact relation with that organ could not be made out, but a distended gall-bladder seemed a possible diagnosis. From this time, the temperature continued febrile, and rigors occurred about every twenty-four hours. The tumor increased till it occupied the whole of the right side of the abdomen, sometimes being more tense than others.

On August 12, after consultation with Dr. Rutter and Mr. Couling, the tumor was aspirated, and forty-two ounces of apparently normal urine drawn off, acid in reaction, and of specific gravity 1006. The patient slept better that night than for many months, and passed no urine, nor felt need for doing so; but he passed a quantity of purulent fluid, tinged with blood, at one evacuation from the bladder. Next morning, the cyst was as large and tense as before the operation; there was no tenderness over the left kidney. From this time, he passed much pus, mixed with urine. Vomiting set in, and he died on August 19.

Post-mortem.—The large sac on the right was crossed by the transverse colon. It was full of fluid, as above described, and contained upwards of thirty calculi; one, of trefoil-shape, weighed fifty grains, and was suspended in the ureter; they were of oxalate of lime, coated with phosphates. The sac seemed only a membrane, with a little renal substance in its upper part. The left kidney was enlarged to three times its normal size, and contained much creamy pus, and was broken down in parts. There was no stone in it, or in the ureters or bladder, the mucous coats of which were thickened.

Dr. Ross considered it probable that the calculus of the right kidney had existed several years, but the main trouble was in the left, when chronic scrofulous inflammation had been led to take an acute form by the chill in June. The explanation of no urine passing for twenty-four hours was probably that the cyst had to be filled before any passed into the bladder, and the stone blocked the passage. The absence of lumbar pain and of uræmia was remarkable.

Dr. Uhthoff thought that aspiration had rather hastened the fatal termination by interfering with the one kidney which was working.

Mr. Verrall suggested that draining the sac might have been advantageous.

Case of an Octogenarian upon Whom Herniotomy was Twice Successfully Performed.

Dr. Thomas F. Chavasse thus writes in the *Lancet*, October 24:

The recuperative powers possessed by some persons advanced in years is exemplified by the following case:

Ann S., aged eighty-two, a widow and washerwoman, was admitted into the General Hospital, Birmingham, on August 17, 1884, suffering from left strangulated femoral hernia. In the previous April she had been operated upon by my colleague, Mr. Pemberton, for a similar condition, and after a sojourn of eight weeks, left the hospital wearing a truss. From that time up to the morning of the day of her second admission, the woman had felt no inconvenience. The hernia then came down while straining at stool, and could not be returned by her own or her neighbors' efforts. At midday vomiting commenced, and at five o'clock in the afternoon she was brought to the hospital. Two hours later I found that the hernia was tense, irreducible, and devoid of impulse; the vomiting was constant but not fæcal. Herniotomy was performed under chloroform, the skin incision being made a little internal to the old cicatrix. The sac was remarkably thin, and the intestine that presented itself was absolutely black. A very tight constriction existed at Gimbernat's ligament; this was divided, and at the same time I also nicked Poupart's ligament. Reduction could then be readily effected. Being very doubtful of the advisability of returning into the abdominal cavity a portion of gut so very black, I decided to place it just inside the ring, and to insert a large drainage-tube; this was done and the parts well washed with warm corrosive sublimate lotion (1 to 2000). The operation was performed on the bed in which the patient lay, and she was well wrapped up in blankets during its performance.

August 18th. The patient vomited three times during the night, but the ejecta were not stercoraceous. The wound was dressed and the tube shortened. A grain of opium was administered occasionally, as a good deal of abdominal pain was complained of. The highest temperature and pulse records took place in the evening, viz., 105° and 98.

19th. Flatus was passed for the first time since the operation, and the drainage-tube was removed altogether.

21st. The bowels were opened of their own accord, and the external wound was nearly healed.

September 1st. Patient able to get up, wearing an opposite-sided truss.

A year after the operation the woman presented herself for examination at my out-patient room, owing to the truss needing repairs. It was then found that the hernial protrusion was the size of a clenched fist, that it was readily reducible, and gave rise to no inconvenience when kept back by a truss. The patient obtains her livelihood as a charwoman, and wishes that she was younger, in order that she could do more work and get more money.

The Treatment of Chorea.

To the Harveian Society of London (October 15), Dr. W. B. Cheadle, after referring to the failure of innumerable specifics, and to the skepticism too widely engendered therefrom, declared his own belief in the value of medicinal treatment. Speaking from the careful notes of 160 cases observed during a period of eight years, he stated that the average duration of the disease, under treatment, had been five weeks (the extremes being ten weeks and four days); whereas cases without treatment might extend from eleven to fifty-two weeks, or indefinitely. The author had tried various methods, including rest and expectancy, with results sometimes beneficial, but never completely successful. In arsenic, he had at last found an agent which did succeed. Todd, as long as forty years ago, had recognized its power; so had Babington and Begbie; but dread of the poison had checked their use of the remedy. Dr. Cheadle proceeded to narrate some striking cases of rapid improvement under the influence of ordinary doses of liquor arsenicalis, with small doses of tincture of perchloride of iron. A comparison of long series of cases treated without arsenic and with arsenic respectively, gave for the former an average duration of forty days, for the latter, twenty-nine days; and this difference was increased when the last fifty-eight cases were compared with fifty-eight consecutive cases in the former series, the average duration under arsenic being only twenty-four days. Arsenic was in every case well borne, excepting a remarkable result repeatedly observed by the author, but not hitherto described by others; namely, a bronzing of the skin analogous to that observed in Addison's disease. The staining was most marked in the flexures, did not affect the face, and ultimately disappeared. In one case, however, it had become permanent, but would probably vanish in time. The pigment deposited was not metallic, as in discoloration by silver, but resembled the pigmentation due to chronic congestion. In conclu-

sion, whilst advocating arsenic in chorea, the author did not wish to depreciate the value of other therapeutic agents, which should be employed concurrently.

Congenital Dislocation and Fracture of the Atlas.

After relating two cases in the *Lancet* (October 24), Dr. William Allen thus summarizes:

1. The injury may be suspected to be present if an exaggerated degree of extension of the head is permitted (as in Guérin's case, and in my two infant specimens); and more especially if forcible extension of the head, or pressure on it from above, induces a species of epileptic fits (as in Kussmaul's case, and also in McVail's).

2. Probably the fits are due to pressure on the cord at the level of the juncture of the head and spine. At any rate, examination of dissected specimens shows that when the condition of the parts permits the head to be bent backwards on the spine more than normally, the osseous and ligamentous structures produce a "dimpling in" of the meninges behind, sufficient to produce considerable narrowing of the canal at this level.

3. Anatomical defect of the atlas, or slenderness of its posterior arch, predisposes to the injury.

4. The fracture-dislocation is produced by the posteriorly diverging occipital condyles being driven wedge-like between the atlantal lateral masses. This wedge-like action of the combined condyles stretches out the long axis of the oval ring of the atlas, and tends to produce rupture between its lateral halves; but the transverse ligament keeps the strain off the anterior arch, so that only the posterior arch gives way (constituting the fracture), and then the wedge-like action of the condyles, continuing, forces the back ends of the lateral masses outwards from between the occiput and the axis. Thus the production of dislocation closely follows the fracturing of the arch.

5. At birth the injury is most liable to be produced. Uterine contractions acting during parturition on an extended head (as in face presentations) presents mechanical arrangements from which such a result is highly probable.

Hydrops Vesicæ Felleæ; Pyloric Obstruction; Aspiration of Gall-Bladder; Relief of Symptoms.

Dr. J. M. Clarke thus writes in the *Lancet*, October 3:

Mrs. B., an old lady of healthy habit of body, aged 67, a moderate drinker of alcoholic stimulants, with a history of cancer in the family, developed symptoms of jaundice, accompanied by enlargement of the liver, the latter being of a somewhat nodulated character, situated in the region of the lower hepatic border. This fact, together with the history of the case, the resistance of the icterus to treatment by saline purgatives, podophyllum, calomel, and blue pill, led to the surmise that (considering the age of the patient) we had to deal with a tumor or tumors of a cancerous nature; and in the absence of symptoms, after the jaundice had persisted for three to four months, treatment consisted simply in keeping the bowels open by means of saline purgatives. About this time a pyriform new growth of a fluctuant character was noticed in the region of the gall-bladder, and projecting below the lower border of the liver. This increased slowly, but perceptibly, until it attained the size of a goose's egg, when symptoms of pyloric obstruction with vomiting were added to the patient's troubles. The diagnosis of the secondary tumor was hydrops vesicæ felleæ, caused by occlusion of the common bile-duct by pressure of the primary new growth; and on this diagnosis a preliminary investigation was made by a puncture with a hypodermic syringe, and the tumor was found to be of a fluid character, and this fluid to answer to the chemical reactions for bile-acids and pigments. On aspiration, about fourteen ounces of a yellow, tenacious, translucent fluid were withdrawn, and the symptoms of pyloric obstruction disappeared, as did also the vomiting. The lady some little time after this died from biliary toxæmia; but as the friends objected to an autopsy, no verification of the diagnosis of carcinoma hepatis could be made.

Modified Form of Typhoid Fever.

After describing an epidemic of a modified form of typhoid fever that occurred in Victoria, B. C., Dr. G. L. Milne thus concludes his article in the *Canadian Practitioner* for October:

1. The peculiar mode of attack in this epidemic, the temperature being the highest on the second or third day of fever, and beginning to decline about the tenth day, with mild enteric symptoms and low mortality.

2. Although the sanitary condition of the city was unfavorable, the typhoid poison did not seem to cause a virulent form of typhoid fever.

3. The epidemic referred to was similar to the continued malaria of some writers who live in malarial districts; but as for this city and district, the presence of malaria must be dispelled.

4. That the so-called typho-malarial and continued malarial fevers are misnomers, as in the presence of the typhoid poison malaria ceases to exist, and the continued malaria of some writers are no doubt cases of modified typhoid fever, as quinia, even in large doses, has no control over the fever, nor does it seem to check its progress.

5. That epidemics of modified typhoid fever occur in all parts of the continent—the Atlantic coast and Middle States—where malaria exists, and also on the Pacific coast where malaria is unknown. Taking the subject in a topographical and geographical point of view, the study of typhoid fever in a modified form is of the utmost importance, especially as to treatment.

6. That the treatment of all continued fevers should be conducted as if true typhoid existed, no matter how modified the symptoms may appear. The death-rate under these circumstances would be very much reduced.

—A medical man in England recently objected to taking the judicial oath in the ordinary form, to wit, by kissing the Testament, on the score of uncleanliness and risk of infection. The judge refused to entertain this as a "conscientious objection" within the meaning of the act. The witness at length complied under protest.

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CURE OF CARBUNCLE WITHOUT THE KNIFE.

A deep incision, early made, has heretofore been considered the safest procedure in cases of carbuncle. Bulkley (*Deutsch Am. Apoth. Zeit.*, October 1, 1885,) discards the knife, as well as all hot applications. He recommends to cover the carbuncle with a piece of patent lint, which must remain on the skin all the time, and upon whose woolly side the following ergotin ointment should be spread:

℞.	Extract ergotæ,	℥	ij.
	Zinci oxid.,	℥	j.
	Unguent simpl.,	ad. ℥	j. M.

Should, on account of the heat of the inflamed parts, this salve prove too thin, not solid enough, a little white wax or Hebra's ointment may be added to it. Whenever necessary, the lint with the salve has to be removed, care being taken not to expose the carbuncle the least to the action of the air. Attention is to be paid to a nourishing diet and to rest of the part. Stimulants are to be discarded, but internally B. recommends laxatives and narcotics as needed; sulphur-calcium, one-sixth to one-fourth of a grain every two hours; and a mixture of magnesia, iron, and diluted sulphuric acid, to be administered three times daily, immediately after meals.

This treatment is said to shorten greatly the course of the disease, to do away with nearly all pain, and to leave behind but a very small cicatrix, besides making all surgical interference and rest in bed superfluous.

For years we have been in the habit of treating carbuncle in a different manner, which, however, has invariably given us the best results, it being applicable only to recent cases, *i. e.*, such as come early under the observation of the physician.

As soon as the initial induration announces the beginning formation of a carbuncle, from two to ten European leeches (their number depending upon the size of the carbuncle, the intensity of the inflammation, and the age and general condition of the patient,) are at once applied to the indurated and reddened skin. Should it be impossible to procure leeches in time, then the antiphlogistic touch is thoroughly practiced—by which

is meant scarifying the parts with the point of a sharp and thin blade. Immediately after, the tincture of iodine is liberally applied every three or four hours, and the part covered with absorbent cotton. Frequently the formation of pus is thus totally avoided, or should it nevertheless occur, limited to a very small quantity. As soon as the symptoms indicate the threatening presence of pus, one small but deep incision is made, and poultices, sprinkled over with Goulard's extract, then take the place of the dry cotton. As soon as the pus appears upon the surface, a two per cent. solution of carbolic acid and water is injected every five hours into the opening, and unguent. zinci benzoatis, also containing two grains of carbolic acid to every one hundred grains of salve (or about nine to ten grains to the ounce), applied locally.

Under this treatment the carbuncle either disappears by the fifth or sixth day, or if pus forms, by the ninth or tenth day, without having given rise to any great constitutional disturbance. Internal tonic treatment is resorted to only if the debility of the patient should indicate its employment.

ACCIDENTS DURING COITION.

Dr. Zeiss, of Erfurth, in the *Gynäkol Centralblatt*, No. 8, p. 113, 1885, reports as follows:

The first case was a dangerous hemorrhage after rupture of the hymen. There occurred on the first night after the wedding, and in consequence of connection with her husband, hemorrhage from the genitalia. This could not be stopped by means of ablutions and cold applications.

When the author was called, on the afternoon of the next day, he found the hemorrhage still continuing; the patient had fainted away, pulse almost absent, cold sweat covered the whole body. The patient was literally white as a sheet, and all was covered with blood. Clots of blood lay between the thighs, which it was found necessary first to remove before the author could make a digital examination. He found the hymen perforated, and the vagina and uterus in a virgin state. The hymen showed two tears; of these, the deeper was the source of the hemorrhage. From the ruptured vessels, which were easily observed, the blood flowed in a slow, but regular manner. As digital compression on the bones did not permanently stop the hemorrhage, a suture was applied. The patient improved slowly under the strengthening remedies which were used. On the third day the suture was removed, and no trouble followed. The hemorrhagic tendency was not present in the patient, and in her entire family there was no bleeder.

The second case was one in which occurred a rupture of the vaginal vault. The patient was a strongly-built married woman, æt. 25, who three years before had given birth to her first child, which was a normal labor. Six weeks previously she had been delivered by means of the forceps, but with no great trouble, and no notable hemorrhage. The course of the puerperal period was normal, and the patient already on the ninth day left her bed and attended to her household duties. About this time connection took place, which was done à la vache (after the manner of cattle). The woman suddenly complained of a terrible pain, and a strong stream of blood poured out from the genitals. A physician was called, on whose recommendation cold and disinfecting injections were made, which checked the hemorrhage. On the next morning the author found a fresh tear in the vault of the vagina $1\frac{3}{5}$ inches in length. Iodoform was applied, and the vagina was plugged with iodoform gauze. Recovery followed without reaction, from the start.

THE CLUB SYSTEM OF MEDICAL ATTENDANCE.

The statement is made in an exchange that a club of 4800 members, in Berlin, recently advertised for six medical officers to attend them at a salary of $375 per annum each. This would make the contribution from each member of the club about seventy-five cents a year for medical attendance. More than four hundred doctors applied for the places.

Such facts as these speak loudly of the peculiar difficulties which environ the young aspirant in

the medical profession, both in Germany and elsewhere. In that country the number of practitioners is less in proportion to the whole population than with us, and therefore the competition is to that degree less active; but that it is active enough, will appear indubitable from the incident related.

The plan of club treatment is, we believe, open to serious objections, particularly when it is let out to the lowest bidder. The man whose time and skill are offered notably below that of his associates in the same trade or profession, is sure to be one who gauges his own ability at its proper value—as worth less than that of others.

In this country, the club system is not so popular as in Europe or Great Britain, and if ever introduced to any great extent, the choice of medical attendants should be by selection, and a fair remuneration should be tendered. In no other way will the plan prove satisfactory to those who place their own lives and those of their wives and children in the hands of the practitioner.

CYCLIC ALBUMINURIA.

It is of the utmost importance that we should all be thoroughly familiar with the fact that albumen in the urine does not invariably mean "Bright's disease." We have already referred to this subject on more than one occasion, but we deem the subject of sufficient importance to warrant still further comment, that we may the more forcibly impress this all-important truth upon the minds of our readers.

We have recorded the opinions of observers that albumen is not infrequently present in the urine of persons who are, to all intents and purposes, perfectly healthy, and who have no vestige of kidney disease.

Dr. F. W. Pavy calls attention again to this subject in an admirable paper in the *Brit. Med. Jour.*, October 24, 1885, and he denominates the condition *cyclic albuminuria*. In the early morning, the urine is free from albumen; albumen then shows itself, it may be at 9, 10, or 11 a. m., or not till the early part of the afternoon. After reaching its maximum it declines, and often by the evening has disappeared. It is rare to find that it has not disappeared by bed-time. The period of diurnal appearance is, without too closely limiting it, pretty uniform for each case; some days the amount may be observed to fall, and then rise again; also there may be considerable variation in the amount of albumen observed upon different days. The condition noticed may go on, not only for weeks and months, but even for years. It is not accompanied by any impairment of health, and there are none of the ordinary constitutional indications of the existence of Bright's disease present.

As to the causation of this condition it is not of any practical use for us to inquire, since it possesses no pathological significance. Taken in connection with microscopical and general symptoms, albumen is a sign of Bright's disease, but taken singly it is of no import. The extreme value of this distinction cannot be overestimated in its bearing upon the diagnosis of this most terrible disease, and we are pleased to note that in commenting upon Dr. Pavy's paper, Dr. J. Milner Fothergill said that every medical man possessed of common sense would be glad to hear any man who was willing to lay the axe to the root of that demoralizing superstition, that albuminuria necessarily involved disease of the kidneys.

NOTES AND COMMENTS.

Effect of Lightning on a Paralyzed Woman.

Dr. Kunze, of Halle, reports the case of Mrs. Winter, a farmer's wife at Laarch, 48 years old, strong, robust, of lively temperament, who has borne twelve children. Hitherto always healthy, she was, early in May, attacked with phlebitis in the right leg. By the 20th of the same month, Mrs. W. had so far recovered as to be able, with an elastic bandage around her leg, to fulfill her domestic duties. On the 24th, while at dinner, she was seized with an apoplectic fit, with loss of speech and paralysis of the right side of the face, the right arm and leg. When the doctor came, she complained of pains in her head, her face was strongly flushed, and the whole right side of the body was paralyzed. The

only words she could distinctly pronounce were, "Ja, nein, du."

Up to the 8th of June no improvement had taken place in speaking, and the right arm could only be lifted with the aid of the left. The right leg showed an improvement, in so far as with the assistance of her son the patient was able to walk, thus passing a few hours of the day on the sofa.

On the 8th of June, at 6 p. m., while the patient was sitting on the sofa in the parlor, a heavy thunder-storm had come up, a flash of lightning entered the house, striking Mrs. W. on the paralyzed side, producing a reddening of the skin and a burning, stinging sensation in the right shoulder and right side. Twenty-four hours later, when the patient had recovered from the terror she had experienced, she could lift her right arm unaided to the height of her head. Besides ja and nein, she was able clearly to pronounce the name of her son Edmund, papa, rheumatismus, and several other words. During the course of the next week the patient improved rapidly, and on the 18th she could go about alone, and raise her arm to its full height. But since the last fortnight the improvement has not been very considerable, and the patient is now being electrified twice a day.

Dr. Parvin's Treatment of Hysteria.

In the course of a discussion on this subject before the Philadelphia County Medical Society (*Polyclinic*), Dr. Parvin said:

"Three things seem to me to be of first importance in the treatment of hysteria. First, a reasonable amount of sympathy for the patient, but by no means an excess of it. If you treat her disorder as trivial, or say she is shamming, she will not trust you. Second, you must have her confidence; and third, secure her implicit obedience. I quite agree with Dr. Wood as to the importance of rousing up or strengthening her will. In the majority of cases of hysteria that have come under my observation, no matter whether it be the essential nature of the disease or not, there has been a marked failure of will power. As to particular means of cure, anything that makes a profound impression upon the moral or upon the physical nature, will in many cases be beneficial. I remember hearing Dr. Garrod, in his lectures at King's College, say that medicines were valuable in the treatment of hysteria directly in proportion to their disagreeable character; the more offensive in odor the better.

"I have had no experience in oöphorectomy as a remedy for hysteria, but I saw two of the cases which have been referred to in the paper, or in the discussion, and I believe the operation was without benefit. Again, the one thing that stands out prominently in the treatment of hysteria is to evoke the power of will. Yet there are cases where the will cannot relieve certain symptoms of the disorder. For example, there may be retention of urine, where the will cannot, but the catheter must, give relief. While giving attention to these minor matters, let the patient be encouraged to help herself in all things, to seek and secure perfect self-control; and during the process of thus educating and strengthening her own will, the will of the medical attendant is a temporary support, a crutch upon which she leans until she can walk alone."

Sugar in Exhaustion.

When a patient dies from exhaustion, from what does he die? is the question asked by Dr. J. Milner Fothergill, in the *Brit. Med. Jour.*, September 5, and he answers it that "Starvation is a slow form of burning up." The patient is hungering to death; he is dying of starvation. Such patients are fed on beef-tea, calves'-foot jelly, alcohol, milk, etc., none of which contain sufficient carbohydrates, which is the article that is called for.

"I do not desire to speak disrespectfully of beef-tea," says Dr. F., "nor yet of the motives of those who carefully prepare it, believing it to be a mighty force. I only maintain that to feed—no, that is not the appropriate word—to give a patient beef-tea as food, is to give him a stone when he asks for bread. What that beef-tea needs is grape-sugar. How can this be added? In all our prepared foods, known generically as "baby food," starch has been converted into the soluble dextrine, or maltose; the one grape-sugar, the other only requiring a touch of saliva to complete its conversion. Add some of this material to the beef-tea, and then food is supplied to the famishing system. Starch that has long been exposed to heat (either by the baking process or the malting process) is converted, more or less completely, into grape-sugar. The saliva of a sick person is enfeebled—but on this matter we have only broad impressions, and more precise information is desirable—and so carbo-hydrates should be provided which do not require insalivation for their solution, being already soluble. Such carbo-hydrates are now to hand, as may be seen in the museum. There are to be seen malt-extracts containing not only soluble carbo-hydrates, but also some soluble albuminoids, and phosphatic salts, ground malt of

like composition, also grape-sugar. The latter is not too sweet to pall upon the palate when added to beef-tea, or other meat-broth."

The Effects of Cocaine on the Stomach.

From an interesting article on cocaine by Dr. J. K. Bauduy (*N. Y. Med. Jour.*, Sept. 26), we take the following:

"After the exhibition of a dose of cocaine to one unaccustomed to it, intense and persistent nausea generally manifests itself. So certainly is this a fact that it is necessary to administer it several hours before a meal is taken; otherwise the anorexia which follows, along with the nausea, will prevent the taking of nourishment. This fact is to be especially remembered in the treatment of melancholia. If this is not remembered, it will, of course, greatly militate against the result to be attained, since systematic feeding holds an important place in the treatment of this condition.

"One of the most striking and, at the same time, interesting effects of cocaine upon this organ, from a therapeutic standpoint, is that *vomiting is not possible*, however intense the nausea may be. This is due either to a paralysis of the gastric motor-nerve supply, which seems to be almost *sui generis*, or to a selective anæsthetic effect. Although the appetite is abolished, there is no interference with the digestion of food taken, in spite of the anorexia.

"From this and analogous cases I concluded that cocaine should be ranked among the most efficient of anti-emetic remedies."

Rupture of Muscle.

Dr. A. Ford thus writes to the *Med. Age*, September 25, 1885:

"On the 7th of July I started to run, ran about two rods, when I heard a snap, and felt something in the calf of my leg give way, and I fell. Got up and fell again, and had to be carried to the house. When I got there, the calf of my leg was very much swollen.

"*Diagnosis.*—The flexor longus digitorum had given way at its origin.

"After about four days the inside of my ankle and foot had become very black from extravasation of blood. The leg was very painful for a time, and for four weeks I hobbled about on crutches, without being able to set my foot on the floor. At the end of five weeks, I threw away my crutches, and to-day (a week later) I can walk quite well, though the leg is somewhat swollen, and it is quite painful.

"Treatment was wholly expectant. I am fifty-five years old, and have been in the habit of running a good deal. Not quite a year ago I was called to see a man, about my own age, who, while attempting to pull off his boots (without a jack), was taken with what he called a cramp in the calf of his leg. I think one of the muscles had given way. He could not walk for weeks, and is somewhat lame yet. I could not tell what muscle it was as well as I could in my own case."

How to Relieve Asthma.

Dr. Q. C. Smith thus writes to *Gaillard's Medical Journal* for August, 1885:

To relieve those desperate paroxysms of asthma that threaten life every moment until relieved, I am accustomed to administer hypodermically the following:

℞. Mur. pilocarpinæ,
Apomorphiæ, āā gr. ½.

The patient will quickly sweat profusely, breathe easier, and obtain sleep within ten minutes.

To establish the work thus begun, proper constitutional treatment should be promptly instituted and perseveringly carried out in every case, for weeks at least.

For many cases the following is a favorite combination with us as a constitutional remedy:

℞. Iodide of sodium, ℥j.
Fl. ext. grindelia robusta,
Tinct. aloes,
Syr. ipecac, āā f℥ij.
Fowler's solution, f℥ss.
Fl. ext. belladonna, gtt. iv.
Syr. lactucarium (Aubergiers), q. s. ft. ℥ij. M.

Ft. sol. S.—Teaspoonful every three hours for one day, then three times a day just after meals, for from three to six weeks.

Of course, complications should be duly looked after, and treated *secundum artem*.

Rheumatic Hyperpyrexia.

Dr. Robert L. Wood very truly says, in the *Kansas City Medical Record* for August, that one of the most formidable, but fortunately one of the rarest, afflictions we can be called to treat, is that peculiar condition of rheumatism in which the temperature rises to the height of from 106° to 110° F., or even higher. After relating the histories of five cases, he concludes by saying that our knowledge of the hyperpyrexia of rheumatism may be summarized as follows:

1. It may occur in any acute or subacute case,

whether complicated or not with cardiac mischief, and at any stage, even when convalescent.

2. No known medicinal treatment is of any avail, every recorded case treated by drugs alone having been fatal.

3. A considerable number of cases have recovered under the use of the cold bath, or cold compresses.

4. In all cases of rheumatism where the temperature goes to 105° or 106°, especially with the slightest delirium or confusion of intellect, the cold bath, or the assiduous application of cold compresses, should be at once resorted to.

Vesical Irritability.

Dr. E. Erich, of the Maryland Woman's Hospital, tells us (*Med. Times*) that many of the patients applying for relief at the out-door department of the hospital complain of vesical irritability, frequency of micturition, with burning pain at the meatus and much straining. In a large proportion of these cases the urine is alkaline and frequently cloudy. These symptoms are usually quickly relieved by the following combination:

℞.	Acidi benzoici,	ʒj.	
	Sodii biboratis,	ʒiss.	
	Aquæ,	fʒvj.	M.

S.—Tablespoonful every three to four hours.

If the trouble does not yield to this medicine, Dover's powder in three-grain doses every two to three hours is frequently found effective.

As a tonic in the anæmic condition so often attendant upon the pelvic troubles of women, the following pill is given:

℞.	Quiniæ sulphat.,	gr. xlviij.	
	Ferri sulphat. exsic.,	gr. xxiv.	
	Strychniæ sulphat.,	gr. i.	M.

Ft. pil. xxiv.

S.—One after each meal.

Treatment of the Nervous Complications of Typhoid Fever.

These complications, that may so worry and exhaust the patient as to give a fatal result to an ordinarily mild case, should be carefully treated. Dr. G. T. McKeough tells us in the *Canada Lancet* for October that the headache and delirium of the first week may be alleviated by cold applications, the menthol point, cutting the hair, or if very distressing, the use of the bromides and chloral hydrate. Insomnia and its resultants—typhomania and coma vigil—may often be prevented by controlling the temperature from the first; but if these symptoms should supervene, alcohol, hydrate of chloral or opium may be required, for a fair amount of sleep must be secured in all cases. Alcohol we use only when failure of heart is threatened or to increase nerve energy, as indicated by tremor or delirium. And in those cases where the surface of the body is pale, the tongue dry and brown, with sordes, alcohol by paralyzing the vaso-motor system in the periphery of the body overcomes this condition, relieves pressure in the internal organs, and does great good thereby. Frequent examinations of the urine and lungs are important, as albuminuria and pneumonia, which sometimes complicate typhoid fever, might be overlooked at their invasion, unless searched for.

Expulsion of the Fœtus in Arm Presentations.

The spontaneous expulsion in this position is sufficiently rare to warrant the reproduction of the case which Dr. Herbert Thompson reports in the *Brit. Med. Jour.*, October 24. He was called to Mrs. N., in labor with her fourth child. The water had broken three days previously. On examination, he was unable to decide the nature of the presentation, but could tell that it was neither head nor nates. On examination again, he found the arm hanging out of the vagina up to the shoulder, with very strong expulsive pains. He tried to introduce his hand to reach the feet, but the expulsive efforts were so great that he was obliged to desist. He sent for chloroform, but the messenger had scarcely left the room when the patient said the child was coming. On looking, he saw to his surprise the nates coming down by the side of the arm. Another expulsive pain, and the legs appeared, the case being now resolved into one of ordinary breech-presentation. The head was easily disengaged, and a dead but in no way decomposed child was born, although the mother maintained that she had gone to her full time. The child was very small, which probably accounted for the ease with which it went through its acrobatic performance.

Gelseminum in Neuralgia.

Dr. Robert Reilly tells us in the *London Medical Times*, September 10, that he had recently under treatment a patient who suffered frequently from severe attacks of facial neuralgia. He prescribed in turn croton chloral, chloride of ammonium, so strongly recommended by the late Sir Thomas Watson, tincture of aconite, also tonga and other such remedies, but without any permanent effect. He remembered, however, having read an interesting and very instructive article in the *Lancet*, by Dr. Spencer Thomson, of Torquay, on the Use

of Gelseminum in Neuralgia, and he immediately ordered his patient ♏xx. of the tincture every two hours. A few doses gave complete relief. The patient was subsequently placed under a course of quinine and iron, and seems now permanently cured. The gelseminum may be combined with bromide of ammonium. He has since treated several others on the same plan, and with equally satisfactory results.

Treatment of a Rebellious Corn.

Dr. R. C. Newton, Assistant Surgeon U. S. A., writes from Fort Elliott, Texas, to the *Med. Record*, November 7, concerning a soldier, thirty-three years of age, who was suffering from a large callosity, caused by a splinter which he had run into the sole of his foot two years ago. The callosity resembled an ordinary corn, but was as large around as a quarter of a dollar, and gave but little pain, except when the man walked about. The corn was vigorously treated by excision, poulticing, scraping, salicylic acid, cannabis indica, collodium, etc., but without avail, for each time that it was removed it grew again with commendable persistency. Anti-syphilitic treatment was also tried without success. Finally Dr. Newton had resort to liquor potassæ, as recommended by Erichsen for callosities, and, after making applications twice a day with this substance, for a period of four months, was rewarded by seeing his patient cured and returned to duty.

New Testicles.

It is of exceedingly great importance to know whether, when a testicle has been removed for disease, it will be reproduced. So far as we know, the weight of clinical evidence is negative; but if we can reason from analogy in the case of the frog, it would seem to be otherwise. Dr. L. Griffini, who reports, in the *Gaz. degli Ospitali*, No. 68, 1885, some experiments on frogs, concludes that a partial reproduction does take place in these animals. This operation is so comparatively rarely performed in man that reliable facts are difficult to procure, but we set forth, as an interesting question for observation, this problem in reproduction. *Have you ever seen it?*

Researches on Yellow Fever.

An English exchange tells us that Dr. Castillo, after vainly endeavoring to find Freire's micro-organism, took two drops of blood from the body of one of his patients who had succumbed to the disease, mixed them with ten drops of distilled water, and injected the mixture under the skin of a rabbit. The contents of the stomach and of the bladder were then used for the same purpose on two other animals. The rabbit injected with the contents of the stomach died after 24 hours. Post-mortem, the liver was found discolored, and the bladder empty; the stomach had partly disappeared, as if the tissue had been dissolved. The lesions presented a striking resemblance to those produced by phosphorus. The walls of the stomach contained a large quantity of uric and phosphoric acid. The other two rabbits did not seem much affected by the operation.

A Peculiar Effect of Morphia.

No two human beings are identical, and medicine is very far from being an exact science, are two very positive truths. With but few exceptions, we know not what to expect when we give a drug to an individual. Various are the phenomena (unexpected) that we constantly meet, but we venture to say that our readers have never seen necrosis of soft tissue produced by morphia. Yet in the *Sentido Cátolico en las Cinc. Med.*, 1885, Dr. Sourville reports a case wherein pills of morphia caused ulcerations of the mucous membranes of the mouth and pharynx. When the drug was stopped they disappeared, and upon its resumption they recurred. Unfortunately, the author fails to tell us what the excipient was, for herein, probably, was to be found the cause of the ulceration.

Painless Removal of an Ingrowing Toe-nail by Use of Cocaine Muriate.

Dr. A. S. Davis writes to the *Med. Age*, September 25, 1885, that on September 1 a boy applied to him to have an ingrowing toe-nail, of four years' growth, removed. He applied muriate of cocaine, four per cent. solution, by means of a camel's-hair brush, for ten minutes, when a removal of the nail was effected without the slightest sensation of pain. He grasped the nail with strong forceps and twisted it off. Ten days after the operation, the wound is completely healed.

Liquor Sodæ Chloratæ in Enteric Fever.

We recently published the statement of Dr. Arthur V. Meigs that no specific treatment would shorten the duration of typhoid fever. That we may have both sides of the question, we note from the *Lancet*, September 19, that Dr. John C. Pearson claims that when the above remedy is

given at the very beginning of the illness, immediately after the chill and before the symptoms are fully developed, it appeared to modify and shorten the disease considerably, the cases lasting only about a fortnight. Niemeyer refers to slight cases, and terms them "abortive." If taken in time, he (Dr. P.) believes every case can be considerably shortened. He uses:

℞. Sodæ chloratæ, ʒiss.
Aquæ, fʒvj.
M. S.—Tablespoonful every three hours.

The Treatment of Frost-bitten Fingers and Toes.

Dr. Lapatin, in the Proceedings of the Caucasian Medical Society, advises that fingers and toes which have been slightly frost-bitten, and which subsequently suffer from burning, itching, and pricking sensations, should be painted, at first once and afterwards twice a day, with a mixture of dilute nitric acid and peppermint water in equal proportions. After this application has been made for three or four days, the skin becomes darkened and the epidermis is shed, healthy skin appearing under it. The cure is effected in from ten to fourteen days. The author has found this plan very effectual amongst soldiers, who were unable to wear their boots in consequence of having had frozen feet. They were, in this way, soon rendered capable of returning to duty.

Cocaine in Hay Fever.

"What will cure hay fever?" said a physician, whom we recently met on the street. "Give it up," we replied; but added that we had recently seen cocaine highly lauded by several authorities. "So have I," he said, "but it doesn't work." Among other contributions to the subject, we note in the *Cincinnati Lancet and Clinic* that Dr. S. C. Ayres, of Cincinnati, concludes that in the early stages of the disease, and in mild cases, it will *prove very grateful* and will control the paroxysms, but in the more severe cases it has no effect.

An Ointment for Bruises.

Dr. M. S. French, of Philadelphia, writes us that he has found the following ointment to act like magic in controlling the pain and inflammation dependent upon severe bruises; its anæsthetic properties are truly wonderful:

℞. Ext. belladonnæ,
Glycerine, ãã equal parts.

—The *Charleston News and Courier* says that there are two peculiar white children in Newberry county. The one will cry for cod-liver oil, and the other will cry for quinine.

CORRESPONDENCE.

Case of a Foreign Body in the Windpipe, with Fatal Results.

Our Berlin correspondent writes as follows:

EDS. MED. AND SURG. REPORTER:—

In the afternoon of October 1, at half past one o'clock, I was hurriedly called to attend the two-and-a-half-years-old child of a school teacher, who was said to have wrongly swallowed something, and was in danger of choking. I found the child in its father's arms, struggling with death; its face was purple, the jaws firmly locked, pulse and breath suspended; in short, the picture of suffocation.

I was informed that the child, who had been perfectly healthy and lively, had been playing after dinner with other children, and had swallowed a bean, which had "gone down the wrong throat."

The case being urgent, and treatment per orem not possible, I ordered a cab to be sent for at once, intending to take the child to the Surgical Clinical Hospital, with a view to tracheotomy. While waiting for the cab, and during the drive to the hospital, I kept up artificial breathing movements, which, probably owing to the altered position of the child's body, and the compression of the thorax, caused so favorable a loosening of the foreign body that the child began to give signs of life, opening its eyes, respiring and crying, and regained consciousness to that extent that, we having in the meantime arrived at the hospital, it was able, obeying the wish of Prof. v. Bergmann, who was present at the time, to show its tongue. With exception of a slight drawing in of the thorax, the breathing was easy, and for the present all danger appeared to be over.

Dr. v. Bergmann, who was considering whether it might not have been a case of compression of the trachea from the œsophagus, related on this occasion how he had once succeeded in saving the life of a man who threatened to die of asphyxia, from compression of the thorax. The man had ejected a piece of veal which had not been swallowed, into his (the doctor's) face.

It was decided that the child remain for a while under observation in the hospital, and by order of Dr. v. Bergmann, it was given a little ol. ricini. For some days I heard nothing more of the case, until on Monday, Nov. 5, in the forenoon towards eleven o'clock, the child's mother came, requesting me to come at once. She informed me that the boy had been discharged from the hospital the evening of the same day on which he had arrived there, as he appeared to be quite out of danger; and indeed the child had since appeared quite well, had slept well, his appetite had been good, only a slight cough had been noticed once in a while, until now, after a more violent fit of coughing, he had been seized in the same way as on the first of the month. His face had turned purple, then he had become unconscious, and now appeared to be dead. The mother had tried by the same manipulations she had observed me undertake to restore the child to life, but unsuccessfully.

To my great regret, I could do nothing this time but certify that the child was really dead,

had been dead for about ten minutes. It was clear that by the child's coughing the bean must have been pushed from its former position, and and had either fallen upon the rima glottidis, or possibly had become impacted lower down, and had caused a closing of the larynx or trachea.

Although circumstances would not permit of a post-mortem examination, there can be no doubt that this was not a case of compression of the trachea from the œsophagus; the entire course of the case and the reiterated declarations of the child's older brothers and sisters, with whom it had been playing, that the child had taken a bean into its mouth and swallowed it, are against this theory.

This case illustrates the advisability of not assuming, in similar cases, all danger as past until there is positive evidence of the removal of the foreign body. In my opinion, the fatal result in this case might have been avoided if the child had not been discharged so soon from the hospital, or, being discharged, had been immediately placed under medical observation, and everything prepared for tracheotomy in the event of the child's showing symptoms of suffocation.

Letter from Berlin.

THE FESTIVAL ANNIVERSARY OF "BERLINER MEDICINISCHE GESELLSCHAFT."

EDS. MED. AND SURG. REPORTER:—

Last week we celebrated a most enjoyable festival, the twenty-fifth anniversary of "Berliner Medicinische Gesellschaft." As early as seven o'clock, the hall was filled with a good-natured audience. They had come from far and near, and eagerly awaited the address by Virchow, who opened the proceedings by bidding a hearty welcome to all assembled; then followed his address. Any one who has heard Virchow speak will have been struck with the logical clearness and precision of his style, the voice perhaps a little monotonous at times. None of this monotony was noticeable on this occasion, however. He spoke with a verve, a fervor, which aroused his audience to enthusiastic applause. His masterly speech should be read and remembered by all colleagues, at home and abroad.

"With to-day's meeting," he began, "we have arrived at a certain period of our existence. Like all festivals of this kind, ours has a two-fold face, one which looks into the past, the other into the future.

"The first thing that strikes us is the many losses which death has caused in our ranks. The number is so great that I cannot mention all the names. Among the number, however, the forms of several stand out prominently, Graefe, Traube, and Wilms. We should be greater, gentleman, had we not lost so many of our best men by death, by their departing abroad, by illness, and other causes. Among these latter, let us remember one, after Graefe's death, for a long time our first president, Langenbeck, who suffering from inflammation of the eyes, expresses his deep regret at being unable to be in our midst this evening.

"Gentlemen, you will permit me to pass over in silence those who thought to preserve their special interests by going their special way.

"The aims of the association and motives which led to its origin, will be more explicitly stated by Prof. Fraenkel. I will simply remark that our present association is a consolidation of the 'Verein für wissenschaftliche Medicin' and the 'Verein Berliner Arzte.' Just twenty-five years ago it was concluded to join their interests and aims. You know, gentlemen, that medicine from the Middle Ages to the present has followed diverse directions. And this is still most noticeable in England at the present day, where surgeon and physician are classed separately. In Germany also they were formerly obliged to pass separate examinations. It is a great improvement that this sundering is no longer in vogue, and that medical men are now educated for all branches.

"Specialism is widespread at the present day, and it would be fruitless to endeavor to uproot it. But I may say, and emphatically say, that all specialists must have a general education, and must have drank from the same common source, and must remain in connection with general medicine.

"It has always been an aim of our association to be a centre of union for all branches of medicine; and, I hope, such will continue to be our aim. [Bravo!]

"Gentlemen, I will remind you that our association has been the means of bringing about the present free position of the physician. We preferred to be independent of the protection of State and government. And all outside members of the medical profession approved of our determination.

"If we wish to maintain this, our present free position, we must maintain our unity, remembering that in our union lies our strength.

"A proof as to the results of disunion is given us by the state of affairs in America. By the American Medical Association's Code of Ethics the meeting of the International Congress in America is made doubtful. Gentlemen, I am pleased to say we need no code of ethics here.

"In our endeavor to be a great corporation we need many things. Among others, it would be most desirable to have our own home. We may take it as a good omen that Dr. Eulenburg has presented 10,000 marks to the association as a beginning toward a building fund. [Bravo!] And I will hope that his good example will be followed by many others." [Laughter and applause.]

Then followed a historical survey of the development of the association, written and delivered by Prof. B. Fraenkel, from which we extract the following: The present association originated from the consolidation of the association for scientific medicine founded in December, 1844, by eighteen "younger physicians" (among others, Traube, A. Mueller, Posner, Koerte), and the Society of "Berliner Arzte," founded in March, 1858. The first-named had a purely scientific tendency; the second aimed at the maintenance and the furthering of collegiality, the preservation of medical dignity and the furthering of theoretical and practical science. Besides those already named, Virchow, Reinhardt, Liman, Leubascher, Holstein, Reinier, Krieger, Riese, Julius Meyer, were members of the first-named society. Graefe, Langenbeck, and Krieger were members of the second.

After numerous attempts had been made to form one out of the two societies, the fusion followed in 1860. The first scientific settling of the new association took place under the presidency of Langenbeck; the statutes agreed upon at that time remain, with slight alterations, in force up to the present day. At the election of officers on November 7, 1860, v. Graefe was chosen first president; Langenbeck, Koerte, vice-presidents; Posner, Liegmand, Schweigger, Garlt, secretaries; Klein, treasurer, and Epstein, librarian. Virchow, who had been president of the Association for Scientific Medicine, had previously declined to accept office in the event of being chosen. V. Graefe remained president until his death; he was succeeded in 1871 by Langenbeck, the present honorary president. Upon Langenbeck's settling in Wiesbaden in 1882, Virchow was given the presidency. Vice-presidents were Koerte (1860-69), Bardeleben (1869-71), Traube (1871-73), Henoch (1873–82), Liegmand (1880–82, 1884–85). The treasurer, Klein, has held his office since his election, twenty-five years ago. [Bravo!]

The association has been exceedingly careful in the bestowal of such honors as are at its disposal, and they are therefore particularly valued. Romberg and v. Langenbeck were honorary members; Langenbeck is honorary president, and Virchow is an honorary member. There have been no foreign honorary members chosen, although the statutes permit of such.

During the first twenty years there were 24 meetings annually; during the last five years there have been annually 32 to 36. More than one thousand lectures, with and without illustrations, have been given. Reports were first published in the *Deutsche Klinic*, and in the *Central Zeitung*. In 1865–66 the reports were published in an independent journal, edited by a special committee; in 1867, the contract with the *Klinische Wochenschrift* was entered upon, which still remains in force, according to which the reports of the meetings of the association are immediately published. To one of the secretaries is assigned the labor of compiling these reports in one volume. At present there are twenty-five of such volumes.

The association boasts of a library at present containing 3,200 works, beside the dissertations and a reading room. After the business of the sittings is finished, the members gather in social enjoyment. The association has very strongly interested itself in the preservation of the interests of the medical callings, and its activity in this respect is best known by its petition with regard to the statutory law for trades, the suggestion of said petition resulting in the present laws regarding the medical profession.

During the last five years special societies, branches of the German United Physicians, have been formed in Berlin. These having the consideration and discussion of social questions principally in view, the association is relieved of these questions; and therefore in 1880, when the new organizations were in good working order, the association retired from the German United Physicians, reserving the right, however, of putting in its word on important occasions.

The association is constantly growing, in spite of its having lost many members by death and other results. During the first ten years of its existence, the association had only increased from 204 members to 300. Six years later it numbered 400, seven years later 500, and at present 580 members. Never before did the association flourish as during the last three years, and never before did it number so large a percentage of Berlin physicians as at present. And if it is a fact that success is a result of energetic and persevering work, the officers of the association deserve full praise. The honorable past of the association makes us hope and believe in its glorious future. The *Berliner Medicinische Gesellschaft*, vivat, rescat, floreat.

Prof. Fraenkel was followed by several scientific publications by Professors Bergmann, Gerhardt, and Liebreich.

The festival will long be remembered by all present. With fresh hope we will begin a new period of earnest labor, trusting that our endeavors may be as fully rewarded in the future as they have been in the past. L. C.

Berlin 1, 11, 1885.

News and Miscellany.

Against the Wet-nurses.

Dr. Samuel S. Adams, of Washington, argues in the *Archives of Pedriatics* strongly against the current medical opinion that a wet-nurse is the best substitute for a mother in bringing up a child.

He speaks of the low moral tone of most of the women obtainable, who, at best, seek such a position in order to make money, abandoning for that purpose their own children. In case of twins, the supply of milk afforded is insufficient, and a constant excitation of the breasts, while perhaps increasing the secretion, diminishes its quality. The difficulty of being sure of the physical health of the woman is referred to, and the temptation to an easy fraud in passing off when examined by the physician, a healthy borrowed child for her own sickly one, as evidence that the milk is of good nutritive quality. The writer continues: "She (the nurse) must be temperate, of gentle disposition, neat, and cheerful; so she may be when she is nursing the foster-child if some one is watching; but once out of sight, how are we to know what vices she may not indulge? She must be of a loving disposition. If she have such a disposition, is it not reasonable to suppose that her own child will be her first care? If she do not love her own, she may, and probably will, tuck it snugly away in a basket on somebody's doorstep, or put it in a foundling asylum. If she does this with her own, how can we expect her to be gentle, kind, and loving with another's?

"Supposing, however, that we could control her moral nature and habits, is it not more probable that her sufferings will be very great? She may not live near the foster child, and in that case, must undergo the fatigues of paying frequent visits to each infant. It is not reasonable to expect that such a woman will allow her own offspring to suffer, and consequently it is more than likely to get the lion's share of milk, while the foster-child is permitted to suffer and become

puny and sickly. If she is carefully guarded, and the foster-child gets its full supply, rest assured the little one at home spends sleepless nights, and pines and sickens. Does not this naturally produce anxiety of mind and loss of rest, and impair the nutrient value of her milk?

"It may be claimed that my objections do not hold with regard to a woman who has lost her own child. This may, in a measure, be true; but even in these cases, there remains the uncertainty as to antecedents, and many of the other objections heretofore mentioned, and these impel me to the selection of cow's milk as the best substitute for the mother's, and as offering the surest guarantee against transmissible vices of constitution and the many unknown and unknowable dangers of wet-nursing, even in its best form.

"We are told that a wet-nurse's diet should not be changed; that if she has been accustomed to coarse food, a change to rich and highly-seasoned diet will disturb digestion and thereby render her milk harmful. It is difficult, if not impracticable, to keep a close watch over her diet, and every one knows how great is the temptation to indulge in rich and highly-seasoned food on the part of those who are accustomed only to the commoner and coarser varieties."

Habits and Diseases of the Aborigines of South Formosa.

The *Lancet*, October 10, says that in some notes on the aborigines of South Formosa by Dr. W. W. Myers, published in the medical reports of the Chinese Customs Department, we read that amongst the Amis, an aboriginal tribe, in parturition the women sit down, and those confined with a first child or in difficult cases have the assistance of other women. In subsequent labors they generally do all that is necessary themselves. Cases of severe labor or dying in childbirth are rare. The umbilical cord is severed with a sharp bamboo and tied. The child when born is immediately thrown into a tub of cold water, and then taken out and wiped dry. This is continued daily for about a fortnight; afterwards it is taken every morning to the nearest river or sea-beach by its father, thrown into the water, and allowed to struggle for some time. This treatment is pursued both in summer and winter, until the child is able to walk into the water itself. They say children can swim a long time before they can walk. A woman does no work and does not return to cohabitation till two months after childbirth. At Pilam syphilis is called "ba-longgong," and is supposed to be communicated in the first instance by an evil spirit or incubus. At South Cape syphilis is rare, has no name, and no information as to its source can be obtained. When an Ami woman wishes to express scorn and contempt, she expresses her sentiments by uncovering her person. Small-pox in latter years has been very prevalent among the Amis, and when a village is infected, all the people fly to the mountains. Many Chinese impostors go among them professing to vaccinate, and the Chinese Government have sent some people to perform inoculation. The savages say that small-pox was introduced by the Japanese on the occasion of their last landing, and before that date it was not known in the south of Formosa. These people never smoke opium; they drink cold water freely, and bathe in cold water summer and winter. Both men and women go about in their own villages in warm weather quite naked. The neighboring Paiwan tribe is said to have sprung from a rock, which opened, and two beings, male and female, burst out. They are strict monogamists, and very virtuous, women holding an honored place in their councils. Small-pox makes great ravages among them; and arrack, the art of making which has been taught them by the Chinese, is fast debasing them.

Disinfection of Cattle-Cars.

Dr. P. Redard, Physician-in-Chief of the State Railroads of France, has recently published the results of some experiments made by him to determine the true value of certain means of disinfection which are used in Europe to purify cars which have been used for the transportation of cattle. In France and several other countries, the car is roughly cleansed and then washed with solutions of carbolic acid or chloride of zinc. In Germany, Austria, and Russia, on some lines chemical disinfectants have been abandoned, and jets of steam used instead. The experiments of Dr. Redard show that solutions of carbolic acid or of chloride or sulphate of zinc must be much stronger, and remain a much longer time in contact with the substances to be disinfected, than can be the case in using these fluids in cattle-cars. In almost every experiment with these substances, the contagious properties of the virus of glanders, of anthrax, and of chicken cholera were not destroyed, and in every experiment with sulphurous acid gas it was found to be useless. No trials seem to have been made of the powers of a solution of bichloride of mercury, and the conclusion of Dr. Redard, that "the method of disinfecting cars by chemical substances is absolutely useless," seems premature; but there is no doubt that, as heretofore practiced, it is of very little use. His experiments with the steam-jet gave the same results. The temperature of the jet used was from 80° to 90° C., and this did not destroy the vitality of the virus of chicken cholera, anthrax, septicæmia, or glanders. He then proceeded to try the effects of superheated steam at a temperature of 220° F., and found that, with one exception, this destroyed all the contagion referred to above. The superheating was effected in a small coil of iron pipe through which steam from the locomotive was passed, heat being applied externally. Dr. Redard concludes by recommending the use of this superheated steam process for disinfecting cattle-cars, and the abandonment of the processes heretofore employed.

An Easy Way to Repair the Packing of a Hypodermic Syringe.

Dr. Charles B. Lanneau thus writes in the *New Orleans Med. and Surg. Jour.*:

To the country practitioner especially, who may have a syringe which works badly, the following method may prove of some value:

Take a thick piece of chamois leather (buckskin), stretch and tack it down on a smooth piece of board; smear it over with mucilage (working it in well with the finger), allow it to

dry and harden thoroughly. Then cut out discs the size of the calibre of the syringe, in sufficient numbers to fill up the end of the piston rod, having first pierced small holes for it to pass through. Screw on the top firmly and replace the rod in the barrel. Washers of the same material may be placed at either end of the glass cylinder. Finally, screw the cap of the syringe into its proper position. When the packing becomes moistened, it swells greatly, causing it to fit tightly, and the instrument will not "back water." I have had several times to fix my own syringe in this way, as there is no instrument-maker here. For those who live remote from a city this procedure may save the sending of perhaps an only syringe a long distance for repairs. But it is well to keep several syringes on hand to be used in case of emergency. When the discs are all placed on the piston, they may be smoothed with fine sandpaper, for the roll which they form will be as hard as a piece of wood—like sponge similarly treated in the making of a sponge-tent.

I expect physicians will bear me out in the assertion, that few things tax our *patients and patience* more than to have a syringe shoot out at both ends simultaneously, when one endeavors to administer a hypodermic injection.

The Treatment of Obesity.

An English exchange says: Starvation, semi-starvation, surcharging, "banting," alkalies, purgatives, Turkish baths, exercise, and the thousand and one ways of reducing corpulency to respectable dimensions, still leave a large section of our stout population in despair. M. Germain Sée comes to the rescue and solves (?) the difficulty with his accustomed dash and skill. "Oh, ye massive fat ones desiring to be made lean, eat not much meat, but drink enormously of tea." That is M. Sée's good news put in a nutshell. That is the cry now to be heard in the Parisian wilderness of fat. Obese individuals may suffer from shortness of breath from many causes, writes M. Sée, and infiltration of the muscles with fat is an important one. There are many ways of reducing the fat. The first is by diet; the second by moderating the imbibition of fluid; the third by muscular exercise; and there are also balneotherapy or bathing, and treatment by medicaments. M. Sée does not approve of "banting," as it takes too long; and, further, he argues that proteids such as meat, eggs, etc., are productive of fat. Ebstein has recently advocated "banting" combined with some fatty food; but our author does not fall in with this method. Stout people do not bear bleeding well, although this was the treatment in vogue in the sixteenth and seventeenth centuries. Iodides, alkalies, and diuretics are not well borne by fat persons. Moreover, these medicines, when they reduce obesity, do so by destroying, or at least damaging, the organs on which the nutrition of the body depends.

They Were Doctors.

The *Med. Age* says: "The cars on an incoming train to this city were filled to overflowing, and a man who got on at a small station walked their whole length without being able to find more than one vacant seat. This was part of a whole seat upon which a single passenger was stretched at length. After standing for a time by this seat, and observing no inclination on the part of the occupant to share it with him, he indignantly exclaimed, 'You are an infernal hog, sir.' 'You call me a hog, sir?' retorted the other, who was instantly on his feet and in a fighting posture. 'I'll knock the top of your idiotic head clear across the country, sir.' A fight was imminent, when the conductor opportunely appeared on the scene. 'Hold on, doctor: what's the matter?' shouted the ticket-puncher. 'Doctor?' queried the man from the small station, 'are you a doctor?' 'Yes, sir.' 'Why, so am I.' 'Good gracious, is that so?' and they exchanged cards and shook hands. 'Why, of course you can have half my seat—all of it—the whole car.' 'Oh, no, no, doctor; I wouldn't disturb you for the world.' 'But, doctor, I insist.' 'Well, doctor, if you insist, why I'll be glad to sit with you.' 'Of course, doctor.' And the reporter of the *Free Press*, who witnessed the affair, says the two doctors sat down together in one seat, and were so soft and tender and loving that tears sprung to the eyes of every passenger."

A New Process for Sewage-Precipitation.

Luton, one of the towns which is drained into the river Lea, has had for long under consideration the imperative necessity of increasing the existing means of dealing with its sewage. A system of sewage-precipitation, the invention of Mr. Cobley, of Dunstable, has recently been tried with successful results. The affluent is unusually difficult to deal with, as, in addition to ordinary town-sewage, it is dyed a dark-blue-black color by the refuse from straw-plait dyeing which is the staple industry of Luton. The precipitating material is an intimate mixture of clay and coke-dust, raised to a high temperature in retorts, and subsequently with crude sulphuric acid. The resulting black powder is thoroughly stirred up with water, and delivered into the sewage into a graduated stream; powdered chalk is also added at Luton in order to get rid of the coloring matters. After treatment, a copious precipitate falls in the settling-tanks, and the effluent water is clear, colorless, and odorless. The process is said by its inventor to be very economical as well as effective. The sludge, it is believed, can be baked, and used over again two or three times until a valuable manure is obtained. Provisional protection has been obtained.

Treatment of Disease in India.

The *Boston M. and S. Jour.*, quoting from *Chambers' Journal*, says a correspondent thus writes: "Regarding the native treatment of diseases in India, one of the most curious things I ever witnessed was a half-clad native shouting through the streets of a country town: 'Does any one want back his sight?—one rupee only!' as if he were hawking fruits or sweetmeats; and to my astonishment, a patient soon presented himself to be operated upon for cataract. There and then, standing in the bazaar, the itinerant oculist took out his penknife and performed the operation in a few minutes, bound up the man's eyes, telling him to keep in the dark for a fortnight, received

his fee of one rupee, and shouted his war-cry for more patients. The operation was almost unvaryingly successful; one instance among my servants being a woman of eighty, who had charge of my fowl-house, and had for many days been sightless, except to distinguish light from darkness, and who in this way was successfully operated upon."

Lay Advice to Doctors.

The *Brooklyn Eagle* gives the following advice to doctors:

Avoid the society of your patients.

Physicians should have no familiars; to be thoroughly respected, they must stand aloof from the gaze of society.

A prophet has no power in his own country; neither hath a physician in his own circle.

Without skill, it is impossible to become a flourishing physician; but without good manners, all the skill of the most eminent physician will not avail you in a large capital.

A good address is everything to a doctor.

Never refuse a fee from any person who is able to give one, in order that you may never have occasion to take one from a man who is too poor to well afford one.

It matters not how mercenary you may be accounted by the rich, so long as you are merciful to the poor. If you cannot get fees without depriving them of bread, it were better you had never been a doctor.

How to Disinfect Infected Dwellings.

The following method of thoroughly disinfecting a room in which an infectious disease has existed is reported in the *Centralbl. f. Chirurgie*, No. 12, 1885, by Prof. Rönig, who has successfully employed it for twenty years:

The windows of the infected room having been closed tightly, 50 to 60 grammes (1½ to 1¾ oz.) of corrosive sublimate are placed on a small shovel on burning coals; after that the person leaves the room immediately and closes the door. The sublimate evaporates rapidly and exposes the room to its vapors for three or four hours. Then the door is to be opened, and, covering nose and mouth with a piece of cloth, the person re-enters, opens the windows and closes the door again. The room having been thus ventilated for several hours, the possibly remaining sublimate vapors are to be rendered harmless by the burning of sulphur in the closed room. After repeated ventilation the room may again be occupied.

Scalped by Machinery.

Elizabeth de Paul, 11 years, was employed, with a number of others about the same age, in Smyth's Berkshire Mills, in direct violation of the law which prohibits the engaging of children under 14 years of age. The duty of most of these little ones was to carry bobbins to the looms. The bobbins are dropped into boxes overhead, to reach which the children have to climb upon a stool. The girls had been repeatedly warned not to go on that side of the looms where the belts and wheels were in operation. Little Lizzie disregarded this order, and, while she was filling her apron with spools, her hair caught in a pulley and the scalp was completely torn off. Death was instantaneous.

The Editor will Call Loudly for Them.

The *Daily News* says: "There are 2,500 doctors in Philadelphia. If cholera must come next summer, perhaps they'd like to go away on a vacation now and come back with 'the flowers that bloom in the spring.' It would be simply shocking for the fell destroyer to arrive when so many nice sleek victims were out of town." It is lots of sport to make fun of the doctors, but when sickness and sorrow comes they are always wanted and *respected*.

Antidote Bag.

Dr. Murrell advises that every physician should keep an antidote bag, which should contain every drug and instrument needed in ordinary cases of poisoning. It should always be kept filled and ready for use; so that, in case of emergency, the doctor could take it along or send for it, and not be compelled to look for stray bottles or instruments at a time when life may depend upon a minute.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended November 14, 1885.

Wheeler, W. A., passed assistant surgeon. To proceed to Ontario, Canada, on special duty, November 11, 1885.

Urquhart, F. M., passed assistant surgeon. To proceed to Baltimore, Md., with steamer "Manhattan," and then rejoin station, November 12, 1885.

A Call.

In connection with the peculiar requests made to doctors, which we have recently noted, we publish the following verbatim copy of a note recently received by a district physician: "Doctre pleas Bring your toole to waxinait the Babey ass the small pocks are spreding in the nects Cort is pepermint and oile good for the Collik in the Bowles"

Items.

—Professor William Osler, of Philadelphia, will deliver the next Cartwright lectures.

—A Rhode Island girl who flipped a watermelon seed into a man's eye and put it out, compromised the case by marrying him. The poor fellow must have been completely blinded.

—A patient about to enter a doctor's office, seeing dimly the bronze bust of Æsculapius within, was afraid to go further, and exclaimed in terror, "An' begorra, an' whut does the docthur have that nagur's head there fur?"

—Dr. Alfred Meadows (*Brit. Med. Jour.*): 1. A vaginal pessary of conia for ovarian pain, neuralgic or inflammatory. 2. Bromide of potassium, in ovarian mucorrhagia, limits the flow, and increases the length of the menstrual interval.

—A suicidal mania has broken out in Berlin, and the number of persons taking their own lives has of late been rapidly on the increase. On one day recently no fewer than seven fresh cases of suicide took place in that city.

—Professor at Columbia: "One can not taste in the dark. Nature intends us to see our food." Student; "How about a blind man's dinner?" Professor: "Nature has provided him with eye teeth, sir."

—Mlle. Benoit, a young French woman, has been appointed medical examiner to girls in the municipal schools of Paris. It is her chief business to see that the girls are not overworked, and that their studies are effected under sanitary conditions.

—A little fellow, looking rather squeamish, went into a druggist's shop, and with a very doleful look asked for a pennyworth of salts. During the operation of weighing the article he said to the chemist, "Don't give us full weight, for it's me that has to take them!"

—Dr. Adam Clark, who had a strong aversion to pork, was called upon to say grace at a dinner where the principal dish was a roast pig. He was reported to have said: "O, Lord, if thou canst bless under the gospel what thou didst curse under the law, bless this pig."

—In the *Lancet*, Oct. 10, Dr. Thomas Barr reports a case of scarlet fever, complicated with nasal and pharyngeal diphtheria; acute suppuration of both middle ears; rapid destruction of tympanic membranes; serious loss of hearing; facial paralysis, and abscess of lachrymal sac; recovery.

—The *Fall River Advance* says that there is nothing that will improve a woman's complexion so much as early rising, and that sweet exercise which is developed by building fires and in getting her husband's breakfast. And we don't believe there is a trip-hammer big enough to drive the solemn truth into her.

—The *Boston Medical and Surgical Journal* says that an old man at the south end of Boston, grandfather of a girl who was recently admitted to the small-pox hospital, has run away. The health officers visited the house to vaccinate all who had been exposed to the disease, but just before the old man's turn came, he disappeared, and all attempts to find him have failed. How often the health and welfare of a whole community lie at the mercy of a single fool!

—M. Roullière, navy surgeon, sends a report to the Académie de Médecine, on the results obtained by the transfusion of serum in cholera, at the Saint Mandria hospital at Toulon. Among fifty-five patients in the last stage of collapse, thirty-seven died, eighteen recovered. The quantity of serum transfused varied from 1.5 to 2 grammes. This treatment, in some cases, effected temporary improvement, but in the majority of cases failed to cure.

—Mr. Clement Lucas removed, in Guy's Hospital, London, on October 20, a large hydronephrotic kidney from the right loin of a woman, aged thirty-five. The "oblique-crucial" incision, which Mr. Lucas has always advocated for large tumors, was employed; and the organ was removed without injury to the peritoneum. The patient, a week after the operation, was far advanced towards recovery, her temperature never having reached 100°, and her general condition being most satisfactory.

—One of the last survivors of Napoleon's Grande Armée, Jean-Baptiste-Guillaume Mangest, who was born at Rueil on the 17th of February, 1775, has just died. M. Renaudin, formerly a veterinary surgeon of the French army, and who has been some years in the lunatic asylum at Ville-Evrard, has attained the age of 102 years. To the above centenarians may be added the name of M. Chevreul, the celebrated academician, who entered his one hundredth year on the 31st of August last.

—The official report of the inspectors, on the compliance with the law affecting the labor of children and girls under age, states that there were in Paris and the suburbs last year 127 breaches, against 152 in 1883. The indictments resulted in 72 convictions, mainly for employing children under 12 years of age, defective ventilation or warmth of the work-rooms, and for obstructing the inspectors on visiting the workshops. The decrease in the number of prosecutions favorably contrasts with that of the previous year.

—"Weally, ah, I beg your pardon, miss, if I intrude," said a dude from Cincinnati, the other evening, on discovering a pretty girl milking a cow.

"No intrusion, sir," said the girl, blushing like a rose.

"Ah, my dear damsel, cawn't I assist you?"

"Certainly, sir. Just stand where the cow can see you."

"Of course I will, me chawmer; but what do you want the cow to see me foah?"

"She will think you're a calf, and give down her milk faster."

—At a late meeting under the auspices of the Northern Counties Photographic Association, held in the theatre of the Newcastle Literary and Philosophical Society (England), a paper was read upon the new ethoxo lime-light by the Rev. F. T. Hardwick, which is claimed to be equal in lighting power to the oxy-hydrogen light, and more safe and convenient. A letter was read from Professor Herschell testifying to the safety of the improved ethoxo light under tests of exceptional severity. Mr. Hardwick showed slides of insect life, etc., by aid of this light, and his demonstrations were admitted to have been very interesting and successful.

—M. Bochefontaine writes to the Académie des Sciences, that he is willing to accede to M. Trécul's desire that he should repeat his operation of swallowing cholera dejecta before the members of the Academy, also to have an hypodermic injection of cholera-bacilli. The president observed that the Academy cannot take the responsibility of such experiments; but every one can make what experimentss he pleases at his own risk. M. Trécul insists that, as M. Bochefontaine is determined to repeat his experiments, he should do so in the presence of the academicians. The proposal is submitted to the consideration of the section of medicine.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SOME USES OF COCAINE IN GYNECOLOGY.*

BY CHAS. HERMAN THOMAS, M. D.,
Of Philadelphia.

Seldom does a new drug reach so sure a place in the confidence of the medical profession as that accorded to cocaine. I early began its employment in ophthalmic practice, and soon extended its use to a variety of gynecological applications. The results obtained have been so satisfactory that I now never go to such a case without cocaine in my bag or pocket. After considerable experience in its use, I am convinced that it is quite as valuable in the latter case as in the conditions for which it was originally recommended. That it is a local anæsthetic when applied to mucous surfaces is a familiar fact, but its property of reducing inflammation and engorgement of the same class of tissues is not so generally recognized, notwithstanding that it is a point of considerable practical importance. This action of the drug is readily verified by observing the marked paleness and shrinkage which follows in a few moments after its application to surfaces thus affected. While this condition of tissue is to a considerable degree temporary, it seems to be of longer duration than the accompanying anæsthesia. In some cases the good results obtained by reducing hyperæmia in this manner appear to be permanent. The common fear that it will fail to prevent pain may usually be overcome by placing a few drops of the solution on the tip of the patient's tongue, when the numbness produced seldom fails to induce full confidence in its efficacy. Cocaine hydrochlorate is the salt upon which my experience is based.* A four per cent. solution, grs. liss (2½) to f. ʒj, in water, acts well for most purposes, though a somewhat weaker or stronger one may sometimes be substituted with advantage. The addition of boracic acid in the proportion of grs. ij to the f. ʒj, insures sterility of the solution.

When used, it should be applied with thoroughness, the parts being first freed from mucus, and some minutes allowed to elapse for its effects to develop; the time should be *not less than two minutes*, and in cases where considerable pain is to be anticipated, a strong solution, 10 per cent. or more, may be employed, and the application repeated after an interval of two minutes, and in five minutes from the beginning the full effects of the drug may be looked for. That the anæsthesia produced by cocaine is complete, I have personally experienced, having made use of a four per cent. solution by injection into the nostrils, previous to an application of the galvanic cautery to the nasal cavity. The cautery had been applied on a previous occasion without cocaine, and the pain was severe. With it, not the slightest pain was felt, and I was conscious of the action of the cautery only by the hissing sound produced.

I have found it particularly valuable in certain cases of cervical endometritis in which, though there may be no erosion externally, and but little characteristic discharge, there is a state of extreme sensitiveness existing about the region of the

* Read before the Obstetrical Society of Philadelphia.

* The price has been reduced to ten cents a grain or less.

internal os uteri. A probe or cotton easily bringing blood and any application made to the part, is liable to produce bleeding and severe radiating and ovarian pain. Cocaine, carefully applied with the syringe or the cotton-carrier, prevents the pain and bleeding, which would otherwise follow the necessary medicinal application; the swelling being also materially reduced. The congestive or inflammatory stenosis which usually exists is consequently for the time, relieved, and applications to the part itself, as well as to the endometrium, are greatly facilitated. In urethral caruncle sensibility may be so destroyed that the painful excrescences may be clipped off and the site painlessly cauterized. Cocaine is also extremely useful in painful irritation and inflammation of the female urethral tract, and especially of the part just within the meatus, a condition attended with distress frequently referred to the bladder. Appropriate medication is painlessly made after its application, which may be conveniently made by means of the glass medicine-dropper. As a means of preparation for the operation of stretching either the urethra or the cervix uteri, it is of unquestionable value. To precede the application of caustic to a chancre, it is also effective. I am informed by my friend, Dr. Levis, who has had a large experience with the drug, and who uses it extensively and with great satisfaction, that in plastic operations upon the vagina, where considerable surfaces are to be flayed, the cocaine anæsthesia is insufficient to prevent pain. It has been recommended in dysmenorrhœa, and there is good reason to believe from several reports which have been made, that it is capable of producing excellent results when applied to the os uteri and to the cervical cavity by means of a small cotton tampon. I tested it recently in a case of uterine colic, using it hypodermically in two doses of one grain each about half an hour apart, but without appreciable relief. It has been tried internally in doses of one grain or more in the vomiting of pregnancy, and has met with some favor, but in the only case within my own knowledge, it entirely failed.

In a case of vaginismus brought me by a practitioner from a neighboring city, the condition was quickly relieved by the local application of cocaine, and a complete examination was easily made, when without its use general anæsthesia would have been necessary. In a case of hyperæsthesia of the vagina, with mild vaginismus, in which frequent local treatment was required, a suppository containing one grain of cocaine, introduced into the vagina a half hour before each treatment, entirely abolished the spasm and rendered the introduction of the speculum easy and comparatively painless. Cocaine suppositories also produced excellent results in a case of rectal tenesmus after opium had proved insufficient.

Cocaine has been recommended in operations for lacerated cervix, and for the crushing of stone in the bladder. I have not made use of it in either of these applications, but strongly believe in its value.

In one hyperæsthetic patient in whom violent pain was developed on slight provocation, and who required local treatment of the cervix uteri and urethra, but who suffered so much from ordinary applications that the local benefit was fully counterbalanced by harm done nervously, it became necessary to suspend treatment on this account. After cessation for six months, treatment was resumed under cocaine, and it has since been in every way satisfactory, the pain formerly produced by applications to the cervix being now entirely absent. In the same patient painful irritability, with spasm of the bladder simulating cystitis, which was not entirely relieved by the opium suppository and other measures, yielded completely, and thus far permanently, to a single injection of one grain of cocaine thrown into the bladder. The resumption of treatment in this instance was largely due to the enthusiastic approval of the husband, who had himself experienced complete relief from the injection of a drachm of the two p. c. solution into the deep urethra for a violent urethrismus. In another instance, in a woman with irritable piles, red as ripe strawberries, and who was suffering extreme discomfort, the piles shrank and turned pale under the cocaine application, and were then painted with tincture of iodine with entire absence of pain.

THE PATHOLOGY OF HEMIANOPSIA OF CENTRAL ORIGIN.*

BY E. C. SEGUIN, M. D.,
Of New York.

The writer first gave a brief synopsis of views, anatomical and pathological, of hemianopsia of basal and peripheral origin, recognizing the following types:

1. Horizontal hemianopsia, superior or inferior, usually due to lesions within the eye, and hence of less interest to the neurologist.

2. Vertical hemianopsia, always caused by a lesion of the basal visual apparatus, or by disease in a certain limited part of the cerebrum.

* Abstract of paper read before the New York Neurological Society.

VARIETIES OF 2.

a. Temporal hemianopsia, in which the temporal half of both visual fields is dark.

b. Nasal hemianopsia, in which the nasal half of both visual fields is obscure.

c. Lateral hemianopsia. This is often designated homonymous hemianopsia. In this variety the nasal half of one visual field and the temporal half of the other are dark, so that with one or both eyes open the patient sees the same half of any object placed in front of him. This variety is the one which results from a truly central lesion, and forms the object of study in the paper.

Varieties *a* and *b* are caused by lesions variously placed in or around the chiasm of the optic nerves.

The author proceeded to analyze the recorded observations of hemianopsia due to cerebral lesion, 42 in number, including the author's own case. Of these, 37 were medical, and accompanied by autopsies; 5 surgical, followed by survival of the patient. These relatively numerous observations were classified as follows:

a. Cases of lateral hemianopsia, indefinite or irrelevant, and useless for localization study; 4 in number; observed by Charcot et Pitres, Linnell, Wiethe, and Petrina.

b. Cases of lateral hemianopsia from lesions of parts of brain not directly related to the optic apparatus; 3 cases: by Hirschberg, Huguenin (Obs. of 1876), and Pflüger.

c. Cases of lateral hemianopsia from lesions involving chiefly the thalmus opticus or corpus geniculatum laterale; 6 in number; by Jackson and Gowers, Pooley, Dreschfeld (3 cases), and Rosenbach.

d. Cases of lateral hemianopsia from lesions chiefly or exclusively involving the white substance of the occipital lobe; 11 cases; by Levick, Hosch, Baumgarten, Mitrowsky and Lebeden, Westphal (1881), Senator, Stenger (case 7), Wernicke and Hahn, Jany, Richter, and Schmalz.

e. Cases of lateral hemianopsia of external or traumatic origin; 5 cases; by Keen and Thomson (re-examined by Dr. Seguin), Augher, Schmidt, Rimpler, Heuse, and Nieden.

f. Cases of lateral hemianopsia due to lesions involving the cortex of the brain and subjacent white substance; 13 cases; by Westphal (1882), Stenger (case 8), Förster and Wernicke, Jastrowitz (2 cases), Curschmann, Nothnagel, Marchand, Chaillou, Haab, Huguenin (1882), Feré, and the author's case.

This last category being by far the most important for the study of the localization of the visual centre in man, Dr. Seguin gave full abstracts of all these cases. The lesions in all were so placed as to cumulate toward the mesal aspect of the occipital lobe.

This result was shown by means of a shaded chart, consisting of a diagram of the mesal and lateral views of the brain, upon which the lesions of the thirteen cases were reproduced with one layer of India ink. The result was striking, visible in the greatest blackness of an area upon the mesal aspect of the cerebrum, including the lower part of the cuneus and the fifth temporal gyrus (Ecker).

To this locality also was limited the lesion found in the following cases: Haab's, Huguenin's, Féré's, and Seguin's. These were single lesions, and no paralysis or anæsthesia had been observed during the patient's life—only hemianopsia.

Dr. Seguin's own case was as follows: A man, æt. 46, affected with malignant endocarditis (mitral vegetations), which proved fatal in sixteen months from first observation in January, 1884, through repeated visceral embolisms. This case also exhibited for many weeks an exquisite intermittent form of fever, closely imitating malarial intermittent.

About December 5, 1884, Mr. D. suddenly complained of "blindness of the left eye," and slight numbness through the whole left side of the body. He strongly insisted then, and frequently thereafter, that his left eye was alone affected, because he could not see to his left. Examination showed well-defined left lateral hemianopsia, the vertical line passing a little to the left of the point of fixation. In a short time the numbness passed away, but the hemianopsia persisted until death. For many months before death Mr. D. was able to read and write easily, and attend to business outside, in spite of the hemianopsia.

The lesion found at the autopsy was a large old patch of yellow softening, involving the greater part of the right cuneus (almost reaching the apex of the occipital lobe), and the fifth and fourth temporal gyri, extending also front of and into the gyrus hippocampi. This lesion was found to be due to blockade of the occipital artery, a branch of the posterior cerebral. The white matter was involved to a depth of several millimetres.

No sections were made in the fresh state of the specimen, in order to prepare it for more careful examination when hardened. Unfortunately, this process was unsuccessful in part, and only the occipital end of the brain became hard. The absence of decided motor and sensory symptoms during life, however, makes it quite certain that there were no other gross lesions in the brain.

From these four cases, supported by the cumulative evidence of all the others, Dr. Seguin considered it as well proven that the visual centre (receiving impressions from one corresponding half of each retina,) in man is in the cuneus and adjacent gray matter below it. A destruction of this part of the hemisphere inevitably produces lateral hemianopsia of the field on the opposite side of the body.

As regards those few cases in which the lesion causing lateral hemianopsia is situated upon the lateral aspect of the hemisphere, in the inferior parietal lobule and the gyrus angularis, Dr. Seguin called attention to the fact that the optic fasciculus of Grabiolet and Wernicke on its way from the primary optic nerves and the posterior horn of the lateral ventricle to the cuneus, passes close under these gyri, and a lesion which penetrates at all beneath the gray matter of their cortex must intercept, by pressure or by destruction, the optic fibres. There are lesions intercepting communication between the eyes and the visual centre, while lesions of the mesal aspect of the occipital lobe destroy the centre itself.

TETANUS.*

BY WM. A. BYRD, M. D.,
Of Quincy, Ill.

The doctor thought that next to hydrophobia, no disease was so much to be dreaded by both the physician and patient as tetanus. It is much more common in some localities than in others, though these localities may be very near to each other. It is thought by some to be zymotic, by others to come from reflex nervous irritation. If zymotic, it should follow a more fixed course of symptoms than it does. For instance, in tetanus the initial stage may be all the way from half an hour to three weeks. The view that it is a reflex nervous trouble may be substantiated by the irregularity of the time before the disease manifests itself. What the changed condition of the nerves is at the seat of injury has not as yet been ascertained; but I am inclined to think that pressure has something to do with it. In acute cases that I have met with there has been an undue degree of tumefaction existing in the wound, and in the chronic cases, the cicatrix has been unusually dense. In acute cases, I incise freely in the neighborhood of the initial lesion, removing, if I think necessary, some of the tissue to allow for swelling, and have kept the patient under the influence of chloral hydrate and bromide of potassium to relieve them of the agony that they endure, and for the purpose of acting permanently on the spinal cord. I have, at the suggestion of the late Dr. John T. Hodgen, given large doses of Fowler's solution.

George Schell, of Quincy, had his hand mashed. Tetanus appeared shortly; sufferered great pain; the opisthotonos was extreme, and he begged piteously for some one to kill him. I gave him Fowler's solution, twenty drops every two hours for over a week, watching carefully all the time for any symptoms of arsenical poisoning. No such symptoms occurred, and he made a good recovery.

Joseph Schepper, of Quincy, a few weeks later, had his foot pierced by a large splinter. Lock-jaw set in, and though not so severe as that of Schell, I put him on the same treatment. In two weeks he was greatly improved, but exposed himself on a cold, rainy day, had a relapse, and died.

In regard to the treatment of chronic tetanus, I will report a case which was one of much interest to me. On the morning of July 18, a man was brought into St. Mary's Hospital, suffering from what had been diagnosed paralysis, but which was soon found to be tetanus. He had received an injury of the head. The patient was George Bobertson, well nourished, æt. 35, with jaws set, and spasm of all the muscles of the body. He stated that three weeks ago, while working on a bridge on the Iron Mountain Railroad, south of St. Louis, he fell, striking a stone and inflicting a wound over the right eye. The wound soon healed, but in about ten days he began to get stiff, could not walk well, had difficulty in chewing his food, and at night would have spasms of the general muscles, and excessive perspiration. The case was a plain one of tetanus. The scar on the eyebrow showed that it was recent, and also that it involved the superior orbital notch. He was put under an anæsthetic, and the cicatrix cut out. As soon as the bone was reached, a fracture was discovered. I applied the trephine, removed the injured bone, and dressed the wound. As he recovered from the anæsthetic he vomited, and having some large pieces of beef-liver in his stomach, they could not pass through his clenched teeth, so they took the next best direction, that of the least resistance, and went down the trachea. Then there was confusion; the attendants all declaring that the man was dead, and so he seemed. Right then I began to have a deep and abiding sympathy for the surgeon that loses his patient during an operation. I was utterly

* Abstract of remarks before the Mississippi Valley Medical Society.

unprepared for a tracheotomy, but picked up my scalpel and laid the trachea open for at least an inch below the cricoid cartilage. Incising the superior thyroid vessels, the flow of blood was appalling, but passing my finger into the trachea, so as to lift it and the accompanying tissues, I seized the vessels on either side of the cut *en masse*, with pressure forceps, and stopped the hemorrhage at once. We then proceeded to get the liver out of the trachea, which was easily done by holding the wound open with the tenacula. The mass of liver was as large as my whole thumb. I then cleaned out the trachea, and inserted two sutures on each side of the wound in the trachea to the edge of the stem, and fastened the ligatures to pieces of adhesive plaster, and drew them back over the shoulder, so as to hold the wound gaping, a method introduced by Martin, of Boston. I call your attention to this method of performing tracheotomy, because I have had the nurse fall to sleep, allow the tube to become blocked up with mucus and strangle the patient to death. My patient was put on chloral and five drops of Fowler's solution every two hours. In three or four days erysipelas set in, and involved nearly his whole face. In about two weeks he was placed in the convalescent ward, being so much better. His bed was so placed that he was in a draught. The next morning when I came to the hospital he was suffering from acute laryngitis, and I found it necessary to reopen the trachea and allow him to breathe. Not being prepared to hold the trachea as before, I took two hairpins and bent them into the letter S shape, and by fastening tapes to the one hook, and putting the other end of the hook in the trachea, and tying the tapes behind the neck, I succeeded admirably in holding the wound open. This looked so much like barbarous surgery, that I replaced it by a large tracheotomy tube. However, when the patient would cough it would cause the mucus to block the tube, and he would not tolerate it at all, and made me take it out and replace the hairpins. These he wore for one week, when the inflammation in the larynx having subsided, they were taken out, and the wound quickly healed. He was discharged well September 1.

He then reported another case of tetanus from depressed fracture, which was removed, and the child, now under treatment, is doing much better.

—After passing a catheter, to relieve a man of *retention of urine*, Prof. Brinton gives, usually—

℞. Tinct. opii camph., f. ʒij.
Quininæ sulph., gr. x. M.
Sig.—Take once, after operation.

OPHTHALMOPLEGIA EXTERNA.

BY LEONARD WEBER, M. D.,
Of New York.

Peter W., æt. 52, father of a number of apparently healthy children. Has worked in an iron foundry for the last thirty-two years. His mother died of pulmonary hemorrhage at 64 years of age; his father died at 53, of typhoid fever. Has a brother and sister living, in good health. He has never had syphilis. Fourteen years ago he was under treatment for hæmoptysis, accompanied by fever and other signs of acute lung trouble. But he recovered in the course of a year or so, and has been able to continue his work since. Nevertheless the signs of old pulmonary trouble are well marked in the interscapular space, particularly on the right side. In the course of years the patient sustained various injuries about the head, but no fracture of the skull. At no time did his condition give any evidence of renal or cardiac disease. Since February 1, 1885, he experienced considerable and lasting pain at the back of the head on the right side. In getting out of bed on the morning of February 23, of the present year, he felt somewhat dizzy, and noticed a pain in the right temporal, extending to the occipital region. He also found that he could not use his eyes as on the night before. He continued to work, however, and on March 9, 1885, consulted Dr. Mittendorf, who reports that the use of the patient's right eye was lost early in childhood. The left eye gave him no trouble until recently. On March 9, both eyes were found to have turned considerably towards the nose. Neither eye can be moved in the direction of the external rectus. The pupils slightly contracted, accommodation good. Hypermetropia necessitating use of strong glass for left eye to make reading possible. Vision of right eye, which has a corneal macula, very poor. Acuity of vision of the left eye not fairly tested, patient presenting himself at night: about 20–30. Marked hyperæmia of left disk. Interior of eyes normal. Paralysis extended to third nerve, but was not complete. Patient would move his eyes downward considerably at times, but he seemed to have lost control over the movements of the muscles, and if directed to look in a certain direction he could not do it. On March 17 he first noticed some numbness and a cold feeling from the fingers up to the middle of the arm on the right side. While this sensation was unpleasant, it in no way interfered with his work of using a heavy hammer. But about April 15 the arm became weak. At the same time coördinate muscular action became impaired. He was unable

to direct blows with precision, often striking an inch to either side of the object. He soon had to quit work.

He consulted me on May 14. At that time the eyeballs were almost immovably fixed. Nevertheless there was complete paralysis of the external recti only. The levatores palpebrarum were not affected, neither were the muscles of the iris. The right hand was colder than the left. Sense of touch diminished; actual muscular power also. Visible trembling and gradual dropping of wrist when the extremity is extended horizontally, showing weakness of extensors. Slight exaggeration of patellar tendon reflex on right side.

The patient's speech was not very articulate; some dysarthrie existed already. There was no dysphagia, and no symptom indicating disturbance of the cerebral nerves, other than the fifth pair. The gait was unsteady, resembling that described by Nothnagel in connection with cerebellar affections. The lesion producing the above symptoms, I am inclined to locate in the pons. As to its nature, it is probably a neoplasm of syphilitic or tubercular origin.

The patient was ordered iodide of potassium, in doses beginning with ten grains three times a day, which was increased by five grains every week. In this way the dose was carried up to forty grains three times a day. From June on, a noticeable improvement began, and by September 2 his speech had become almost normal. The power of his right arm was much increased. There was no more headache. The eyes had largely recovered their mobility.

On October 30, it was observed that the eyes could be freely moved, although some paresis of the external recti still remained. The patient was then taking forty-five grains of the iodide three times a day. Some spitting of blood now occurring, the remedy was discontinued for two weeks, and then resumed, with an initial dose of twenty grains.

I believe the anatomical lesion to be situated in the left half of the pons, near the tegumentum, involving the lemniscus, and extending beyond the raphe some little distance into the right half of it.

RUPTURE OF THE MEMBRANI TYMPANI.*

BY A. RAVOGLI, M. D.,
Of Cincinnati, Ohio.

A. D., aged thirty-two years, Italian, strong and healthy, was, on the 26th day of September, struck with a stone on the left side of the head in the temporal region, exactly where the squamous portion of the temporal bone is connected with the petrous. He fell unconscious, but soon regained his senses. Blood issued from the nose and ear. The power of hearing was completely lost, while there was a sensation of noise like a waterfall. He was not able to close the eyelid of the eye of the same side, and the mouth was twisted and stretched to the right side, when the patient was brought to the doctor's clinic, September 28. Air could be heard passing through the drum-head. By means of the otoscope the drum-head was clearly seen. It was found to be split in two by a fissure about parallel with the long epiphesis of the malleolus, beginning from the upper portion of the annulus tympanicus in correspondence with the anterior fold, down almost to the circumference. The edges of the wound were quite in apposition, hence no cleansing injections were practiced, fearing to disturb the process of restoration or to excite inflammation in the middle ear.

Schmiedkam tried the resistance of the drum-head and found it extraordinarily strong, being able, in one instance, to resist a column of mercury 143 centimeters high, and in another experiment 168. The rupture of the drum-head from the explosion of a cannon, though believed to be of frequent occurrence, happens very seldom. Gruber found only one case in two wars. When there is a diseased condition of the membrani tympani, rupture may occur from such slight causes as coughing or sneezing. Gruber does not deny the possibility of rupture of the drum-head from fracture of the temporal bones, but says that he never met with one, but refers to a case of fracture of the primoidal portion of the bone, and the patient died in consequence, and the drum-head was found entirely intact.

In the case reported, Dr. Ravogli finds paralysis of the facialis still persistent, which he thinks must be considered peripheric in its origin, from a lesion in the peripheric ramification of this nerve. We often find paralysis of the facialis in consequence of otitis media purulenta, and especially when caries of the bone exists. In his case the doctor did not think the paralysis had anything to do with the rupture of the membrani tympani, but that on account of the contusion no effusion of blood occurred into the foramen stylo-mastoideis, where the nervus facialis passes through. He did not deny that it might have some connection with the trauma of the membrana tympani, on account of the relations of the chorda tympani.

*Abstract of paper read before the Cincinnati Academy of Medicine.

It is of interest to find how a blow on the temporal bone of sufficient force to cause only a contusion of the second degree, and no scalp wound, could cause this rupture of the membrani tympani, and to explain this we must remember the peculiarities of the anatomy of the ear.

In this case the rupture of the drum-head was not the effect of a fracture of the bone, which would have had fatal consequences, but was only the result of the concussion, which, impressed upon the bone, was communicated to the membrani tympani with the result of its laceration.

Treatment of rupture of the membrani tympani when in the healthy state, requires very simple treatment. This consists of cleansing the surfaces and protecting the drum-head from external injuries. The patient should be instructed to avoid blowing his nose strongly, so as not to force the air through the Eustachian tubes and the wound. In most cases injections must be avoided. They may be practiced in these cases where dust or foreign bodies are in the ear, when injections may be very carefully made. The patient must remain quiet, and avoid everything which may cause the blood to run to the head. He saw the patient a few days since. The membrane has entirely recovered. Has no tinnitis aurium, and can hear fairly well. Otoscopically, the scar of the rupture is still perceptible. Paralysis of the facialis is still present, but will doubtless disappear in a short time.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. R. J. LEVIS.

Reported by DR. HENNESSY.

Fixed Dressings.

The manner of dressing fractures is an important factor in their surgical treatment. After a fracture has been reduced, time should be allowed for the occurrence of swelling and till risks of inflammation no longer exist, then, and not till then, should we apply fixed or permanent dressings.

Of the different forms of fixed dressing, perhaps the best is silicate of soda; however, this is not always available, as in country places.

Some years since, I devised for use in this hospital a preparation composed of oxide of zinc, glue, and water, in the proportion of zinc oxide, two pounds; glue, one pound; and water, about one gallon.

The limb is bandaged, but not tightly, or a cotton or woolen stocking is drawn on which does as well. All salient points, as the crest of the tibia and over the malleoli, should be covered with cotton to protect against pressure. The dressing is then applied with a brush or the hands over the bandage allowed to soak in, then another bandage over this (lints of paper or cloth will answer), to make the dressing adhere, and successive coats of the dressing are put on in the same way, adding to its strength. We have found this form to be, for general use, the most applicable. It makes a clean, elastic, white, dressing; stronger and lighter than any other, and it has the additional advantage over plaster and other dressings in being easily removed, as it can be cut through with an ordinary shears or the Sentin pliers, and the dressing thus converted into a movable splint. The essential materials—glue and the ordinary oxide of zinc of painters—are everywhere accessible.

Necrosed Tibia

in a lad aged 18 years. The ordinary cause of necrosis in the shafts of the long bones is constitutional syphilis, resulting in periostitis, and followed by death of the bone, through occlusion of the Haversian canals.

The periosteum continues to form new deposit of bone, which finally makes an encasement around the dead bone, now a sequestrum, acting as an irritating foreign body, causing suppuration. For the discharge of this putrid matter, sinuses are formed upon the surface of the limb, leading down to openings in the bony encasement.

The manner of treatment is generally the same. By a deep zig zag incision from one sinus to another, I unite these openings, laying bare the bone; with a chisel and mallet remove the adventitious structure or encasement, in order to get at and remove the dead shaft, which in this case is about five inches in length and one-half in thickness. The wound thus made is thoroughly washed out with a solution of the bichloride of mercury, and the bone cavity packed with lint saturated with carbolized oil. The wound must not be closed, but packed and left open, to heal by granulation from the bottom.

Burns,

This morning's frightful accident, in the explosion of an oil still, brings before us the practical study of burns. Several of these fatally injured men are now in the hospital. For your instruction I have brought before you one of them, who, though near his end, is unconscious of suffering, being well under the influence of morphia. His condition is one of shock, caused by the superficial extent of his injuries. A considerable portion of his body is completely denuded of epithelium, that of the hand making an almost perfect cast even to the finger-nails, the skin of the fingers removed like the fingers of a glove. Burns are severe according to their extent and depth, usually classified into five or six degrees:

1st degree produces a simple hyperæmia or erythematous blush of the skin, but no destruction of tissue, and consequently not followed by cicatrix.

2d degree produces a loosening of the cuticle, and an exudation from the vessels of the inflamed cutis with the formation of blisters. Here there is no destruction of substance beyond that of the corneous layer of cuticle which is readily reproduced, leaving no cicatrix.

3d degree affects the true dermoid structure, the whole of the cuticle is lost, but the cutis vera is not *entirely* destroyed; and this, it is important to observe, practically influences the character of

the resulting cicatrix ; because the thin layer of the true skin remaining contains sweat glands, hair-follicles, and elastic tissue-structures, which are not reproduced if once destroyed. Owing to the exposure of the nerve-endings in the papillæ this form of burn is intensely painful.

4th degree destroys the skin through its whole thickness, extending down to the subcutaneous tissue. The eschar separates by ulceration from the surrounding parts, and a large granulating surface is left, which can be covered by epithelium from its edges only. (It is in this degree of burn that the process of skin grafting is applicable.)

The 5th and 6th degrees involve destruction of a greater or less depth into muscles, joints, or bones. In the 5th the more superficial muscular structures are implicated. In the 6th degree the whole thickness of these is destroyed and charred, as in the case of a man whose foot was plunged into a vessel of molten iron, his body at the same time bound so as to prevent immediate withdrawal of the foot; here the whole member sloughed away.

These various degrees, classified for sake of convenience, are usually found more or less associated, as the first three or four degrees generally in very severe cases co-exist.

Generally speaking, superficial extent of the burn influences the prognosis. A patient may die from the first degree of burn from shock, which is a depression of all the forces, associated with vaso-motor disturbances; lowered temperature which may reach 92° F.

I recall the case of a man who fell into a vat of hot water, not boiling, but hot enough to produce an erythematous redness over the body; he walked to the hospital, when he seemed scarcely a case for admittance, but he lay down, and shortly died from shock.

PHILADELPHIA HOSPITAL.

Service of Dr. Joseph Neff.

Notes on Pyridin.

For that most distressing affection, asthma, I believe, gentlemen, that we have at last found a drug that will give us entire satisfaction. I may possibly be a little over enthusiastic in my estimation of pyridin, and I may find, upon further experience, that the drug will not meet my anticipations, but I can say that I have used it successfully in some six or seven cases, some of them being very severe. Remember that nothing is claimed for this drug so far as the *cure* of the disease is concerned, it is only asserted that it relieves the paroxysm better and quicker than any other known agent, though in two or three cases that I recall, it not only brought relief, *but the paroxysms did not return.* Pyridin has been known to chemistry for some little time, Etarde and Cabouds having discovered a pyridiac nucleus in nicotine in 1880. Its therapeutic application is, however, decidedly novel, as it has only been used by Germain Sée in some fourteen cases, in Paris, and in this hospital, in the cases already referred to.

Germain Sée, desiring to ascertain the rationale of the treatment of asthma by the smoking of medicated cigarettes and the nature of the active agent, commenced some investigations, when, in conjunction with Dr. Bouchefountaine he discovered that the therapeutic action of the cigarettes was due to a uniform base, formed by the combustion of certain plants and alkaloids. This substance is pyridin. It is obtained from tobacco smoke or at least from the condensed products of tobacco smoke or the destructive distillation of dry organic matter in the products of bony tissue, coal tar, and certain important alkaloids, such as cinchonine, quinine, morphine, and, also, as already stated, in nicotine itself. The chemical symbols are C_5H_5O, and I am told by Dr. Wolff that when the molecular construction of this substance is thoroughly understood we will have the key for the formation of some of the most important alkaloids, particularly quinine. For example, cinchonine (a cheap drug) is $C_{19}H_{22}N_{20}$, and quinine is exactly the same plus another equivalent of oxygen. The most scientific chemists have been working for years to put that other equivalent of oxygen there, but have not yet succeeded. Pyridin, when pure, is a clear, colorless liquid, specific gravity 96, inflammable, boiling point 274° F. It evaporates in air at the ordinary temperature, with a strong, penetrating odor, which I liken to that of horse-radish. It is miscible with water in all proportions. It is a base (belonging to a series of products called picoline bases, somewhat analogous to the aniline bases) and forms salts with the mineral acids, which are very soluble, but also easily disintegrated, and this forms one difficulty in its employment. Physiological experiments at first would indicate a similarity to the action of nicotine, contraction of the pupil, dyspnœa, convulsions, and death. This I have not found as yet to be the case. The experiments, as made upon rabbits and frogs, are not sufficient for me to draw positive conclusions, but I could express the opinion that in the healthy animal, the respirations are at first quickened, then slowed, the pupils are but little affected, no convulsions, no dyspnœa at any time, drowsiness, stupor, respirations becoming slower and slower until they cease.

After death the heart continues to beat for a considerable period of time. The cavities of the heart contain black fluid blood, indicating that pyridin is not a cardiac poison, and therefore any depressing effects upon the circulation noted would seem due rather to the interference with the pulmonary functions, death being caused by paralysis of the respiratory centres; and it is on this account that I have not hesitated to use the drug even in this case of advanced fatty degeneration of the heart. [On this account I at first hesitated to use the drug in cases of weak heart, because I presumed that the drug caused heart paralysis.]

Here is a woman, with a decidedly weak heart, who has taken the drug *ad libitum*, we may say, without any bad effect. Relief is evidently due, from what I have seen, to the fact that the sensibility of the pneumogastric nerve and the excitability of the medulla oblongata, is decidedly diminished.

As to its use in medicine (and this is the greatest objection to the drug), it cannot be given either pure or in combination hypodermatically, owing in the first place to its excessive irritative

action, and in the second place, to the rapid disintegration of its salts; nor can it be taken internally or inhaled directly, because of its irritative action. The inhalation of the pure drug provokes nervous trouble and irritation of the mucous membrane. The method used is as follows: Two to three grammes are poured on a plate and put in a closed room containing about 25 cubic metres of air. The patient is placed in one corner of the room, and thus inhales the pyridic vapors mixed with the air. The absorption is immediate, and the drug can be detected in the urine almost immediately. The patient at once experiences a diminution of the oppression. The face in some first becomes flushed; breathing becomes slower and easier, and there is no longer the intense longing for fresh air. The action of the heart, which previous to the inhalation has been increased in frequency, is decreased to normal. In the frog and rabbit, the pulsation being normal, the action is at first increased. In one of my cases there was some little vertigo, but no headache. In all of Seé's cases there was an irresistible tendency to sleep, which he states "did not become profound, and was not accompanied by insensibility." This condition was not reached in the majority of my own cases. In a few of them the assertion was borne out (namely, the absence of insensibility, and the fact of their being easily aroused during this sleep), thus distinguishing the effect of pyridin from the profound sleep produced by anæsthetics and narcotics. Reflex action in each case was lessened. In several of Sée's cases it was lessened, although contractile energy was good. In no cases reported were there convulsions, tremors, or paralysis, but the muscles are relaxed, and temporarily lose their tonicity in consequence of the lessened sensibility of the medulla oblongata and spinal cord, the reflex sensibility of nicotine and atropine being totally different.

I have allowed these patients to inhale the pyridic vapors from ten to thirty-five minutes.

The drug being volatile, cannot be trusted in the hands of the patient, although I had a healthy rabbit in a glass case almost air-tight, 34x22x22 inches, for an hour and forty minutes, inhaling the vapors of 102 drops of pyridine. (There were first 12, then 20, then 30, and then 40 drops placed in this cage, making a total of 102 drops for an hour and forty minutes.) He was drowsy for the first fifteen minutes; so I cannot look upon it as such a very dangerous drug, to rabbits at least. Frogs, however, will die under similar conditions in an hour.

The method of administration mentioned is, of course, easy in a hospital. In private practice, I have not decided on the best way of administration, but I presume capsules will be the best. They cannot be made in glass; it, of course, vaporizes. Here are some gelatine capsules. To get the odor, you can break one. In the instance of Dr. Lake and the nurse, and also in my own case, it at first caused some little giddiness, and a peculiar sensation, followed very quickly by a full feeling of the head, with pains shooting from temple to temple; it also caused a flushing of the face. This was seen in several cases. During asthmatic paroxysms, however, there are no sensations of headache, dizziness, or vertigo (except vertigo in one instance). It has not been noted in any healthy persons. The relief of the paroxysms occurs in from one to five minutes after inhalation. The breathing becomes slower and freer and deeper, and a sense of relief is felt at once.

In the case before us, fifteen drops of pyridine were placed in the room. The breathing became easier, cheeks became red, and after inhaling for twenty-five minutes (which would be about the limit of time) the respirations were twenty and the pulse seventy-eight.

The unpleasant effects of inhaling the drug are not noticed so much after working with the drug some time. I worked in the vapor for two hours, and I had no severe headache for the first time that I have handled the drug. In all of the six cases in which it has been used, the breathing became free and easy at once, and the respiration slowed in from one to five minutes, and the pulse was reduced in numbers of beats; and in the case of this old lady, who had a weak pulse, it was noticed that in a few minutes the pulse became regular, and was fuller twenty minutes after inhalation. I have used it in cardiac trouble, in several cases of asthma, one cardiac, and Bright's disease. It produced vertigo in but one case in the fourteen cases reported by Dr. Sée; nine of these were pure asthma. I presume by pure asthma is meant bronchial asthma.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Discussion on Cocaine in Gynecology. (*See page* 649.)

Dr. Keating has used cocaine for some time in the same class of cases. He now uses eight per cent. solutions with great success, especially in children's throats. He employs salicylate of cocaine in diphtheria in a five or six per cent. solution. Sensibility disappears in a short time, and he can then use any application without discomfort. He applies carbolic acid, tincture of iodine, etc., in this manner, without exciting pain. He also applies cocaine before injecting carbolic acid into piles, and also applies it on cotton to prevent its action ceasing too soon.

Dr. Thomas said that the strength of the solution may with propriety be greatly varied, and that in his practice upon the eyes even a one per cent. solution was strong enough to be of considerable value in conditions of irritation produced by foreign bodies in the eye; but in other cases, as urethral caruncle, it might be well to use it even in saturated solution. The question of strength is largely a question of expense, for in local application no toxic results are likely to be produced.

W. H. H. Githens, M. D.,
Secretary.
2033 *Spruce street, Philadelphia, Pa.*

NEW YORK NEUROLOGICAL SOCIETY.

Discussion on Ophthalmoplegia Externa.
(*See page* 653.)

Dr. W. M. Mittendorf said the author of the paper was to be congratulated on the result of the

treatment in this interesting case. As stated in the paper, when the patient visited him there was this paralysis of the external recti, and he thought there was also a slight defect of the facial nerve, and he was inclined to place the lesion in the upper part of the fourth ventricle, but as motor oculi paralysis developed, he came to the conclusion that there was a more extensive lesion than he had first supposed. An interesting feature in the case was the fact, that while there was ophthalmoplegia externa, there was at no time, while the patient was under his care, any affection of the intrinsic muscles; and this fact, according to recent investigations, would point to a lesion below the aqueduct of Sylvius. The cases of ophthalmoplegia externa, without other symptoms, were very few. He had now under his care a young man with ophthalmoplegia affecting both eyes, in whom there had been no change for two years. The lesion, he supposed, was to be placed in the region of the corpora quadrigemina. At one time he thought there were real ataxic symptoms, but he was unable to make out a clear case of locomotor ataxia.

Dr. T. R. Pooley thought the fact that the patient struck to the outer side of the body, which had been attributed by the author to paresis, might have been caused by faulty projection depending upon paresis of the external rectus muscle. He had never seen a case of complete paralysis of the ocular muscles with such satisfactory results.

Dr. Weber remarked that at first there was no tendency to strike outward. In reply to a question by Dr. Spitzka, he said there had been no wasting of the muscles, although the general nutrition of the patient had not been at all times equally good.

The president had reported two cases to the American Neurological Society which in some respects resembled this case, but in some other respects there were important differences. He reported them as cases of ophthalmoplegia externa, according to Hutchison's nomenclature, and they were, strictly speaking, cases of this sort. The ciliary muscle and the iris were not involved at any time, while the external muscles of both eyes were involved to a greater or less degree. No other nerve tract in the body could be found defective. The two cases had remained about in the same condition, with slight improvement, for two years. It seemed to him, however, that the cases which Hutchison had reported under the name of ophthalmoplegia externa, did not belong to that class, for in only two or three were the external muscles of the eye alone affected. Most of his cases were of a complex character. It seemed to him that the pathology of these cases must vary greatly. The lesion would probably be found to vary not only in location, but also in character. His cases, he thought, were due to a slow degenerative form of disease, similar to that in progressive muscular atrophy. Certainly, some of Hutchison's cases were of a multiple character, and probably in many others the lesions were multiple.

Dr. E. C. Spitzka spoke substantially as follows: "I have been much pleased to find a doubtful point in the past history of this case cleared up by Dr. Pooley's discovery of a residual paresis of the other rectus externus. It adds, however, to the difficulties of localization, though not incompatible with the diagnosis of Dr. Weber. With regard to Dr. Pooley's suggestion, that the loss of skilled motion on the right side is due to the eye trouble, that possibility had already been taken into account, and disposed of for the following reasons: First, the motor disturbance was not present when the eye trouble was at its height, nor present when the latter began. I believe ophthalmologists will agree that locomotor trouble is apt to be proportionate to the intensity of the eye complaint, and, if anything, to be regulated provided the eye trouble remains stationary or improves. In this instance, however, we have eye trouble at its maximum without arm trouble, and arm trouble developing as the eye trouble improves, and manifested when the eyes are closed. Besides, we must bear in mind that, as the patient has not had the use of his right eye from childhood, he would not be as likely to be disturbed in his movements as patients with binocular vision would be.

"I believe the oculo-motor disturbance can be best accounted for by a regional extension of lesion in that part of the tegumentum which lies between the trochlearis and abducens nuclei, and where certain co-ordinating tracts run. I shall have an opportunity, perhaps, of demonstrating specimens of a case in which but one special conjugate movement of the eyes was interfered with, and there was a neoplasm in and near the abducens level, chiefly unilateral."

Dr. Weber asked Dr. Mittendorf whether there were not for a time the symptoms of hemianopsia.

Dr. Mittendorf said there was no lesion of the retina or nerve when he examined the patient.

Dr. M. A. Starr asked whether there had been any ptosis.

Dr. Weber replied in the negative.

Dr. Starr thought that a lesion lying outside of the cerebral axis, as a syphilitic meningitis, affecting the abducens nerves at their exit between the medulla and pons, might explain the symptoms more intelligibly than to suppose a lesion in the floor of the fourth ventricle affecting the nuclei themselves. Of course, such a lesion would yield to syphilitic treatment, whereas he could not conceive of nerve nuclei being destroyed and again restored. If the third nerve were involved, we might suppose the meningitis had extended a little farther forward. He had the privilege of seeing a case in Baumberger's wards at Vienna three years ago, in which the third, the fourth, the sixth, the seventh, and the eighth nerves upon one side were paralyzed, and Baumberger made the diagnosis of lesion at the floor of the fourth ventricle, involving the nerve nuclei from above downward, especially so as there were signs of atrophy in the facial muscles. The autopsy showed localized meningitis affecting these nerve trunks after their exit from the cerebral axis.

Dr. Weber again mentioned the symptoms present, and said that so far as the oculo-motorius was concerned, there certainly was an affection of the superior and inferior recti.

Dr. E. C. Seguin had not been convinced from seeing the patient this evening that there were any ataxic symptoms in the right upper extremity. The dropping of the fingers might indicate either weakness of the extensors or the loss of a

certain amount of muscular sense, which might be due to a lesion situated in many places besides the pons. He was inclined to Dr. Starr's view. The discussion seemed to indicate the vanity of theoretical pathology.

Dr. Spitzka: "In my crude way I had always regarded muscular sense disturbance as a factor of ataxia, and I believe authorities generally would so consider it."

Dr. Seguin here described a case in which there was ataxia, but all categories of sensation were perfect.

Dr. Spitzka: "That has nothing to do with the question. Ataxia is of different kinds, cerebellar, spinal—due to ordinary contact, to muscle sense, space sense, and coördinatory disturbances, sometimes singly, sometimes combined; but muscular sense disturbance is mentioned in the definitions of ataxia by our best authorities, and I should like Dr. Seguin, or any one, to formulate a general definition of ataxia which should declare muscular sense disturbance not to be a factor. It is precisely because there is muscular sense disturbance that I believe the lesion to be pontile. The interolivary layer happens to run in the deep part of the pons, in those levels where the cranial nerve symptoms of this case are possible. I have shown, if any one case be conclusive, that this layer is the muscular sense tract, and the case agrees with others of its kind. There is a combination of slight paresis with the muscular sense disturbance, which is almost characteristic of certain pons diseases—it requiring but an extension of the lesion across the deep transverse pons fibres to involve the pyramidal tract bundles. With regard to the suggestion of a meningitis, it does not seem to me to harmonize either theoretically or with experience. It is true that the affection of both abducens nerves might be accounted for in this way. But there are other symptoms which the supposed lesion must accommodate. How to account for the arm symptoms on this ground I do not know. There are too many important nerves near the hypoglossal, whose function is intact, to account for the dysarthria on the ground of meningitis. Besides, there is no true paresis of the hypoglossal. Its intrinsic movements are well executed, and there is no evidence either of nuclear or peripheral hypoglossal palsy; in other words, it is some higher tract—the speech tract—that is involved; we know that this runs somewhere in the pons—near the raphe—whereby another nerve, the fifth, is affected in its decussation, thus accounting for the bilateral disturbance of face sensation. But the strongest objection to the meningitis theory is that it would have us believe it possible that the third pair can be diseased so totally in its extra-cerebral course—or intra-cerebral, for that matter—as to cause total paralysis of ocular motion, without any affection of the pupil, the accommodation or the levator palpebræ. I have never heard of such a case, and do not think there is one reported, and I do not believe such possible. If there were no other reason for suspecting pons disease it would, in my opinion, be constituted by the character of the ocular paralysis. But in addition, we have the almost pathognomonic combination of paresis and ataxia. True, Dr. Seguin calls it muscular sense disturbance, which it is undoubtedly, with this difference in interpretation and definition, that he says it is not ataxia, and I consider it to be such."

Dr. Starr thought that the abducens nuclei could not be involved, together with the interolivary layer, without affecting the formatio reticularis, which ought to show sensory symptoms if affected.

Dr. Spitzka: "The difficulty seems to be that Dr. Starr has only one particular level of the pons in mind: one not necessarily involved in this case, inasmuch as the nuclei of the abducentes, but coördinating tracts are supposed to be at fault. Even allowing the lesion to be in the level spoken of by Dr. Starr, the difficulty he discovers does not seem to me to be as he states it. That no symptoms referable to the formatio reticularis are present, can constitute no objection as long as the function of that part which lies between the raphe and the abducens roots is unknown. The abducens roots, however, skirt and partly perforate the interolivary layer, and so far it is possible to have coincident abducens and muscular sense disturbance; the real difficulty in this case would be to account for the double involvement of the abducens without the bilateral involvement of the interolivary layer. As I understood Dr. Weber when he presented the case to me, he supposed the lesion to lie in the anterior third of the pons, with a dorso-mesal and possibly caudal extension to near the ventricular floor. Here the altitude of the tegmentum is extremely low. A comparatively small lesion may involve the interolivary division of the lemniscus—I mean its continuation, the raphe, with its trigeminal decussation, the posterior longitudinal fasciculi, the pyramidal tract slightly, and the speech, either after Raymond and Artaud or the other theories. The advantage of this explanation over the others offered is this, that it requires the smallest lesion to harmonize with the symptoms, while grave objections can be urged against every other location, particularly the one which would locate the lesion as a meningitis involving peripheral nerves. I must reiterate, that till the inconsistencies of the oculo-motor paralysis are explained away, insuperable obstacles oppose the meningitis theory. Possibly Dr. Weber's reference to the voluntary control of single ocular muscles might lead to misapprehension. No ocular muscle is capable of isolated movement under voluntary effort. But groups of such are. There is a ready-made coördinated mechanism, of which the posterior fasciculus is probably the important mediatior which regulates the coördination of both globes, and it is here where the trouble lies."

Discussion on Hemianopsia. (*See page* 650.)

Dr. T. R. Pooley—"*Mr. President:* Without knowing at all the direction which Dr. Seguin's paper would take, I hastily looked over my records this evening and briefly abstracted five cases of hemianopsia of which I have notes. One of these cases has been referred to by Dr. Seguin in his paper. I feel quite incompetent to discuss the physiological and theoretical question as to the location of the lesion and the importance of different symptoms in helping us to exactly locate the lesion in the brain. Nor will I at this

late hour refer to all the cases of which I had intended to relate somewhat in detail the clinical histories. I shall content myself with speaking only of one case which has recently come under my observation and which is now under treatment. It is a case which I saw a week ago; that of a gentleman aged thirty-five years, who came under my care in 1879 for comparative blindness of his left eye, which I found to be due to circumscribed choroidal exudation situated near the macula lutea. In my former experience with such cases I always believed them to be due to syphilitic infection, and careful inquiry into the history of this case showed it to be due also to this poison. The patient remained for a time under treatment for this inflammatory exudation, from which he recovered with a scotoma, and enjoyed comparatively good health and freedom from all further syphilitic manifestations until a week ago, when he consulted me again. On this occasion he was driving with his wife in the country, when he suddenly became completely blind. This blindness lasted only a few moments. Upon recovering, he ascertained that there was dimness of vision upon the left side, which continued when he came to see me. Examination showed left homonymous hemianopsia, the blind area extending almost to the point of fixation in each eye. Examination of acuteness of vision showed in the left eye (and this is interesting because of the previous condition of that eye) $\frac{22}{100}$; the right eye, $\frac{20}{20}$, or perfect. The optic discs were quite normal. The blood-vessels were of full size. There was no indication of atrophy of the optic nerve by neuritis. The interesting and remarkable fact in this case is the improvement which took place within a week from the commencement of treatment. On account of the previous history of the case, the patient was placed upon large doses of iodide of potassium. Former experience with the use of the drug, however, led me at first to give comparatively small doses, only fifteen grains. But I found that he tolerated large doses much better than he did small ones, and I immediately began pushing the remedy, so that I gave him one drachm three times a day on the third day. Already upon the first day after treatment had been begun, the visual fields had increased in extent, and this increase has steadily continued until the present date. Unfortunately, I have not had opportunity to make measurements with the perimeter, the patient being treated at his home, but I may estimate that the field of vision has extended from near the point of fixation to one-third the normal limits, the increase being apparently symmetrical. I should like very much to have Dr. Seguin's opinion as to whether in a case of this kind, in which there has been such marked improvement within a week, we may hope for permanent benefit?"

Dr. M. A. Starr: "At this late hour I will not detain the Society but a moment. I think the list Dr, Seguin has presented is a complete one, with, perhaps, one exception, that of a case reported by De Mange in the *Révue de Medicine* for May, 1883. That case is referred to by Dr. Gowers in his last work on diseases of the brain in a way to lead one to suppose that it supported the assertion of Ferrier, that the angular gyrus is the centre for vision. I found, however, on looking up the case, that the lesion was one which coincided very largely with that of the first case of Westphal, and is very well represented by the diagram shown by Dr. Seguin of that case. It was a very large lesion, involving both parietal lobules and the occipital lobe. Gowers refers to that case as proving that a lesion upon one side of the brain may produce blindness of the opposite eye, and says it supports Ferrier's assertion of amblyopia being due to lesion of one angular gyrus. In the original report, however, it is only stated that the patient could not see well with the left eye, and it does not state that there had been any careful measurement of the field of vision. Therefore, in all probability the patient had hemianopsia, and, as in a number of cases reported by Dr. Seguin, and in a number which I collected, lack of careful observation on the part of the examining physician failed to elicit the symptom which was undoubtedly present. The necessity for careful examination in all of these cases has been dwelt upon by Dr. Seguin, and I think it ought to be emphasized, because it is evident from the history of these cases that a patient with hemianopsia does not notice the exact field of vision, but only notices that he is blind in one eye, and refers it to the eye whose field of vision is most largely implicated. The necessity for such an examination is shown in the fact that Dr. Seguin has been able to collect eight cases in addition to those which I had collected, that is to say, eight new cases have occurred since January, 1884. This great increase in the number of cases of hemianopsia is only apparent, few cases having been recorded previously because of imperfect examinations of the visual field.

"I would not anticipate Dr. Seguin in answering the question asked by Dr. Pooley, but I have in my hand a case published by Baer in 'Volkmann's Sammlung Klinischer Vorträge,' which is almost identical with that related by Dr. Pooley this evening—a case of hemianopsia coming on suddenly in a syphilitic individual. A series of diagrams are given, showing the progressive improvement of the patient and final complete recovery.

"My attention was first called to this subject three years ago, by seeing a case of hemianopsia in Charcot's wards, and in his lecture on that case Charcot virtually retracted his own diagram, and adopted one like that shown by Dr. Seguin. So that I think we should cease to copy the old diagram made by Charcot, as it has been abandoned in France and Germany.

"The absolute necessity for such a collection of cases as Dr. Seguin has made for settling any disputed question of localization is perfectly evident to you all. It is the only way in which this question of localization can be really determined. To make conclusions from physiological experiments I think is no longer warranted. We must go to carefully made autopsies.

"It may be interesting to know that in October, 1858, the Pathological Society of Philadelphia discussed the subject of abscess of the brain, and at that meeting Dr. Weir Mitchell presented a case with the records, in which a large abscess at the posterior part of the brain, involving both occipital lobes, was attended with blindness, and the blindness seemed to be the chief *local* symp-

tom (as we should say now) of the disease. The Pathological Society were at a loss to explain the occurrence of blindness with this lesion in the occipital lobes. I think it is encouraging to the general cause of clinical diagnosis that now, after the lapse of these years, we are able to explain perfectly that case which then so puzzled the Pathological Society of Philadelphia."

Dr. Seguin closed the discussion, and apologized for having detained the Society with so long a paper. With reference to Dr. Pooley's question, he would have to decline to answer it for want of experience. He had never seen a case of hemianopsia which was not embolic, or possibly due to a tumor, and in which there was no indication for treatment.

EDITORIAL DEPARTMENT.

PERISCOPE.

Pilocarpine in Puerperal Eclampsia.

Before the Canada Medical Association (*Med. News*, October 3), Dr. McKeough read a paper on this subject. Three cases were detailed, the principal features of which were as follows:

Case 1. Patient, when seen, had had 12 convulsions, was comatose, and greatly œdematous; the urine loaded with albumen; an attempt at venesection failed; then pilocarpine was given hypodermatically. There was profuse sweating, but at the same time copious bronchial secretion, with loud rattling. The condition became alarming, and the patient died three hours after.

Case 2. At eighth month. Considerable œdema present; passed only one ounce of urine in twenty-four hours; gave purgatives and potassium citrate with digitalis; had vapor bath. Eclampsia supervened; gave ʒi. fluid extract of jaborandi with good effect. Convulsions continuing, gave morphia sulphate gr. ¼. No more convulsions.

Case 3. Convulsions occurred the day before confinement; found semi-comatose; no œdema; urine solid on boiling; gave gr. ⅛ pilocarpine hypodermatically. At night gave chloral. Next day had no return of convulsions, though she remained lethargic, and was successfully confined.

Dr. McKeough considers the use of jaborandi in these cases only an experiment. Barker and Thomas think it of doubtful service. The great depression it produces is against it, whilst in certain conditions the danger of pulmonary œdema and profuse bronchial secretion are great, as shown in Case 1. He thinks, from his experience, that it may prove of considerable benefit when used early in cases in which convulsions are likely to occur.

Dr. McLean said that though most cases of puerperal eclampsia are uræmic, they are not all so. Some arise from peripheral irritation, and resemble the fits which children have from worms and other causes. A case of his illustrates this fact. A multipara, in whom the abdomen was much distended, had convulsions; there was no albumen in the urine. He gave chloroform and delivered; no more convulsions occurred. He considers chloroform the most valuable agent, as it allays irritation of the peripheral nerves and nervous system generally.

Dr. Whiteman was opposed to evacuation of the uterus. His practice is to leave the case to nature, except an emergency call for interference.

Dr. George Ross said that the subject always commanded a lively interest. He thought that, in the treatment of puerperal convulsions, a wrong idea was often made its basis. It is said that the blood is poisoned by a foreign substance—urea—and this must be got rid of. This in itself is even yet an unproved hypothesis. At any rate, he believed that, convulsions existing, the primary object of the practitioner should be to allay the irritation of the nervous centres, independent of everything else; accomplish that, and the eclampsia will cease, and then you will have time enough to take steps for unloading the system and starting the action of freed kidneys. To allay this central irritation we must resort to narcotics, and especially morphia and chloral hydrate. On these principles, therefore, the employment of pilocarpine can only be looked upon as uncalled for, and in not a few cases actually dangerous. He agreed with Dr. McKeough, that it may be very useful in early conditions of albuminuria, or even after convulsions have ceased, but not as a treatment of the eclamptic paroxysms. He would draw attention to a point often omitted in textbooks, viz., that prodromata of convulsions—early uræmic symptoms—should always be looked for and actively treated. These consist most frequently in severe headache and repeated vomiting. They can often be completely relieved by narcotic treatment, and convulsions *prevented*, whereas depleting measures do little good, except assisted by the narcotic. As regards emptying the uterus, it has been his practice in a number of cases to treat by opium, etc., and take no step to hurry the confinement. He has never had reason to regret this course.

Dr. Grant agreed with Dr. Ross that it is important to watch puerperal cases, with a view of preventing the serious complication of convulsions. He trusts, in cases with slight œdema, to a course of potash, especially the bitartrate. He is in favor of the narcotic treatment of the actual eclampsia.

Dr. Davidson objected to the use of pilocarpine on account of the pulmonary dangers. He saw one case where great lividity was produced, with marked frothy exudation in the bronchi.

Dr. Thorburn spoke of the value of pilocarpine in cases of general anasarca, especially those of a more chronic kind. He considers its use in puerperal cases somewhat problematical. The treatment of puerperal convulsions, he thinks, should not be uniform, but must be based upon the nature of the probable exciting cause.

Dr. McKeough, in reply, said he claimed no special value for the drug, but brought the cases before the Association as observations of some interest, and he was pleased with the discussion they had elicited. He thought his cases were all of uræmic origin, as such cases generally are.

Tumor of the Testicle.

Mr. F. M. Caird thus writes in the *Edinburgh Med. Jour.* for November:

In the present instance we have an example of cystoma simplex, or rather cystoma atheromatosum of Kocher. The history and description are as follows:

G. M., æt. 24, was admitted to the Royal Infirmary of Edinburgh, on the 30th of September last, suffering from enlargement of the left testicle. It seems that sixteen months previously he had received a blow on the testicle. On the following morning all pain had disappeared, but the organ felt tense and hard, and from that time it has gradually increased in size, but without pain. Four years ago he had had what was apparently soft sore and bubo, otherwise his health has been very good. He is well nourished, and in good condition. He has no glandular enlargement. There is a slight stricture at the triangular ligament. The affected testicle is firm, hard, and of a globular form. The skin over it is stretched to a certain extent, and the scrotal veins are prominent. The cord is normal.

In the belief that the growth was probably sarcomatous in character, it was extirpated on the 3d of October, and the patient made a rapid recovery. The tumor was injected with gelatine and carmine through the vessels of the cord, and laid aside to harden in alcohol. On bisection a small quantity of serous fluid escaped.

On examination it was found to measure about 3½ inches in length, 2 inches from side to side, and 2½ from behind forwards. In shape it was somewhat oval, with an obscurely bossed surface. It felt firm and elastic. The tunica vaginalis was normal. The epididymis and cord were spread out along its posterior surface, and it was capped by the stretched and flattened out remains of the testicle. The cut surfaces displayed a mass of whitish rounded bodies embedded in the midst of a dense injected matrix. There was a large irregular cavity lying towards the posterior aspect of the tumor. Interstitial septa could be traced running towards the periphery of the tumor where they blended with its coverings.

On closer examination the rounded bodies were found to have a zoned character where seen in section, as if they were made up of various concentric layers. They could readily be picked out entire, just as one might turn out a wen, and there was left a cavity with smooth whitish walls. It frequently happened that some of these pearl-like bodies had several centres, as if three or four cysts had fused, and in such cases the cavity had alveoli or depressions corresponding to the number of centres. In no case did we find a communicating chain of cysts. The large irregular cavity appeared to show that a series of cysts had fused and broken down; its walls, moreover, were not vascular, in this respect resembling the septa, with which they were continuous, and pointed to some failure of nutrition. The walls of the cavity were lined with a thick white cartilaginous-looking layer, covered in its turn with a granular pultaceous mass. This, under the microscope, was found to consist of breaking down epithelial scales, fat globules, cholesterine crystals, and granular *debris*.

Sections under the microscope brought interesting details into view.

The general groundwork of the tumor was seen to consist of a firm vascular connective tissue, showing here and there deposits of leucocytes. Small nodules of hyaline cartilage were also present. The glandular part of the growth consisting of cysts might be divided, according to the character of the epithelial lining, into three sets:

1. The greater number of the cysts were lined with tesselated epithelium. They possessed a true Malpighian layer with prickle cells, and over this a horny superficial layer, the squames of which gradually coalesced into an amorphous mass.

2. There were a very few lined by a cylindrical epithelium.

3. Here and there there were cyst-like cavities which contained a closely-packed granular amorphous plug, apparently epithelial.

The tumor was enclosed in a dense capsule of tunica albuginea. The testis lay quite outside this, and had a fibrous envelope prolonged over it also, but was distinctly separate from the tumor. The epididymis showed fatty degeneration of its epithelium.

Beyond the presence of cylindrical epithelium, common also to the tubules of the rete testis, we have little to guide us here in regard to the development or true site of this new growth. The epididymis and testis seem, however, to be perfectly distinct from it, although the histology so far favors the view taken by Curling that such cystic disease originates in the rete testis.

Should Old Ulcers Be Cured?

This question, which is often asked, is thus answered by Dr. W. E. C. Nourse, in the *Brit. Med. Jour.*, September 19. He has treated above 900 cases. Of these 900 cases, a few were of more than twelve years' standing; several were of ten years'; a considerable number between two and ten years'; the rest, under two years'. Fully half the cases were dressed by me, the rest under my supervision. In treating them, I always bore this question in mind, and was on the watch for any sign of mischief produced by healing the ulcers. No harm was ever observed, though some of the patients were old, infirm, insufficiently fed, or otherwise in bad health. Patients with large chronic ulcers, discharging profusely, found that their health improved as the ulcers healed. Whatever medicine was seen to be required was given, but that was very little. Almost all the ulcers healed, some thoroughly, some in a less satisfactory manner. In very few instances did they refuse to heal. I regret not having followed some short, easy plan of taking notes, so as to be able to give exact numbers. My treatment comprised careful bandaging; strapping, whenever practicable; sometimes zinc or chalk ointment, lead lotion, or black wash; avoiding poultices, caus-

tics, incisions, the administration of mercury or other strong purgatives, and confinement to bed, in almost every instance; and renewing the dressings not oftener than every three or six days; the precise materials employed being of less importance than the right and persevering use of them. The patients mostly went about as usual during treatment, following their ordinary avocations. The treatment may by some be considered old-fashioned, as including neither skin-grafting, india-rubber bandages, nor antiseptics; but it was very successful, and was a great contrast to what was done in my student-days, when patients with bad legs were confined to bed, the sores poulticed or dressed with unguentum resinæ, disturbed every day for fresh dressings, and the patients dosed with mercury, repeated purgation, or opiates to lull pain. On the whole, I think that, with proper attention to the state of the patient, there is nothing unsafe in healing old ulcers. The closing of an ulcer, under means used by a careful surgeon, is widely different from the spontaneous healing of an ulcer suddenly in the course of acute or serious disease. Here the ulcer is healed, not by outward means, but by an inward condition. In a case of acute spinal meningitis (recorded by me in the *Lancet* for 1859), an ulcer of the leg of some years' standing healed spontaneously at the commencement of the illness, which was severe. It was easily reopened by the application of poultices, and was thus kept discharging until the patient's recovery.

A New Binaural Stethoscope.

Dr. William A. Edwards thus writes in the *Med. News:*

That binaural stethoscopes have not received from American physicians the attention that they demand is in part due, I think, to the lack of efficient and handy instruments. The majority of practitioners will not use an instrument that is bulky, inconvenient for ready carriage from patient to patient, or is awkward in its application.

Professor William Osler has had constructed a binaural stethoscope by Hawksley, of London, of which the accompanying cut is almost an exact counterpart, excepting two essential changes in the mechanics of the instrument, which have been added by Mr. Yarnall, the instrument-maker.

The instrument (Fig. 1) is constructed in two separate parts; two fixed converging nickel tubes, and two flexible rubber tubes. The bone buttons on the nickel tubes are to be placed in the external auditory meatus; the buttons are remov-

Fig. 1.

able, and are constructed of various sizes, in order to fit each individual ear, which, I consider, is an essential point for the successful use of the instrument.

At the lower converging ends of the fixed nickel tubes is placed a rubber band, in order to hold the instrument firmly in the ear when in use.

Two cloth-covered rubber tubes, converging to a common bell-shaped, hard-rubber cap, which is to be placed on the patient's chest, complete the instrument; and, as such, Professor Osler and myself are in the habit of recommending it to the consideration of the students in the University.

I would formulate the points in favor of the instrument about as follows:

1. Its lack of "bulkiness," so common in all other binaural stethoscopes.

2. Its property of disarticulation, rendering the instrument just about the size of a single or monaural stethoscope (Fig. 2).

Fig. 2.

3. The facility with which it can be applied to the chest, not necessitating the practitioner's assuming constrained or uncomfortable attitudes.

4. The fact that this instrument allows the physical diagnostician to observe the locality that he is studying during the operation, and also enables him to avoid undue pressure.

5. The clearness with which it conducts sounds to the ear, and its great utility in the study of indistinct valvular disorders and hæmic murmurs.

The instrument is made in Philadelphia, at 115 South Tenth street, by Mr. E. A. Yarnall, who calls it the "University Stethoscope."

Iodic Purpura.

Before the Harveian Society of London (Oct. 15), Mr. A. Q. Silcock related the case of a woman who was admitted into St. Mary's Hospital on account of proptosis. Although no history of syphilis could be obtained, iodide of potassium was prescribed in ten-grain doses three times a day. After a lapse of thirteen days, the dose was increased to fifteen grains; seven days later, a purpuric eruption appeared most marked on the legs. Arsenic was then prescribed in combination with the iodide; the rash disappeared after three days. The arsenic having been discontinued, the spots recurred in an aggravated form. Five minims of liq. arsenicalis were again added, and this was followed in six or seven days by a disappearance of the eruption and by general improvement. Arsenic was omitted two days after the disappearance of the rash, the latter again returning after ten days, accompanied with malaise and some catarrh. After this, the patient lost courage and ceased to take her medicine regularly. A few months later, the iodide was again prescribed, and once more slight purpuric spots appeared after a few days, when the drug was finally omitted, the case being regarded as one of exostosis or of ossifying chondroma. In his remarks Mr. Silcock rejected the view that the effect was due to increased diapedesis, such as is said to follow the intravenous injection of salines. Arsenic was prescribed in the hope that it might possess the same specific influence which attaches to its administration in bromide eruptions. He believed that it was frequently prescribed conjointly with iodide of potassium, especially at the Lock Hospital.

Dr. Charles Renner expressed doubt as to any antagonism between the drugs, and suggested that the case was one of idiosyncrasy.

Mr. Malcolm Morris alluded to the rarity of re-

corded cases of iodic purpura. The exceptional case published by Dr. Mackenzie deserved mention, the child having died from purpura after a single dose of 2½ grains. Even in the rash of bromide arsenic after a time lost its beneficial effect. The paper was of great value as demonstrating that purpura was not a disease but a symptom.

Dr. Lees considered the case one of idiosyncrasy—in cases of meningitis he had administered to children large doses of iodide (three grains every three hours) for weeks and months without any toxic effects. Children were more exposed to the rash of bromide, adults to that of iodide of potassium.

The Treatment of Pneumonia by Quinine.

Dr. F. P. Atkinson thus writes in the *Practitioner* for October:

If the Collective Investigation Committee of the British Medical Association have done no other good, they have certainly directed attention to the treatment of pneumonia by quinine, which is destined, I think, sooner or later to supersede all methods now in vogue. There can be no question that in almost every case (and I think there are very few exceptions), it prevents the disease advancing beyond the first stage, and rapidly causes resolution to take place. It does away with the necessity for poulticing, all that is required being the application of cotton-wool to the front and back of the chest. My friend, Mr. Corbett, who has a good series of charts to bring forward, tells me it is equally successful in cases arising in young infants as it is in adult cases, and he asserts that many children he has been able to pull through, who, in old times, would certainly have been lost. He gives an adult two grains every two, three, or four hours, according to the severity of the case, combined with hydrobromic acid, and if there is any delirium a few drops of tincture of digitalis. If there is any large deposit of urates in the water, he gives some citrate of potassium alternately with the quinine. This method of treatment I have followed out with decided benefit to my patients and satisfaction to myself. Now any one who has given repeated doses of quinine to a patient will, no doubt, have noticed the profuse sweating that occurs after its administration, and I am anxious to find out as to whether quinine really acts curatively through the perspiration it produces, its antiseptic action, or both. In some cases of menorrhagia, it exerts a very decided influence upon the muscular tissue of the uterus; has it any influence upon the muscular coat of the arteries in pneumonia? An answer to these questions would, no doubt, help us not only in the treatment of pneumonia, but also many other febrile diseases.

Progressive Locomotor Hemiataxia.

The *Lancet*, October 3, 1885, says that neurologists are acquainted with cases of locomotor ataxy that have symptoms only on one side of the body. Apparently such cases are not of frequent occurrence, but we certainly require more definite information on the earlier stages of tabes dorsalis before a positive opinion can be pronounced on this question. M. Bertoye has placed on record a case of the kind (*Lyon Médical*, September 20). The patient was a man, aged forty-eight, a weaver by occupation. The previous history gave no evidence of venereal excesses, syphilis, alcoholism, saturnism, or rheumatism. When twenty-eight years old, "lightning" pains were first experienced. Five years ago, almost suddenly, he was attacked with plantar anæsthesia and incoördination of movements of the right leg, which had alone been the seat of pain. A little later, the right arm was affected. There was no loss of power and no muscular atrophy. The incoördination was evidently due to the want of proper guiding sensations; for with the eyes shut the patient was unaware of the position of his right hand and foot. From a consideration of the literature of tabes dorsalis, and from his own experience, M. Bertoye draws the following conclusions:

1. Progressive locomotor ataxy is often produced as the result of muscular, genital, and other forms of *fatigue*.

2. When this is the mode of production, the disease has a special tendency to affect the overworked part or parts. A corollary is drawn to the effect that certain occupations entailing exaggerated employment of certain functions may determine tabes dorsalis with localizaiton of symptoms in the overworked organ.

Lastly, it is argued that if the occupation demands simultaneous over-action of an arm and leg on the same side of the body, the tabes will assume the hemiataxic type. The condition of the knee-jerk is of great importance in cases of genuine hemiataxia, for it disappears on the diseased side and is retained on the sound side.

Venesection of External Jugular Vein.

In the *Medical Press*, October 7, 1885, Dr. Lambert H. Ormsby says:

This operation may be called for in cases of croup in children, apoplexy in adults, or in venous congestion of head or chest. The direction of the sterno-cleido mastoid muscle and the fibres of the platysma ought to be remembered, as well as their relative positions. The direction of both these muscular structures are very nearly represented by the letter X. When you require a good flow of blood, the cut in the vein must be oblique, in the direction of the fibres of the sterno-cleido mastoid. The vein can easily be seen when firmly pressed on below, as it passes across the muscle, which is the situation where it should be opened, as it is very prominent, more superficial, and more firmly fixed.

To Perform the Operation.—Place the patient lying on a couch or sofa, or, if able, sitting on a chair, turn the head to the opposite side so as to stretch the neck and make the vein more prominent.

1. Compress the vein at the lower part of the neck with the thumb.

2. Make an incision in the skin over the vein as it passes across the sterno-cleido muscle for about half an inch, and in a direction with its fibres in this incision the fibres of the platysma are cut, and thus enables the wound to gape and the vein to be the more easily detected.

3. Open the vein by an oblique incision, exactly in the same direction as the skin incision, but somewhat less.

To stop bleeding, remove the pressure from below and place a pad of lint over the puncture, and keep in position by slips of adhesive plaster.

Fatal Cystitis Apparently Due to Phimosis.

Dr. Sadler reports this case in the *Lancet*, October 17, 1885:

William M——, aged seventy-seven, was admitted on April 22. His story was that he had had a very long prepuce all his life, but it had given him no inconvenience. Though for some years subject to frequent micturition by day and night, had never been aware of any difficulty in expelling urine. Had been in failing health some months, and for several weeks his foreskin had been swollen and he had been unable to pass more than a few drops of urine at a time. He was a very feeble old man, and was very much collapsed on admission. On his hand and feet were numerous small, dry, brown fissures, as if from commencing dry gangrene. The prepuce was very long, œdematous, hard, and inflamed. It barely admitted a small probe. Bladder much distended. A fine curette was passed into the prepuce, and it was divided to its base. Then a No. 12 English silver catheter was passed without any obstruction into the bladder, and several pints of intensely fetid purulent urine withdrawn, with some decomposed clots. The bladder was washed out. The washing was repeated several times during the next twenty-four hours, but he never rallied from his collapse, and died quietly next day. No autopsy was permitted. There were no calculi in the prepuce, nor could any be felt with a sound in the bladder.

The Sources of Malaria.

Before the Canada Medical Association (*Med. News*, October 3), Dr. Arnott, of London, Ont., read a paper on this subject, saying the existence of malaria is very generally taken as equivalent to presupposing the existence in the same place of a certain germ. It is commonly accepted that one of the chief requisites for malaria is decomposing vegetable matter. The only circumstance required for this to take place, and, therefore, for the generation of malaria, are thought to be the presence of water, exposure to air, and a certain temperature. Dr. Arnott thinks that decomposing vegetable matter is *not* necessary, but that with water and the requisite degree of heat, the germ of malaria will be propagated. He thinks, therefore, it is conceivable that this might take place even in distilled water. Many arguments were adduced in support of this view. In different districts the prevalence of ague is not at all proportionate to the amount of vegetable matter in a decaying state. One may find the latter in great abundance with hardly any intermittent, whilst *vice versa*, malaria may abound where decaying vegetable structures may be said not to exist, or to be very sparingly present. Loomis believes that malaria is proportionate chiefly to the heat and moisture without reference to the organic matters. The effect of drainage of land is well known. Phthisis and cholera will thrive under the same physical conditions as give rise to malaria. The writer again emphasizes the opinion that heat and moisture are really the only essentials required to propagate malaria independent of the presence or absence of organic matter.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. John N. Mackenzie, of Baltimore, has given considerable attention to diseases of the throat and nose, and a number of reprinted articles before us contain the results he has reached on the pathology of acute and chronic coryza, the discovery of nasal erectile tissue, the pathology of acute and chronic coryza, the etiology of hay asthma, and allied subjects.

——A synopsis of the third annual meeting of the American Rhinological Association forms a pamphlet of 18 pages, which may be had by addressing the Secretary, Dr. J. A. Stucky, Lexington, Ky.

——Dr. Joseph Holt, who is president of the Louisiana State Board of Health, has printed an open letter to Dr. A. N. Bell on steam as a disinfectant, and added to it another letter on commercial relations with Brazil. Two points will impress the unprejudiced reader in examining these documents, two regrets, one that a scientific discussion is so liable to degenerate into unseemly bickering; the other, that the study of sanitation should be warped by a consideration of limited pecuniary interests.

——The histories of six cases of hereditary ataxia, all in one family, are described in a reprint by Dr. W. E. Smith, of Framingham, Mass. They form an instructive series.

——The San Francisco Cremation Company has issued a pamphlet written by its secretary, Mr. Max Levy, entitled "Why Modern Cremation Should Replace Earth Burial." It is a well-written and able defence of the practice of burning the dead. Copies may be obtained by application to the company.

——Dr. Walter Coles, of St. Louis, advocates in a recent reprint the more frequent resort to the induction of premature labor in narrow pelves. He instances several cases from his practice where the operation proved of decided benefit.

——Dr. C. H. Hughes, of St. Louis, has reprinted an article on a form of post-neuralgic insanity, which will prove of interest to alienists.

——An improved table of metric equivalents

appears in a brief article reprinted by the author, Dr. Llewellyn Eliot, of Washington, D. C.

——Mr. Marks, of 701 Broadway, New York, has issued an excellent illustrated catalogue of his artificial limbs with rubber hands and feet. Those needing such articles should send for it.

——Lambert & Co., of St. Louis, have published a small work, entitled "How to Use Listerine," giving formulas and other instructions for employing that useful disinfectant.

BOOK NOTICES.

Acne, Its Etiology, Pathology, and Treatment. By L. Duncan Bulkley, A. M., M. D., etc. Cloth, 8vo., pp. 280. New York: G. P. Putnam's Sons.

All of Dr. Bulkley's writings give evidence both of extensive reading and wide observation of clinical cases. Thus the present monograph is based on the study of one thousand five hundred cases of sebaceous disease; and the bibliography which is appended gives the titles of about seven hundred works and essays, nearly all of which the author personally consulted. Certainly no one could ask a more thorough preparation for writing a volume on acne than this must give.

In utilizing his materials, Dr. Bulkley follows the French rather than the German school of classification and pathology. In this respect he departs from the majority of American Dermatologists, but as he offers reasons which he deems sufficient to defend his course, the reader will be in a position to judge for himself as to the matter.

The portions of the book on pathology and etiology are the most satisfactory, and the introduction of a moderate number of illustrative cases adds to the clearness of the descriptions. We are less satisfied with the part on therapeutics. It contains very little that is new; and this cannot be attributed to the reason that there is nothing new to be said; for instance, we have looked in vain for anything about the oleates, a most potent and valuable series of remedies in acne, but neither in the index nor the formulary are they mentioned. The volume is extremely well printed, and has a moderate number of illustrations.

Students' Aid Series. 12mo. G. P. Putnam's Sons, New York. For sale by P. Blakiston, Son & Co.

These small volumes have been before the medical public of this country for some years, and now appear in a new dress. The four before us include "Aids to Medicine," by Dr. C. E. A. Semple; "Aids to Surgery," by Mr. George Brown; "Aids to Obstetrics," by Dr. Samuel Nall; and "Aids to Gynecology," by Mr. A. S. Gubb. They are prepared to suit the wants of the London students, in which city they were first published, and from our experience a few years ago in presenting them to American medical students, we reached the conclusion that at that time at least they were not well adapted to the requirements of our colleges.

Transactions of the Texas State Medical Association. Seventeenth Annual Session. 8vo., pp. 426. Austin, 1885.

This handsome volume makes a highly creditable showing for the Lone Star State. Not only is it well printed and neatly bound, but the contents show clearly that the profession there are wide-awake to the progress of their science, and quite willing and able to help it along by new suggestions and carefully prepared articles.

The papers open with the annual address of the president, Dr. H. G. Ghent, which is followed by an interesting local article by Dr. S. H. Stout, on the Climate of Northwestern Texas, and the Mode of Life there in their Relation to Disease. Of the numerous other original contributions we may mention one by Dr. Paine, of Comanche, on *Salix Nigra* as a Sexual Sedative; on Iodide of Potassium in Typho-Malarial Fever, by Dr. O. L. Williams; A Narrative of Practical Experience in the Use of the Oleates, by Dr. H. L. Taylor, of Waco; A Case of Aphonia of Thirty-two Years' Duration Restored by the Removal of Some Small Laryngeal Tumors, by Dr. C. W. Trueheart; A New Device for Operating for Fistula in Ano, by Dr. J. A. Gibson, of Foster; Experiences with Cocaine, by Drs. Hall and Chilton; The Value of Potassium Bromide in the Obstinate Vomiting of Pregnancy, by Dr. R. B. White; and various other articles of equally instructive character. It is gratifying to note that State societies are maintained with the ability and interest in the subjects manifested by the writers in this volume, and we trust that in every State in the Union there will be before many years a State medical society of equal energy.

The Physicians' Pocket Record and Visiting List for 1886. Published at the office of the Medical and Surgical Reporter. 1886.

The Medical News Visiting List for 1886. Lea Brothers & Co. 1886.

The usual number of visiting lists have appeared this year, and one in addition, published by Lea Brothers & Co., which enters upon the first year of its existence. It is provided with the usual memoranda and tables, and is manufactured with the neatness characteristic of the products of

this house. The cover is in the form of a loose flap.

The Physicians' Pocket Record, issued from the office of the REPORTER, enters now on its twentieth year of publication. It is closed as heretofore by means of a patent spring clasp, and is arranged to be good one year from any date. We believe it will not fail to retain its long-enjoyed popularity.

Lectures on Diseases of the Nose and Throat. By By Charles E. Sajous, M. D., etc. Cloth, 8vo., pp. 439. Illustrated. Philadelphia: F. A. Davis, 1885.

The extreme prevalence in our climate of the class of diseases of which this volume treats lends to it a permanent value; the more so, as its contents are in great degree the result of the author's own observation during a number of years which he has devoted to the study of this special branch, upon which he is Lecturer in the Jefferson Medical College, of this city.

He begins with directions about illuminating the cavities to be examined, describes the anatomy of the parts, explains the instruments used in cleaning and medicating them, gives a chapter on the therapeutics of this portion of the economy, and then proceeds to take up one after another the various diseases, acute and chronic, which are liable to invade the anterior and posterior nasal cavities, the pharynx, the tonsils, the uvula, and the larynx. In an appendix at the close of the volume he adds a list of the formulæ which he has found to possess special merit. Some of these are original, others are quoted from various authors. A well-prepared index closes the work.

We may add a word in commendation of the clear type and clean, well-finished paper, which increase the pleasure of perusing the work. There are also nearly one hundred engravings on wood, and as many chromo-lithographs, prepared especially for this volume after oil-paintings by the author, who is as skillful with the brush and palette as he is with the rhinoscope and probe. They are fine examples of medical illustrations.

Practical Therapeutics: A Compendium of Selected Formulæ and Practical Hints on Treatment, systematically arranged, interleaved, and copiously indexed. By Edward J. Bermingham, A. M., M. D., etc. Cloth, 8vo. New York: J. R. Bermingham, 1885.

The plan of this work is similar to that of several others which have appeared of recent years, and has a certain degree of convenience for the practicing physician who knows how to make judicious use of the information it contains. It is, in fact, a formulary, but instead of having the formulæ arranged under the drugs which are the principal constituents, as is the case, for instance, in the long-popular formulary of Griffith, they are here arranged under the diseases in which they are clinically applicable.

Most of the authorities from whom the formulæ are quoted are living practitioners of eminence, and allowing that the editor has been careful, the combination may be supposed to be judicious and effective. There is, however, too little said about the peculiar features of the cases in which the combinations are advisable, and the "Practical Hints on Treatment," promised on the title page, are singularly scanty and inadequate. Perhaps in a future edition the author will take measures to correct this, as he could certainly easily do. Binding the book with every other leaf blank, as has been done, affords the reader space to jot down any additional matter which he may come across in his reading.

The Use of the Microscope in Clinical and Pathological Examinations. By Dr. Carl Friedländer. Translated by Henry C. Coe, M. D., etc. Cloth, 8vo., pp. 195. New York; D. Appleton & Co., 1885.

The purpose of the author of this manual is to set forth in brief and clear terms those methods which are adapted in microscopical examinations conducted for diagnostic and pathological purposes. He begins with a description of the microscope and its accessories, mentions the chief reagents employed, the various methods of preparing substances for examination, and the technical procedures involved in the mounting and investigation of living tissues, fluids, and solids. A colored plate opposite the title page presents a comparison of the most important and characteristic pathogenic schizomycetes. The translation is easy and accurate.

—"Pa," said a little boy, "what is an absolute monarchy?" "I can't explain it, my son, so that you can comprehend it. Wait until you get married, my son, then you'll know."

—Bottleworth, aged 28, drinking a mixture of champagne and Burgundy: "You grow old slowly, Mr. Clearhead."

Clearhead, aged 65, drinking buttermilk: "Yes, but you know I have never been a fast man in anything."

—Ethel used to play a good deal in the Sabbath-school class. One day she had been very quiet. She sat up prim, and behaved herself so nicely that after the recitation was over the teacher remarked: "Ethel, my dear, you were a very good little girl to-day." "Yes'm. I couldn't help being good. I dot a tif neck."

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FORCIBLE ALIMENTATION OF CONSUMPTIVES.

Debove first recommended forcible alimentation of consumptives. For this purpose he made use of a stomach-sound, through the hollow tube of which the food was injected into the stomach, while the addition of peptones, pepsin and muriatic acid was intended to facilitate digestion. After (at the Clinic of Greifswalde) everything had been tried in vain to cure consumptives, or at least to ameliorate their condition, Dr. E. Peiper in charge of the clinic, concluded to try food alimentation. But he soon had to give up Debove's method, as the patients objected too strongly to the use of the œsophageal tube, and besides they all commenced rapidly to suffer from gastric symptoms.

P. then tried to achieve the same purpose in a different manner, viz.: by giving as concentrated food as possible, and in quantities as large as possible. From his report (*Deutsche Med. Zeit.*, October, 1885), we find that he employed a peculiar gruel, consisting of meat-powder dissolved in milk, and to which eggs are added. The meat-powder is made in this manner: several pounds of finely-chopped beef are roasted over a fire on a tin sheet until the meat can be powdered. Two to three times daily about three ounces of this beef-powder were dissolved in milk and given to the patients to eat. Occasionally eggs were added, which had been deprived of all moisture in a similar manner as that employed in the case of the meat. This dose was gradually increased, and generally reached finally three times the original amount, viz., about ten ounces, which the patients received three times a day, while the usual meats were taken besides, and simple bitter remedies and Hungarian wine were also administered.

In fourteen cases P. obtained good results. The patients increased in weight from 5 to 22 pounds; the irritation to coughing and expectoration always diminished, and in one case even the number of bacilli lessened. In three cases gouty symptoms appeared, but gastric disturbances were not observed in a single case. That the local disease in the lungs evinced no improvement what-

ver, P. ascribes to the fact that all his patients had reached the last stages of tuberculosis. He feels sufficiently encouraged to hope for still better results in more recent cases, as from the forced alimentation and the generally improved nutrition of the system the organism might obtain greater strength, and, therefore, greater power of resistance, thus enabling it to throw off the tuberculous matter, for in no other way can those cases be explained, where incipient tuberculosis was cured and never reappeared. Bamberger's interesting researches into the part which the white corpuscles of the blood play in this connection, greatly aid us in the explanation of such cases, and as a richer blood can send more corpuscles to the field of battle, forcible alimentation should be oftener tried, because the blood certainly improves under its influence.

A WARNING ABOUT SYPHILIS.

A timely and valuable article was read by Dr. Le Hardy, of Savannah, before the last meeting of the Georgia State Medical Association, and has since been printed in full in the Atlanta *Medical Journal*.

Its topic is the persistency of the poison of syphilis in the constitution, and the necessity of long-continued treatment in order to effect a permanent cure. We find this article especially timely because we have noticed that some writers in the medical journals have fallen into the dangerous error of speaking of syphilis as a self-limiting disease, and one that brings with it but little danger to life. One writer, a few years ago, undertook to prove that there is so little risk connected with it that an examiner for a life insurance company should pay no attention to the presence of syphilides.

Dr. Le Hardy takes a widely different view from this, and we are fully persuaded from a series of cases that have come under our own observation that he is entirely right. We extract a few of his sentences, to which we would ask the particular attention of physicians.

"It must not be concluded that a mildcase is more likely than the other to have a favorable termination. No matter how small the amount of the disease lingering in the system, it will certainly manifest itself in some way or other. Either the patient will be overtaken some time during his life by so-called tertiary syphilis, or will be liable to complications in any disease by which he may be attacked, or to obscure diseases of the brain and nervous system, or remaining to all appearances healthy himself, his children may inherit constitutional syphilis.

"Prominent syphilographers have held that the disease is "self-limited," and that it will disappear without treatment after an indefinite number of years, the patient being restored to perfect health. My own experience is that in most cases where this appears to have occurred, the disease is not cured, but merely held in abeyance, to manifest itself when, either by the energy of its own poison, or by that of some other disease, the patient's vital force has been reduced.

"Cases which have been treated and pronounced cured by eminent specialists in Europe and America, have come under my observation at a later day with well-defined constitutional symptoms. It is safe to assume that, without any treatment, the termination will be *unfavorable;* that, under proper treatment, faithfully and persistently carried out, the disease will, in the great majority of cases, disappear in from eighteen to thirty-six months, never to return, leaving the patient in perfect health, and not liable to infect his children.

"It is never safe to discontinue the regular treatment in less than eighteen months after its commencement. If, at the end of that time, the patient has been free from all symptoms for six months, and the ganglia have returned to their normal size and condition, the mercury may be intermitted for longer and longer periods during the next six months, and then discontinued altogether, but the patient must be kept under observation for six months longer, when, if still free from symptoms, he may be discharged as cured."

We commend to the profession Dr. Le Hardy's article as a much needed corrective of opinions which have gained altogether too much credit with the profession.

A NEW ANÆSTHETIC.

A year ago Dr. v. Mering mentioned at the meeting of the Natural Scientists, at Eisenach, the hypnotic and anæsthetic effects of the acetales. He recommended further trials with a mixture of

two volumes dimethylacetale and one volume chloroform. The dimethylacetale has the chemical formula of $C_4H_{10}O_2$, a specific gravity 0.87, reaches the boiling-point at 64°, has an odor resembling fruit, burns with a smoky flame, and is not decomposed by the light. For the last six months experiments have been made with the mixture above described at the Strassburg clinic. The price is at present an objection to its general use, one pound costing about $33. The mixture has very little if any effect upon the heart, the pulse evincing no alteration under its influence. The patient feels remarkably well when awakening, there is no headache or fullness of the head. The skin is not irritated by it, and the urine never contained albumen or sugar after narcosis. With robust men it takes fifteen minutes to cause complete insensibility, but with children and anæmic persons the effect is more rapid. After a trial in 50 cases, Dr. F. Fischer, assistant at the clinic, recommended its use in the following cases:

1. In cases where gastric catarrh and vomiting as a consequence of the narcosis ought to be avoided.
2. In cases of laparotomy.
3. Diseases of the heart.
4. Nephritis.
5. Affections of the central nervous system, especially infantile paralysis and epilepsy.
6. When dangerous symptoms develop under narcosis as usually induced, while the operation can be concluded only while the patient is under the influence of an anæsthetic.

THE METRIC SYSTEM.

A few years ago there were two or three societies in the United States organized for the purpose of introducing the metric system into medicine, and actively working to that end. It was officially adopted by the United States Marine Hospital Service, and a large number of private practitioners, who were nothing unless up to the times, wrote all their prescriptions in that notation. All the medical journals which did not adopt it were condemned as old fogies. Among the latter was the MEDICAL AND SURGICAL REPORTER. It, however, undertook on various occasions to show that it was not led to this conservative course by any mere adherence to existing facts, but by the inherent faults of the metric system when applied to medicine and pharmacy.

The position then taken by this journal has now been generally recognized as scientifically the only correct one, and some of the warmest advocates of the French innovation have come out and honestly acknowledged that they were too hasty. One of these is Prof. Oscar Oldberg, Ph. D., of Chicago, who in a very able and clear paper in a late number of *The Pharmacist*, sets forth the radical deficiencies of the metric method in medicine.

We shall not undertake to repeat his arguments, as to do them justice they should be studied in detail; but if any of our readers have still a lurking belief that the famous system is a perfect one, or that it is well adapted for professional use, we advise him to obtain, to read, ponder, and inwardly digest Prof. Oldberg's article, and he will be cured of his hallucination.

NOTES AND COMMENTS.

Gastric Aneurism.

Aneurism of the gastric artery is a very unusual occurrence, and one, the diagnosis of which, is shrouded in doubt. The patient, whose case Dr. E. Peabody Gerry describes in the *Boston M. and S. Jour.*, August 27th, had severe pain in the region of the pyloric orifice of the stomach, describing his pain as being mostly on the right side, when singularly enough the injury was on the left side, with a history of chronic dyspepsia and symptoms looking toward kidney complications which the urine showed existed. After the first few hours, the idea of a simple colic had to be abandoned, and Dr. G. was obliged to look for more serious reasons for the severe symptoms which were rapidly growing worse, making it plain that the end was not far distant. From the location of the greatest pain, gall-stones were thought to be the most probable cause of the trouble, although the fact remained that when the pain, which was described as terrible, was first felt, it was between the shoulder-blades, and

at times during the day again located itself at this point. This acute pain did not indicate anything positive, for it might have been a symptom of any severe lesion of the stomach or bowels. Its shifting character was the one thing that rendered the diagnosis uncertain. Perforation of the stomach at the pyloric orifice was also considered, although the character of the vomitus was not distinctive of any lesion of the mucous membrane, and the tenderness which at first was slight and afterward more general over the stomach and abdomen seemed to radiate from the gall duct. Acute peritonitis from perforation was suspected from the cold extremities, the pain, nausea, vomiting and faintness. Its location eliminated such diseases as cæcitis, circumscribed peritonitis from perforation of the appendix vermiformis, or any purely abdominal disease located below the umbilicus.

The autopsy revealed a rupture of an aneurismal sac of the gastric artery about one inch from the cœliac axis. Of course an accurate diagnosis in such cases is not of much practical value, since the result is almost sure to be fatal.

The Failure of Salicylic Compounds in the Treatment of Acute Rheumatism.

The occasional failure of these compounds, after they have been vaunted as specifics in the treatment of rheumatism has been the cause of no little surprise to therapeutists. The cause of this failure is believed by Dr. Thomas R. Fraser (*Edinburgh Med. Jour.*, for September,) to be explained on the ground of a failure of discrimination in diagnosis, and he comes to the following conclusions:

"1. That many of the cases which have been considered to be gonorrhœal rheumatism were merely cases of toxæmia, produced by a toxic substance absorbed from an inflamed genito-urinary mucous membrane. The cases I refer to are met with especially among the examples of chronic mono- or oligo-articular inflammation.

"2. That in other cases the disease is a rheumatism modified by toxic infection from a venereal or non-venereal inflammation of the genito-urinary mucous membrane. The rheumatic or toxæmic phenomena may in these cases be present in very different degrees of relative prominence, sometimes the rheumatic, and, at other times, the toxæmic phenomena being the more prominent. This, the true form of gonorrhœal rheumatism, presents itself chiefly as an acute or a sub-acute disease.

"3. That in no variety of gonorrhœal rheumatism is the progress of the disease materially influenced by the administration of salicyl-compounds; and as the distinction in acute and even in sub-acute cases between gonorrhœal and ordinary rheumatism is always at the commencement, and sometimes during a great part of their progress, a matter of much difficulty, the failure of the salicyl-compounds in the former disease is a valuable assistance in diagnosis."

Methyl Iodide as a Vesicant.

After describing its properties in the *Brit. Med. Jour.*, October 24, Dr. Robert Kirk says:

From the preceding statements it will have been observed that the iodides of both ethyl and methyl are more powerful agents than the strong tincture of iodine already mentioned, and which Dr. Churchill considered the best of all applications to the cervix uteri. As distinguished from most other agents which are applied to the cervix or the interior of the uterus, iodine is characterized by its tendency to produce a serous instead of a plastic exudation, but in this respect it is much surpassed by its methyl and ethyl compounds. These circumstances point to the two latter bodies as peculiarly applicable where such effects of iodine are deemed desirable; and I have found the application of methyl iodide to the cervix have a remarkable effect in relieving pain in some forms of uterine disease. For milder effects and for application to the interior of the uterus the ethyl compound is an excellent agent. The effect of this body applied on a Playfair's probe to the fundus, and retained there one minute, is often remarkable. A few days afterwards the cervix has generally the soft feel and even the somewhat purplish tinge of the cervix of pregnancy. The cervical canal will frequently admit a sound which could not previously be passed; while pain is almost invariably relieved. But this is a subject requiring to be treated in some detail, and it must suffice merely to allude to it in the present communication.

Symmetrical Gangrene of the Finger.

The case reported was observed by Dubrenihl in a hostler, æt. 40 years, who had been always healthy, and is reported in the *Gazette de Paris*.

The patient began complaining in December, 1879, of loss of feeling, and whiteness of the last phalanges of the fingers. This occurred after washing the harness. Movement was maintained. After a week circulation returned, accompanied by severe pain, the finger-tips became colored black and the nails fell off. Only the two thumbs were spared. In the summer of 1885, the left

index finger became swollen, red, and hot, pulsated and was very painful. After a few days the nail fell off the second time. The inter-phalangeal joints remained stiff. In February, 1882, the left index finger became inflamed. The inflammation extended to the forearm. An incision into the finger only released some blood. After healing, both of the interphalangeal joints remained stiff. In October, 1882, first the first three, after some months also the other two fingers of the right hand became inflamed in a similar manner. On healing, both of the phalangeal joints were found to be stiff. Abscesses were formed on the thumbs and little fingers, and the sheaths of the tendons were thrown off.

On his reception into the Necker Hospital, October 30, 1883, the patient was found to be lean and complaining; had pain in the breast originating from a stroke from a horse-collar received some months earlier. The nose was somewhat cyanotic. The fingers were shortened on their ends and sausage-shaped. The skin sclerotic. The nails small and deformed. On the base of the right middle finger, on its flexor surface, was found a deep transverse fissure, into which two deep fistulous tracts opened. Sensibility was not destroyed. Under extremities and internal organs were normal. Under prolonged warm baths decided improvement was made.

Strychnine in Delirium Tremens.

That the tremor, so characteristic of cases of chronic poisoning by alcohol, is greatly benefited by the persistent use of strychnine, which, by the way, is the most efficient remedy for this very ailment, has long since been recognized as a well-established fact. But that the same drug also is a powerful remedy for an attack of delirium tremens, has been less known, though occasional mention has been made of the fact. We learn from the *Deutsch. Amerik. Apoth. Zeit.*, vi. 9, page 277, that Dr. Journet, of Lyons, has recently treated such a case, where he employed subcutaneously over one and one-half of a grain of sulphate of strychnia within forty-eight hours, without having given rise to any symptoms of poisoning. Further, Dr. Lardiére, who a short time ago demonstrated the fact that strychnine was the best and perhaps only true antidote in alcoholic poisoning, published but a few weeks ago another case, that of a man, æt. 42, who presented all symptoms of delirium tremens, as, history of debauch, tremor, redness of the face, hallucinations, sleeplessness, etc. Within four days this patient received nearly 4½ grains of strychnine, therefore an enormous dose, with the result that a rapid improvement took place, and by the end of the fourth day a complete recovery set in. Within the first twenty-four hours the pulse fell from 124 to 90, as the effect of one grain of strychnia. The drug must be given hypodermically, and seems to be specially indicated in cases of weak heart.

Inhalations in Phthisis.

Apropos of what has always seemed to us (reasoning from a theoretical standpoint) to be a most promising means of combatting the ravages of phthisis, we note from the *London Med. Record*, August 15, that Renzi, in the *Revista Clinica e Terapeutica*, summing up the results of his numerous experiments on the effect of inhalations in phthisis, comes to the following conclusions (reported in *Der Fortschritt*, July 20, No. 14):

1. Inhalations of iodine and iodoform with spirits of turpentine (1 to 25, a few drops of these placed on a respirator) stimulate the general nutrition, increase the inspiratory and expiratory pressure, and relieve the condition of the lungs. Fever, diarrhœa, and night-sweats, however, will not be modified. Iodoform, with spirits of turpentine, will especially ease both cough and expectoration.

2. Inhalations of hydrosulphuric and sulphurous acid have a similar effect; they raise the general strength, improve nutrition, and increase micturition. Inhalations of hydrosulphuric acid have a special effect on respiration, diminishing in number the respiratory movements, which become easy, quiet, and deeper, and on the cough, which becomes less troublesome and violent, and may even entirely disappear. Fever, diarrhœa, and perspiration, however, will not be influenced.

3. Until further experience, Dr. Renzi considers the inhalations with spirits of turpentine and of hydrosulphuric acid the most beneficial.

Urethral Irritation.

Reflex causation is a well recognized fact in the etiology of disease, but its importance is not sufficiently recognized. That many departures from the healthy standard are due reflexly to urethral irritation we cannot doubt, and it is with a sense of its importance that we refer to the cases reported before the late meeting of the American Dermatological Association by Dr. L. N. Denslow, of St. Paul. In one patient, acne of years' duration disappeared after the cure of a stricture by dilitation. In another similar case a relapse followed discontinuance of the treatment, demon-

strating the relation between the two. In another case associated with acne, there was intense despondency and painful sensitiveness. The meatus was found contracted, and the entire urethra exquisitely sensitive. The meatus was incised, and a full sound passed regularly with marvellous relief. In another case there was neuralgia of the testicle. One of the most singular cases was general alopecia, which yielded to the treatment of a sensitive prostatic urethra. In still another case there was epileptiform seizures, in another impotency. The urethra is a small, but it would seem a very important canal, and it behooves us to bear the above cases in mind when we come across patients who offer to our observation a peculiar and obscure train of symptoms.

Foreign Bodies in the Ear and Throat.

Since this subject is always interesting, we are glad to record that before the Brighton and Sussex Medico-Chirurgical Society (October 1), Mr. Cresswell Baber reported several instances of foreign bodies in the ear. In one, a locust-bean had been introduced four years before, but had only caused pain for eleven days. Syringing failed to remove it; but after sedative treatment to remove inflammation and swelling of the meatus, the bean, after some time fell out. A polypus behind it was removed, and hearing was restored. It was necessary to watch such cases carefully, because more rapid removal might be necessary in view of more serious symptoms. In another case, a boy had put in his right ear a pea eight months before. The meatus was full of discharging granulations, which had to be "snared," and the pea was removed by hook and syringing. Mr. Baber showed also a sharp piece of bone, one inch long, removed from the throat of a lady by a sponge-probang.

Dr. Taaffe remarked on the duration of the sensation of a foreign body in the throat after its real removal; also on the value of soft solid food.

Dr. Uhthoff related the case of a man who had, unknown to himself, put the ivory end of a ball-room pencil in each ear.

Eruption After the Use of Antipyrin.

The new antifebrile remedy, antipyrin, finds daily new adherents. It is well, however, to note the fact that a great many patients suffer in consequence of its use from a peculiar skin affection, which in somewhat resembles lichen ruber, but also behaves again like the exanthem of measles. In some cases papules have been observed, but in the majority of cases the eruption appears only as small red spots, which have the tendency to become confluent. Occasionally the spots, which only occur on the trunk, look very much like those of typhoid fever, and as antipyrin is especially given in cases of high temperature, and may, therefore be administered at the beginning of some obscure febrile malady, the physician must be careful not to consider the appearance of the spots as an indication of the presence of typhoid fever, but ascribe the symptom to what it is due, viz., the antipyrin. By the fourth or fifth day, however, all doubt will have an end, for by that time the exanthem, if produced by the drug in question, assumes a brownish tint, similar to that of morbilli. Within a fortnight the antipyrin eruption always ceases, whether the remedy be continued a still longer period or not. Treatment appears to have no influence whatever upon this eruption.

Resorcin and Salicylic Acid in Diarrhœa.

Cases of chronic diarrhœa, especially if caused by septicæmia, or if accompanied only by a very fetid discharge—in which latter case also those of acute diarrhœa belong to the same category—according to Boyouche (*Journ. de Méd. de Bordeaux*), are greatly benefited by the administration of resorcin or salicylic acid in castor oil. The solution is made by the aid of heat. The formula for adults is as follows:

℞.	Resorcin,	grs. xvj.
	Ol. ricini,	f. ℥ v.

S.—To be taken at once.

Instead of resorcin, salicylic acid may be employed in the same dosis. Children receive the fourth part of the above mixture. The *Deutsch. Amerik. Apoth. Zeit.* mentions in addition to this that the disagreeable effects of resorcin, which are so often observed when it is administered alone, and which resemble those of quinine and salicylic acid in some respects (tinnitus aurium, profuse sweats, etc.), do not occur if the remedy be dissolved in castor oil, probably on account of the slower absorption of the drug when thus taken.

The Macular or Pigmentary Syphilide.

Dr. R. E. Carrington reports the following case in the *Brit. Med. Jour.*, October 10. The patient, a male, aged 29, presented himself at the cutaneous department of Guy's Hospital on June 9th of the present year. He contracted a venereal sore in November, 1884, and this was followed by sore

throat. The forearms, arms, fronts of the thighs, buttocks, and back of the trunk, especially on the left side, were now covered by brownish copper-colored patches of very variable size, some as small as a three-penny piece, others as large as the palm of the hand. Some patches were discrete, but most of them confluent, forming in this way large irregular areas, with circular or crescentic margins. There were no cutaneous lesions other than the pigmentary. The posterior cervical and left inguinal glands were enlarged. He had not been previously treated for syphilis. He was placed upon a course of blue pill, guarded with opium, and rapidly improved, so that, on July 7th, a note was made to the effect that "the patches have all disappeared, only the slightest trace of pigmentation remaining."

Is Cancer Hereditary?

We rather incline to the view that all disease *can be* and no disease *need* be hereditary; that is to say that a progenitor transmits to his or her offspring more or less of a tendency towards any disease that may exist in him or herself, but that there is a hygiene of every disease, by observance of which this tendency may be rendered latent, and ultimately eradicated, and *vice versa*. However, this broad view of heredity is hardly yet universally accepted, and the question of heredity in individual diseases is oftentimes discussed. Dr. Herbert Snow entertained the last meeting of the British Medical Association with a discussion on the heredity of cancer, and thus formulated his views:

1. That the belief in heredity is derived merely from popular tradition, and is wanting in any sound basis of scientific proof.

2. That extremely practical issues are involved, and that the views now prevalent lead to disastrous results.

Galvano-Puncture in Pelvic Hæmatocele.

The *Lancet* (Oct. 24,) tells us that M. Apostoli strongly recommends the use of galvano-puncture in peri-uterine hæmatocele. The instrument he uses is a trocar of medium size connected with the negative pole of a battery, the other electrode being of considerable size and applied to the back or thigh. Care must of course be taken to avoid wounding the uterus, intestine, or any important blood-vessel. A large dose, even as much as 100 milliampères, should be given, the resulted slough and fistula being proportional to the current employed. As to the duration of the galvano-puncture, five or six minutes is usually sufficient, but should be regulated by the loss of substance and chemical action which it seems desirable to produce. M. Apostoli thinks that all peri-uterine hæmatoceles should be treated in this way, and that the earlier the operation is performed the better. Antisepsis should be carried out as far as possible, first by heating the trocar prior to puncturing, and afterwards by carbolic acid injections into the sac twice a day.

Nitro-Glycerine for Nephritis.

On the testimony of no less eminent an authority than Dr. Da Costa, it is believed that this drug has a beneficial influence on nephritis when it is recent, that is, when not too much structural change has occurred. The dose is from two to five drops of a centesimal solution. Also from the *Lancet*, October 17th, we note that Bourginski asserts that nitro-glycerine in small doses diminishes the quantity of albumen in the urine eliminated in twenty-four hours. The quantity of urine in twenty-four hours is also augmented, and the increase is maintained for some time after the discontinuance of the drug. Progressively increasing doses have a still greater influence in diminishing the albumen. He did not observe any appreciable alteration of the specific gravity of the urine or in the weight of the patients. The drug has no deleterious effect on the general condition of the patient, if we except a slight transient headache which supervenes during the first days of employment of the medicine.

Stretching the Supra-trochlear Nerve.

For ciliary neuralgia, certain forms of glaucoma and even spmpathetic ophthalmia, this operation seems to promise much. In the *Brit. Med. Jour.*, October 10, 1885, Dr. W. A. Brailey reports six cases; one of left-sided glaucoma following iritis, the result of cataract extraction five years before; another of right glaucoma and considerable pain over the brow; the rest similar, in which he had good results. His directions for finding the nerve consists in the drawing of an imaginary line from the outer angle of the mouth to the inner canthus of the eye of the same side, and so onwards. This continuation will be in the line of the nerve as it emerges from the margin of the orbit. The curved incision will then cross this line at right angles, and the nerve will be found deep, indeed, right on the periosteum at its centre. Though it appears a very small nerve to the anatomist, there is less difficulty in finding and isolating it than

might be expected, for he has never failed to find it, without any accident.

Hydrastis in Uterine Diseases.

Dr. Shivostirtzeyeff writes in the *Moscow Med. Review* of the satisfactory results he has obtained by the use of hydrastis canadensis in uterine hemorrhages of various kinds due to a hyperæmic condition of the organ. He gives twenty drops of the fluid extract. The same remedy is, he says, useful in cases where the uterus is enlarged with ulcerated mucous membrane, giving off a copious exudation. Also in cases of dyspepsia due to disorder of the female sexual organs. The drug acts, according to Schatz and Mendes de Leon, on the vessels of the uterus, not, like secale cornutum, on the muscular structure; but it is at present doubtful to which of the three alkaloids—hydrastin, berberin, and another which is not yet known—the hæmostatic action is due.

Supra-pubic Aspiration of the Bladder for Retention.

After reporting six cases in the *Lancet*, October 17th, Mr. Thistle makes the following remarks:

These cases will serve to substantiate the value of aspiration of the bladder in cases of retention of urine. In the above six cases the operation was resorted to ten times. The instrument used was a long fine aspirator trocar and cannula. On removing the trocar the India-rubber tube was attached to the cannula, through which the urine ran into the vessel. On removing the cannula a pad of lint was strapped over the seat of puncture, and left on for twenty-four hours. In no case did the least ill effect follow. The operation is much more simple than puncture through the rectum, much less unpleasant to the patient, and equally safe.

Foreign Body in the Œsophagus.

A most instructive case is reported by Dr. Walter H. Dodd in the *Lancet*, October 17th. A woman had a chicken's heart lodged about five inches down the œsophagus; fluids could not pass, neither could a bougie. He gave her a hypodermic injection of half a grain of tartrate of antimony, and in two minutes profuse vomiting dislodged the foreign body. The pain about the seat of injection and up the arm was so intense as to require a hypodermic of morphia, but while there was much irritation at the seat of puncture, there was no suppuration, and all went well. This procedure might prove of inestimable value in cases of poisoning, where we wish to produce rapid emesis. Remember that this drug is very irritating when used locally, and may cause abscesses.

Cocaine for Sea-Sickness.

As so many drugs have been recommended for this distressing condition, all to no avail, it will prove a great blessing if in cocaine we have found a panacea. In the *N. Y. Med Jour.*, November 7th, Dr. S. Lilienthal says that he made this year two voyages across the Atlantic, crossed the Channel three times, and found cocaine the remedy *par excellence;* but it must be given in repeated doses of a 1-to-500 or a 1-to-1,000 solution. He even found the 1-to-500 solution in delicate persons too strong, and failure followed, whereas the latter acted well. We trust that those of our readers who are surgeons on ocean-going steamships will give this drug an extensive trial and report the results, that we may, if warrantable, add this drug to our list of specific remedies.

Nitrite of Sodium in Gout Epilepsy.

℞. Sodii nitritis, gr. xxxvj.
Sodii hippuratis, ʒ iij.
Inf. serpentariæ, ad., ʒ xij.
M. S.—Two tablespoonfuls thrice daily before meals.

The above is the formula which Dr. J. Mortimer Graville (*Brit. Med. Jour.*) says has given him great satisfaction. The nitrite of sodium may be increased by one grain after each fit which occurs subsequently to the commencement of the treatment. If there is constipation or a jaundiced appearance, he orders

℞. Iridin, gr. ij.
Ext. cascaræ sagradæ, gr. iij.
M. ft. pil. No. 1.
S.—Take on several successive nights.

Gumma of the Conjunctiva.

While syphilitic eye manifestations are quite common, yet it is rarely that we have gumma in this situation, hence the case which Dr. Le Roy P. Walker reports in the *Med. Record*, November 7, is worthy of note. In this man, whose general health was excellent, and who had been infected with syphilis one year before, there was a gumma at the sclero-corneal margin. The cornea and aqueous humor were perfectly clear, and there was no sign of iritis. After twenty days the tumor was entirely gone; the treatment being inunctions of mercury, with 10 grains of iodide of potash, and instillations of atropia gr. ij–ʒj thrice daily.

Jequirity in Granular Lids.

Dr. Peounoff having used jequirity in twenty cases of granular lids, varying among one another in character, has come to the conclusion that it is especially useful in a cicatricial condition of the granulations when this is complicated with corneal disease. In these cases, he says, jequirity cures much better and more rapidly than the usual remedies, nitrate of silver, sulphate of copper, etc. It is also valuable in mild cases of follicular trachoma with ingrowing eyelashes. The best method in all cases is to use a 1 or 2 per cent. solution of the powdered seeds of jequirity daily.

Treatment of Acute Rheumatism.

Dr. R. H. Fox reports a case (*Brit. Med. Jour.*, Oct. 10), in which salicylate of soda, potash, quinine, colchicum, and liniments, all failed to relieve the fever and the pain. Almost in despair, he sponged the patient with cold water, quickly drying the skin afterwards. The relief was immediate, and the man was able to walk a short distance to his home in six days from that time. He has used the same treatment in two other cases with success.

For Incised Wounds.

Dr. M. S. French, the police surgeon of Philadelphia, tells us that he has had most satisfactory results in twenty cases of incised wounds from bites, from the use of the following:

℞. Iodoformi,	gr. ij.	
Acid. carbol.,	gtt. ij.	
Ung. zinci oxid.,	℥ss.	M.

S.—A great feature is that the acid effectually disguises the odor of the iodoform.

CORRESPONDENCE.

A Few Medical Points from the Northwest.

EDS. MED. AND SURG. REPORTER:—

We have a thriving growing city of 130,000 population, with more than an average number of physicians, as compared with cities generally. There are in Minneapolis two medical schools, the College of Physicians and Surgeons, and the Minnesota Hospital College, both with able faculties, and with a goodly number of students. There is also a College of Pharmacy, the first organized under the pharmacy law of last winter, doing good work, and with competent professors. St. Barnabas is the principal hospital, the College Hospital and the Sisters of Mercy Hospital having discontinued. Both of the medical schools use St. Barnabas for clinical purposes.

Perhaps no city of its size has a more competent medical profession than Minneapolis can boast of. The specialties are well represented, and by men of ability.

Along with the rest we have a large corps of homœopaths, vitapaths, electrics, and private dispensaries, to prey upon the ignorant and indiscreet. Our physicians are quick to take up and try new remedies, and it is quite the popular thing to prescribe Merck's antipyrin in all cases of typhoid. Cocaine had its run, and its use has now mostly settled down to eye cases. All the graver operations of surgery are performed here, and Minneapolis numbers many skillful operators among her physicians. We have men here who were students of some of the best-known men in the profession in New York, Philadelphia, Boston, and Albany, and who have supplemented the knowledge acquired in those cities by years of foreign study and observation. "MEDICUS."

Minneapolis, Minn.

Jaborandi in Erysipelas.

EDS. MED. AND SURG. REPORTER:—

I noticed some months since in the MEDICAL AND SURGICAL REPORTER that Prof. Da Costa had administered jaborandi in erysipelas, and that the results were good. Having at that time a very stubborn case to treat I thought I would try it.

Mr. S., aged 60 years, had been subject to erysipelas for years. The disease had been of a facial character. This attack had been of two weeks' standing. Gave him a mixture of fl. ext. jaborandi, spts. nit., simple syrup, and water. In twenty-four hours was happily surprised to see the swelling, heat, and redness disappear—in short, my patient nearly well.

About three months afterwards was called to see the same patient. The right eye was swollen shut. Gave him the same treatment, and in 72 hours the swelling had all disappeared and the patient discharged.

In both cases I locally applied collodion and castor oil. This application forms a paste and excludes the air from the parts, and is very grateful to the patient. Have found it superior to all other remedies.

Have used the jaborandi in quite a number of cases of facial erysipelas, and so far it certainly does better than any remedy I have ever used.

H. R. KELLY, M. D.

Galion, Ohio, November 11, 1885.

To Clean Metal Catheters.

EDS. MED. AND SURG. REPORTER:—

Metal catheters may be readily cleansed by selecting a cork to fit a water faucet, and boring a hole in it of a size to hold the catheter tightly. When the water is turned on, the force of the stream thoroughly washes out all visible impurities. The catheter is then dried, plunged in alcohol, and held for a moment in a flame. This "flushing" by water and "flashing" by fire will effectually remove all injurious matter likely to convey disease. A rubber catheter may be washed out in the same way, but a simple washing will not destroy contagious germs—it is far better that it should become the property of the one upon whom it is first used. Few will object to paying the cost when the object is explained. After an

explanation, label the catheter plainly in the sight of the patient, as you may awaken distrust and needless fear. Don' use oil as a lubricant on any rubber article if you can help it, as it causes it to rot, and therefore to become unsafe. Use soap if the case does not countermand it. The slight irritant action is often beneficial.

News and Miscellany

Boils: A Boy's Composition.

The *Cincinnati Lancet and Clinic* furnishes us the following:

The following composition is copied from a Kansas newspaper, the name of which we carelessly lost. It will probably be enjoyed by all who are or who have been victims of these *healthy* incommodities.

A boil is generally very small at first, and a fellow hardly notices it, but in a few days it gets to be the biggest of the two, and the chap that has it is of very little account in comparison with his boil, which then "has him." Boils appear mysteriously upon various portions of the human body, coming when and where "they darn please," and often in very inconvenient places. Sometimes a solitary boil is the sum total of the affliction, but frequently there is a "rubbish in lot of 'em" to help the first one. If a boil comes anywhere on a person, that person always wishes it had come somewhere else, although it would puzzle him to say just where.

Some persons call them "Damboils," but such persons are addicted to profanity—the proper anme is boil. If a chap has a boil he generally gets a good deal of sympathy from others—"in a horn." Whoever asks him what ails him laughs at him for his pains to answer, while many unfeeling persons make game of him or of his misfortune or boil. It is very wicked to make sport of persons with boils, they cannot help it, and often feel very bad about it.

Physicians don't give a boil patient much satisfaction as a general thing, although young physicians who are just beginning to practice are fond of trying their lancets on them.

Boils are said to be "healthy," and judging from the way they take hold and hang on and ache and grow and burn and raise Cain generally, there is no doubt that they are healthy and have good constitutions.

They are generally very lively and playful at night, and it is very funny to see a chap with a large one prospecting around his couch, for a place where his boil will fit in "without hurting it."

Boils tend to "purify the blood," strengthen the system, calm the nerves, restrain profanity, tranquilize the spirit, improve the temper, and beautify the appearance.

They are good things for married men who spend their evenings away from home, as they give them an opportunity to rest their night-keys and get acquainted with their families.

It is said that boils save the patient a fit of sickness, but if the sickness is best not to have it must be an all-fired mean thing. It is also said that a person is better after he has them, and there is no doubt that one feels much better after having got rid of them.

Many distinguished persons have enjoyed these harbingers of health. Job took the premium at the county fair for having more achers under cultivation than any other person. Shakespeare had them, and meant boils when he said: "One woe doth tread upon another's heels, so fast they follow."

There are a great many remedies for boils, most of which are well worth trying, because if they don't do any good, they don't hurt the boil. Every man he meets will tell him of a "good thing" for it, among which are—shoemakers' wax, Mrs. Winslow's soothing syrup, trix, Spalding's glue, Charlotte russe, gum drops, waterproof blacking, night blooming cereus, chloroform, Kissengen, etc.

Examination Blunders.

The *Boston Med. and Surg. Jour.* tells us that in an amusing article in *All the Year Round*, on examination blunders, are several stories of a medical complexion. Those at the expense of medical students present a mixture of ignorance and of impudence. Among the latter are the following: A "badgering" examiner asked a student what means he would employ to induce copious perspiration in a patient, and got for answer: "I'd try to make him pass an examination before you, sir." The most frequently cited anecdote of this kind is that of the brusque examiner—said by some to have been Dr. Abernethy—who, losing patience with a student who had answered badly, exclaimed: "Perhaps you could tell me the names of the muscles I would put in action if I were to kick you?" "Undoubtedly, sir," came the prompt reply; "you would put into motion the flexors and extensors of my arm, for I should knock you down." Of a similar nature was the retort made to M. Lefebvre de Fourcy, a French examiner, celebrated not only for his learning, but also for his severity and rudeness. He was examining a youth who, though well up in his work, hesitated over answering one of the questions put to him. Losing temper at this, the examiner shouted to an attendant: "Bring a truss of hay for this young gentleman's breakfast." "Bring two," coolly added the examinee; "Monsieur and I will breakfast together."

Some of the best of the examination stories are those told of answers actually on record by her majesty's inspectors of schools, and other official persons, regarding especially the tests applied for the pupils' knowledge in the "specific subjects" in a public school within the metropolitan area. The specific subject selected was physiology, and the answers, which are vouched for as genuine, will be interesting reading to those who are seeking to popularize physiological and anatomical knowledge. To the question, "Describe the process of digestion," one of the children "presented" in physiology replied in this wise:

"Food is digested by the action of the lungs. Digestion is brought on by the lungs having something the matter with them. The food then passes through your windpipe to the pores, and thus passes off your body by evaporation, through

a lot of little holes in your skin called capillaries. The food is nourished in the stomach. If you were to eat anything hard you would not be able to digest it, and the consequence would be you would have indigestion. The gall-bladder throws off juice from the food which passes through it. We call the kidneys the bread-basket, because it is where all the bread goes to. They lay up concealed by the heart." Domestic economy, as nowadays taught to "children of the elementary school class," embraces a good deal of physiological knowledge or jargon. It is a subject which affords hosts of amusing answers. Thus, in reply to the question, "Why do we cook our food?" one fifth-standard girl gives the delightfully inconsequent reply: "Their of five ways of cooking potatoes. We should die if we eat our food raw." Another girl writes: "The function of food is to do its proper work in the body. Its proper work is to well masticate the food, and it goes through without dropping, instead of being pushed down by the skin." A third pupil puts in her paper that "Food digested is when we put it into our mouths, our teeth chews it, and our tongue roll it down into our body. We should not eat so much bone-making foods as flesh forming and warmth-giving foods, for if we did we would have too many bones, and that would make us look funny."

On the subject of ventilation, one student informs us that a room should be kept at ninety in the winter by a fire, and in the summer by a thermometer; while a classmate writes: "A thermometer is an instrument used to let out the heat when it is going to be cold." Another girl sets down: "When roasting a piece of beef place it in front of a brisk fire, so as to congratulate the outside." But an answer, perhaps, best illustrating the jargon that comes of the cram system is the following: "Sugar is an amyloid; if you was to eat much sugar and nothing else you would not live, because sugar has not got no carbon, hydrogen, oxygen, nitrogen. Potatoes is another amyloids."

How Artificial Teeth May Do Damage.

Another agent in the combination to maintain for the man of advancing age his career of flesh-eater is the dentist. Nothing is more common at this period of life than to hear complaints of indigestion experienced, so it is affirmed, because mastication is imperfectly performed for want of teeth. The dentist deftly repairs the defective implements, and the important function of chewing the food can be henceforth performed with comfort. But, without any intention to justify a doctrine of final causes, I would point out the significant fact that the disappearance of the masticating powers is mostly coincident with the period of life when that species of food which most requires their action—viz., solid animal fiber—is little, if at all, required by the individual. It is during the latter third of his career that the softer and lighter foods, such as well-cooked cereals, some light mixed animal and vegetable soups, and also fish, for which teeth are barely necessary, are particularly valuable and appropriate. And the man with imperfect teeth who conforms to nature's demand for a mild, non-stimulating dietary in advanced years, will mostly be blessed with a better digestion and sounder health than the man who, thanks to his artificial machinery, can eat and does eat as much flesh in quantity and variety as he did in the days of his youth. Far be it from me to undervalue the truly artistic achievements of a clever and experienced dental surgeon, or the comfort which he affords. By all means let us have recourse to his aid when our natural teeth fail, for the purpose of vocal articulation, to say nothing of their relation to personal appearance; on such grounds the artificial substitutes rank among the necessaries of life in a civilized community. Only let it be understood that the chief end of teeth, so far as mastication is concerned, has in advancing age been to a great extent accomplished, and that they are now mainly useful for the purposes just named. But I cannot help adding that there are some grounds for the belief that those who have throughout life, from their earliest years, consumed little or no flesh, but have lived on a diet chiefly or wholly vegetarian, will be found to have preserved their teeth longer than those who have always made flesh a prominent part of their daily food.—*From "Diet in Relation to Age and Activity," by Sir Henry Thompson, in Popular Science Monthly for August.*

The Criminal Responsibility of Drunkards.

The Paris correspondent of the *Brit. Med. Jour.* (July 11), says that M. Mottel, at a recent meeting of the Académie de Médecine, treated the important subject of the responsibility of criminal drunkards. Crimes, murders, etc., committed while the perpetrators are under the influence of drink, are much on the increase. Alcoholism at the present time presents unusual characteristics M. Mottel believes that MM. Dujardin-Beaumetz and Audigé's researches explain this. Manufactured spirits currently sold are more toxic than pure vinous alcohols; they contain empyreumatic substances, which exercise a most dangerous influence on the nervous system, which is manifested by sudden fits of frenzy, and savage and brutal impulses. Magistrates are at a loss how to judge a criminal who suddenly commits a crime without any reason or previous intention. If the momentary delirium were the result of a former cerebral lesion of alcoholic origin, the medical expert's evidence would give some clue; but after the momentary influence of these manufactured spirits has passed away, the drunkard is in a normal condition, and no symptoms can be detected suggesting the probability of a return of mad impulses. M. Mottel cited a curious case of the questionable responsibility of a murderer. An Italian, who always worked in compressed air, and was of excessively sober habits, allowed himself to be overpersuaded by his companions, and drank large quantities of alcoholic liquors. About 12 o'clock at night he was alone in the streets, trying to find his home, when suddenly, without the slightest provocation, he drew his knife, and stabbed several people at the corner of a street. One among them died from the wounds inflicted by the Italian. The murderer was with difficulty captured. As soon as he reached the station-house, he fell into a profound sleep. The next

morning, when questioned, he did not deny the crimes imputed to him, but said, if true, he had no idea how it happened. Working in compressed air induces neuralgia, nervous disturbance, and in some cases produces a general cerebral condition, which increases alcoholic susceptibility. The jury disregarded these considerations, but the final judgment took them into consideration, and a less severe sentence was passed than otherwise would have been given.

How to Carry Unaided an Insensible Man.

A correspondent of the *Lancet*, March 28, offers the following suggestion:

Turn the individual upon his face, with the arms extended in a line with the body. Raise the trunk until he be in a kneeling position. Place yourself under him, so that his stomach rests on your right shoulder. Pass your right arm between the thighs and behind his right thigh. With your left arm draw his left hand forwards under your left, and grasp the wrist with your right hand; then raise yourself to an erect position. If you can obtain assistance in this operation, so much the better; or if there be a bed or table upon which the subject may be placed, he will be the more easily raised, or, rather, you will more easily raise yourself and burden. By this method the weight falls directly on your shoulders. The person carried cannot slip forwards, as you have his hand grasped from behind; nor can he slip backwards or off the shoulder, as your arm is over the thigh. The left arm is disengaged. Or, by reversing the operation, he may be carried on the left shoulder, in which case the left arm is passed behind his left thigh and his right hand grasped from behind. Your right arm is then free. This is very advantageous; as, for example, going down a ladder from an upper story of a burning building where the rescued one is overcome by smoke, or where the operator wishes to carry weapons, etc., off the field of battle. The situation of the subject as above described may not be devoid of its inconveniences; but that need not be considered in certain cases, such as apoplexy.

Here is another method which I have seen employed: Seat the subject with the legs flexed on the thighs, and these flexed on the trunk; the head will then rest on the knees. Pass a broad continuous strap (a soldier's belt, for example,) behind the thighs at the popliteal spaces and under his arms. Crouch down behind him, *dos à dos*, pass the strap over your forehead, and raise yourself. The strap should be short enough to allow the weight to fall upon the shoulders and upper part of the back while you are bent slightly forwards. The head may drop backwards; but, if so, it falls on the top of yours. The strap, being under his arms, prevents him from falling through. Both your arms are comparatively free. By means of this strap I have seen Indians carry 300 pounds in weight (a barrel of pork) farther than one probably would care to believe.

The Doctor Talks to the Boys.

The *American Agriculturist's* doctor says: "I have seen a great deal of evil come from the discontent of boys with their home life. As soon as they arrive at the age of sixteen or eighteen years, they think that the farm is too small for them, and that the city is the only proper place in which to live. If the parents yield to their persuasions, their boys go to the city, which they find already full of boys looking for something to do. If they manage to struggle along, the majority of those who support themselves lead a life of hard work and privation, and but a very small number make a success in life. Some of these boys—happy, indeed, if they can do so—make their way back to their homes. Some continue to struggle, ashamed to go back, and still others (a number sad to contemplate) go downward to a life of shame. Do not understand me to say that no boys should leave the country for the city. The mischief comes from boys making a change for the sake of a change, and before they find out what they are fit for; indeed, before they have really found out what their country home has to offer them. I have tried to show our boys that if they find life dull, and they should have novelty, that each spring the wood, the meadow, the stream, and the fields, are as full of novelties as the most crowded city street. Would they see wonders, each seed that is placed in the ground, each bud that opens upon brush or tree, even each egg that is placed under the old hen, is working out a greater wonder than any city showman can present. Even the commonest thing—the pebble under foot, a bit of lime-stone or of coal—has a story to tell, if you will but hear it. While I would not check the proper aspirations of any boy, I would have him first know something about the home he is so ready to leave, and not wait till he returns to it, after sore disappointments, to learn that there is 'no place like home.'"

The Importance of Cellar Ventilation.

The *American Agriculturist* very truly says that the ill-health which prevails more or less uniformly towards spring, may be accounted for, to a great degree, by the lack of ventilation of cellars. Farm-house cellars are often filled in December with cider and vinegar in barrels, beef barrels, pork-barrels, apple-barrels, potatoes in bins, vegetables in heaps, wash-tubs, butter-tubs, and other articles too numerous to mention. Besides, flowering plants taken up for the winter are here stored away to be safe from frost, and the leaves from them fall and decay. There are boxes, old timbers, boards, etc., which become moist and mouldy, and there are shelves and corners that any one can see to have been only half cleaned, and liable to be, if not already, damp, mouldy, and unwholesome.

The thing to do is to provide outside cellars as soon as possible for fruits and vegetables, and all those things liable to decay; but before that is done, we must do everything possible to have our cellars under the dwellings sweet and clean. First, the cellar should be swept (hoed out, if necessary) once a week. Decaying things, whether fruit, vegetables, or boards, should be removed. Then quicklime, or half-slaked lime, should be scattered freely in corners, under shelves, under bins, and around and among the barrels of all kinds. When the lime has slaked to a powder, it may be swept about over the floor. If the floor

be of earth, it will harden it; if it be of wood or cement, it will help to keep it sweet. Finally, on every suitable day, windows and doors should be thrown open, and fresh air allowed to pass freely through.

Camden County Medical Society.

At the semi-annual meeting of the Camden County Medical Society, held November 10, 1885, the following resolutions were unanimously adopted:

Resolved, That this Society approves of the action of the American Medical Association in enlarging the Committee of Arrangements for the Ninth International Medical Congress, in 1887.

Resolved, That the rules regulating the membership and business of the Congress, adopted by the Committee of Arrangements at the meeting in New York, September 3d and 4th, and the transference of the future management of the Congress to an Executive Committee, composed of the President of the Congress, the Secretary-General, the Treasurer, the Chairman of the Finance Committee, and the Presidents of Sections, be considered by this Society sufficient to silence criticism and enlist the sympathies and support of the profession throughout the United States.

Resolved, That the Secretary be instructed to forward copies of these resolutions to the County Medical Societies of New Jersey.

E. B. Woolston, President.

H. Genet Taylor, Secretary.

Camden, N. J., Nov. 10, 1885.

The Disinfecting Mania.

The *Chemist and Druggist* says:

"In Lyons a man worked what the Americans would call the 'disinfecting racket' in houses where plunder was likely to be found. He would call at a time when masters were generally absent, and pretend to be sent by the Board of Health to disinfect the apartment. Then with a charcoal furnace and some brimstone he would raise such a stink as to drive all the servants away. Stealing was then easy. But he finally came to grief. In Marseilles the performance was only funny. As the balancelle 'Clara' was ready to sail, two men came on board with a hand-pump and a barrel of carbolic acid solution to disinfect the vessel, because her captain had died of cholera. In vain was it shown that the former captain had left long since, had caught the cholera in Toulon, and died there; the men had been told to use their disinfectant on the vessel, and they meant to obey orders. As a compromise, they were finally persuaded to disinfect the main-mast. This they did, and after bedaubing it to their hearts' content, they went away satisfied."

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended November 21, 1885.

Yemans, H. W., passed assistant surgeon. Promoted to be passed assistant surgeon from November 1, 1885. November 14, 1885. Re-assigned to duty at San Francisco, Cal., November 16, 1885.

McIntosh, W. B., assistant surgeon. Appointed an assistant surgeon, November 14, 1885. Assigned to duty at New Orleans, La., Nov. 16, 1885.

Items.

—The cost of the epidemic of small-pox at Montreal is likely to reach $5,000,000.

—A cataplasm of camphor, morphine, and flaxseed, applied to the cheek will often relieve *toothache*.—(Bartholow.)

—For a patient who takes ether badly—it causing *bronchial irritation*—Prof. Brinton gives, after the operation, carbonate of ammonium, gr. v–x.

—Miss Alcott remarked during a trip on an ocean steamer: "They name ships Asia, Persia, and Scotia. I wonder it doesn't occur to somebody to name one Nausea."

—To render glue waterproof, soak it in water till it is soft, then melt it in linseed oil, assisted with a gentle heat. This glue is not acted upon by water or damp.

—Dr. Darling (*Therap. Gaz.*) finds half-drachm doses of muriate of ammonium the best remedy in neuralgia and in toothache, a single dose of half a drachm being often sufficient.

—A German physician states that the liquor amnii of a German woman, whom he attended in her confinement, was redolent of the odors of tobacco juice. She worked in a cigar-making factory.

—Dyed tomatoes have been offered for sale in Paris. The fruit not having acquired its usual deep hue, the producers covered it with red paint, for which, on discovery, they were fined a hundred francs.

—The *Military Journal* of St. Petersburgh publishes a ministerial decree, ordering that the second, third, fifth, and eighth battalions of Siberian Chasseurs, shall have a midwife on the staff. Their salary will be three hundred roubles, with an additional allowance of one hundred roubles for messing.—*The Canada Medical Record.*

—A case of "green cancer" or "chloroma" has occurred at Christiana in a child of five. A tumor appeared on the cheek, followed by odontalgia and discharge from the ear, with deafness and exophthalmos. The green sarcomato-fibrous growth was found in nearly every part of the body, especially on the periosteum, but also in the viscera and the marrow of the long bones. Dr. Gade, who describes the case, agrees with Otto that the green coloring matter is not derived from bile or hæmatin, but from fat granules.—*Nordiskt Med. Arkiv.*

—Koppe mentions in the *Meditsinskoye Obozreniye* (Moscow), that a woman who had just had a severe twin labor, having presented signs of intense cerebral anæmia, was quickly brought round by pressure exerted on the abdominal veins by cushions and a tight bandage, the blood being thus forced upwards. The same gynecologist has diagnosed a vesical tumor in a woman, without causing the patient any pain, by making use of Simon's plan of employing cocaine as an anæsthetic while the urethra was being dilated. A 20 per cent. solution was used. The instrument was a Hegar's dilator with a Simon's handle.

THE

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ORIGINAL DEPARTMENT.

LECTURE.

SHORTENING OF THE ROUND LIGAMENTS—"ALEXANDER'S OPERATION."

A Clinical Demonstration before the Surgical Section of the Philadelphia Polyclinic, October 23, 1885.*

BY PROF. C. B. NANCREDE.

[Reported by Dr. A. B. Hirsh, Chief of Orthopædic Clinic, Philadelphia Polyclinic.]

Gentlemen: The facilities of this institution for the performance of rare and important operations are well demonstrated in the case which, among others, I hope to relieve before you to-day. As far as I am aware, only one successful Alexander's operation has been performed thus far in America, viz., one by Dr. R. Winslow, of Baltimore, although I have understood that another but unsuccessful attempt has been made in this city.

Prefacing my remarks by saying that Alexander shortens the round ligaments of the uterus for prolapse, retroversion, and retroversion combined with retroflexion of that organ, I shall in a general way describe what has been heretofore proposed for the relief of such malpositions, so that you may more readily comprehend what is claimed to be gained by the new method. You are well aware that great hopes were entertained when the operation for restoration of the perineum was introduced, and that it was thought that at length the means were in our hands of preventing or remedying obstinate cases of procidentia uteri, etc. Failure constantly resulting when the uterus was enlarged, and thus heavier, from the gradual yielding of the new perineum, various modifications were introduced whereby a more solid structure was secured, and the lower part of or nearly the whole of the vaginal canal was narrowed. Numberless modifications of these plans have from time to time had an ephemeral reputation, but their results have too often proved but eventual failures.

Dr. Wm. Alexander, of Liverpool, seems at last to have supplied the great desideratum. It is now only about two years since he wrote his articles, and later his book, on "Shortening of the Round Ligaments of the Uterus." He claims that these structures are always lengthened in uterine displacements, whether backwards or downwards, and that by dissecting down to these ligaments and drawing them well out through the external abdominal ring, you can replace the uterus in its normal position; there to be maintained, not directly by the *shortened ligaments*, but by those natural means which in the healthy individual oppose uterine displacements. The long axis of the womb in its normal position cuts that of the vagina almost at a right angle. As long as this position is maintained, prolapse is impossible. The small intestines, by filling up the two pelvic compartments formed by the transverse curtain composed of the broad ligaments and uterus, maintain the womb in its normal position. The greater bulk of the small intestines, guided probably by the rectum, usually go behind the uterus; and as the round ligaments render the margins of the broad ligaments their tensest portion, even in the dead subject, and you will remember that the round ligaments are partly muscular, their laxer

* At the Episcopal Hospital.

portions are bellied forwards and backwards like a swelling sail, thus forcing the uterus either forwards and upwards, or less commonly slightly backwards and upwards; this, as Alexander says, "is by the hydraulic force of the enclosed intestines."

We will not here discuss whether this is a strictly scientific expression, but the fact remains. The tension of the margins of the broad ligaments, resulting from the relative shortness of the normal, or, after operation, the shortened round ligaments, in whatever direction the uterus is forced (whether forwards and upwards or backwards and upwards), always tends to slightly *antevert* the womb, *i. e.*, thus insuring that the long axis of the organ is at right angles to that of the vagina.

As the patient is now nearly etherized, I must cut short my remarks, and refer you to Alexander's work for further argument and demonstration. No doubt, repairing a lacerated cervix, and thereby—or by other means—reducing the subinvolution, may be of benefit; but, unless you restore and keep restored the proper relation of the utero-vaginal axes, failure will almost certainly result. I believe, gentlemen, that when a bad case of prolapse or retroversion is permanently relieved by restoration of the perineum, it is because the solid new perineal body acts as a pessary does, and catching the cervix uteri, *anteverts*, and keeps anteverted, the womb, *i. e.*, restores the proper relation of the utero-vaginal axes. Finally, you should distinctly understand that the function of all the pelvic ligaments attached to the womb is essentially that of *balancing*, much as comparatively light guy-ropes keep upright the mast or derrick used for elevating building-stone, or, as Alexander explains it, they act as the mooring lines from the stem and stern of a vessel, which securely retain it against a decided current, while yet they could not *sustain* for a second a tithe of the weight of that vessel. To reiterate, none of the uterine ligaments directly *hold* up the womb, but by directing the manner in which the intestines surround and act upon the womb, they enable the former to sustain this viscus.

It has been freely urged by theorists, especially among our British colleagues, who have failed to comprehend the true modus operandi of the new operation, that by absorption of the catgut sutures or yielding of the adhesions eventual failure must result, especially as these ligaments were not normally strong enough to sustain the uterus at first. We have tried to show that they never did nor are they after operation *expected* to sustain the organ, but merely to enable the natural sustentation methods to again come into play.

Again, it has been objected that these ligaments are frequently impossible to find. Both sets of objections are purely theoretical, and no anatomist need fear failure. The procedure itself is of the simplest nature, the chief difficulty arising from the attempt to dissect out the ligaments when they consist of a number of bands, instead of boldly turning out the whole red fibro-fatty mass filling the inguinal canal. Alexander tells us* that in 100 autopsies, at all ages, and in 37 operations to date, he had never failed once to find the ligaments, although, where old intrapelvic inflammatory adhesions exist, it may, in rare instances, be impossible to *free* and *draw out* the ligament on one side, in which case he has found shortening one efficient against prolapse. In determining upon the advisability of an operation, especially for retroversion or retroflexion, the degree of mobility of the uterus should be ascertained by the sound.

The patient before you is a stout married woman, fifty-seven years old, of English birth, and mother of five living and numerous dead children. On account of a lacerated perineum and the uterine subinvolution consequent upon too early "getting up" after her rapidly-recurring labors, and also from her severe manual labor, a complete procidentia of the womb has taken place, so that the extruded uterus and everted vagina have assumed much the appearance of the male genitals, the mucous membrane from long exposure and friction resembling the external integument. Neither pessaries nor supports will any longer afford relief, and an operation of some kind is demanded.

Complete anæsthesia having been now induced, I cut freely down upon the right inguinal canal, taking the spine of the pubes on that side as my starting point, and prolonging my cut obliquely upwards and outwards about two and a half inches. Of course, the more frequently the surgeon repeats this operation the shorter will be the incision. On a thin subject, the incision need not be so long as I make it in this corpulent patient. Unless the surgeon has witnessed the performance of this operation more than once, it is advisable to practice it upon the cadaver. Following Alexander's directions, I hook out with an aneurism needle the mass of fibro-fatty tissue from the external inguinal ring, after dividing a

* Annals of Surgery, May, 1885.

few of the intercolumnar fibres so as to freely open the canal. It may be well to say here that the external ring can be readily recognized after the aponeurosis of the external oblique has been freely exposed, by a little pellet of fatty tissue which bulges out from it. Having separated the fatty tissue with the finger-nail and a director from the sides of the canal, I recognize the ligament by the genito-crural nerve which runs along it, which latter structure I carefully separate, preferring not to cut it as Alexander advises, unless I see fit to do so at a later stage. Great care must be exercised not to fray out the ligament, only the finger-nail, closed blunt-pointed scissors, or a director being used—at least, this is my experience, although it is somewhat opposed to that of Alexander. You must proceed with care lest the peritoneum be opened, but there need be no fear of invaginating this serous sac into the canal, if the ligament be properly separated from its surrounding connections. Having dissected out both ligaments so that they play freely through their respective canals, I pass a stout catgut ligature successively through the ligament, the inner column of the ring, and the inner (upper) margin of the skin incision, repeating the same procedures on the outer column, etc., with a second thread. These sutures are then tied with sufficient firmness to retain the uterus, but not strangulate the ligament, the uterus, before they are tied, being replaced by a sound introduced into its cavity. The wound is now thoroughly syringed out with the mercuric bichloride solution, the surplus ligament tucked in, a capillary catgut drain secured to the bottom of the wound, which, after closure by a few points of interrupted suture, is dusted over with iodoform powder, and an antiseptic gauze dressing is applied.

In passing, let me beg you to observe the method I employ of inserting the catgut drain (a mere brush of catgut threads, as ordinarily used, always proving a snare): A bundle of some dozen or more fine catgut threads are tied together at its middle by another ligature threaded through a needle, by means of which the drain is securely stitched to the bottom of the cavity. Now, three or four strands brought out between each pair of silver sutures, *the individual threads being kept closely in contact outside the wound*, allow of capillary drainage. By the time discharge should have ceased—and remember, this form of drain is only effective for blood or serum, not pus—the gut within the wound is absorbed, and the remainder comes away with the dressings. The advantages of this method, introduced by Mr. J. Chiene, are self-evident. Both ligaments are drawn up into position at the same time time, so as to draw equally upon these structures, and held by an assistant while the sutures were passed. The left ligament as usual, you notice, is about half an inch longer than that of the right side.

Although, for safety, we employ antiseptic methods, we do not expect union by the first intention throughout. A medium-sized, well-fitting Smith-Hodge pessary is next introduced into the vagina, and the patient is placed in bed with her knees tied together and flexed over a pillow, and the head and shoulders somewhat raised to ensure relaxation of the abdominal parieties, thus avoiding any drag on the wounds. She will now have administered a hypodermic of morphia and be sent to the ward. You will notice before she goes, that the uterus is well raised up and strongly *anteverted*. Thus, even if the sutures should separate early, the newly-formed adhesions will be subjected to no dragging strain, since all expulsive efforts will only tend to still more antevert the organ, drive it forwards, and rest it, as it were, upon the pubes, while by means of the loose broad ligaments, as before explained, the small intestines are allowed to crowd down below and actually *elevate* the womb. Please to remember that the rectocele and cystocele resulting from the torn perineum and relaxed, long-everted vagina, will not be cured, although, perhaps, materially improved, but the *womb* will no longer descend. Let us hope that by this new operation another opprobrium of medicine is removed, and a great advance in uterine therapeutics made, serving as another milestone on the forward journey of this century's remarkable advances in surgical science.

[Dr. Nancrede informed the reporter that the patient was doing well, but that, owing to the traction exercised upon the sides of the narrow wound, composed of lowly vitalized fatty tissue, some sloughs of cellulo-adipose tissue had come away, which rendered it impossible for portions of the wounds to close excepting by the granulating process.]

2130 *Master street.*

—Dr. Schjerning (*Viertelj. für Gerichtl. Med.*, Band xli., p. 273; Band xlii., p. 66,) has done good work by systematically collating the post-mortem experiences met with in a great number of cases of death from burns and scalds, under the heads of external lesions, lesions of the circulatory organs, of the respiratory organs, of the abdominal organs, and of the brain and cord respectively. This elaborate monograph is accompanied with a copious bibliography.

COMMUNICATIONS.

AMANITINE AND ITS ANTIDOTE.

BY CHARLES McILVAINE,
Of Philadelphia.

The many cases of severe illness caused by toadstool eating, and the very general lack of knowledge as to the nature of the poisons producing them, as well as the proper treatment to be pursued as designated by the peculiar symptoms attaching to each poison of the several noxious varieties of toadstools, render it desirable that what is thus far ascertained about them should be widely published and known to the profession.

No physician called upon to give relief in a case of toadstool poisoning, can do so intelligently or be certain of success, unless he can distinguish from a sample of the toadstool eaten what particular poison is at work; or, from the symptoms, to which family of toadstools the illness is ascribable. With this knowledge in his possession, he holds the key to the situation, and by its use can stay the simple suffering produced by particular toadstools, or preserve his patient from what without it would be certain death if any of the deadly kinds have been eaten.

It is the duty of the mycologist to inform the physician how to distinguish between those varieties of toadstools which create simply local troubles in the human system, and those whose poisonous principles are absorbed by it to its destruction.

The toadstools likely to be eaten are, agarics (those having gills or plaits under their caps), polyporei and boleti (having tubes and sponge-like surfaces beneath their caps), hydnei (having spike-like projections underneath), clavaria (which are club-shaped or of coral forms, having thin spore-bearing membranes upon their upper surfaces), and lycoperdons or common puff-balls.

The hydnei and clavaria are nearly all edible. None of them are known to contain poisonous principles, but disturbances may arise from eating the tough and bitter varieties.

All of the puff-balls (lycoperdons) having white flesh are excellent, tender, and nutritious, so long as the flesh is white; but when the flesh changes from white to yellow upon being cut or broken, it becomes bitter and unpleasant to the taste, and in that and later stages of age or decomposition, eating of them would be likely to produce effects analagous to those from eating stale or rotten vegetables. Those puff-balls dark inside when young (scleroderma) are not considered edible; neither is it determined that they are not. No authority brands them as noxious, but they are coarse and uninviting.

Of the boleti there are many luscious kinds; with mycophagists they are great favorites; by the community at large they are not so well known, and are at present rarely eaten in this country; in Europe they form a prominent article of food. Several varieties of them are supposed to be non-edible, and many well-versed writers pronounce them highly pernicious; yet every toadstool season careful experimenters remove suspected members of the family from the black-list. There is no recorded case of death from toadstool-poisoning that has been traced to a boletus; but that some of them contain a bitter, acrid, or slimy principle, which is hurtful, but which yields to such ordinary remedial agents as are suggested by the symptoms, there is no doubt.

The noxious varieties of boleti, as a rule, are bitter, and all change color to red or blue when cut or broken; this change of color should not indicate to the physician that the boletus is poisonous unless it is accompanied by a distinctly bitter taste; it should, however, put him on his guard.

Of all the foregoing families of toadstools, it may be said that no recorded case of poisoning is ascribed to them. Every year the public journals chronicle deaths from toadstool eating, but they never mention what species of toadstool occasions them. It would be of great practical value if—whenever possible—this information were given to the public, and fresh samples of the injurious fungus sent to some mycologist for positive identification.

Many toadstools—like most edible things—cause sickness, not because they contain an inherent poison, but for the reason that they are frequently overloaded with seasoning and rich additions—eaten in large quantities, when in an improper condition for food, owing to decomposition having set in—the leathery nature of some varieties, or want of sufficient cooking. Mr. Julius A. Palmer, of Boston, whose large experience makes him an authority upon the subject, advises the use of sweet oil and whisky, in equal proportions, in all cases where simply abdominal and intestinal derangements occur from toadstool eating.

The remaining family of toadstools, the agaricini, or gill-bearing, has more members than the sum of all the others of which individuals are eaten. To it belong the common mushrooms, agaricus campestris, and agaricus arvensis, to-

gether with many other members possessing high flavor and excellent qualities.

It is from this family that the masses gather for their tables, and in this family that real danger from toadstool poisoning exists. It contains a small genus consisting of about thirty members, known as amanita, eight of which are known to be edible, and at least five to contain a deadly alkaloid designated under the several names of muscarine, bulbosine, and amanitine.

This genus has distinguishing marks which cannot be mistaken, and should be known by every one. All of its members have gills which, with one exception, an edible variety having yellow gills—amanita ceasaria—are white at all stages of their growth. Their caps, which are convex, concave, or umbonate, generally show remains of an investing membrane existing as warts, scruff, or scales, which are easily removable by rubbing, and leave the smooth, satin-like skin intact. The flesh is white, tasteless, and almost scentless in young specimens. In older specimens, or soon after gathering, a strong unpleasant odor generates.

The caps range in color from the bright scarlet of the amanita muscarius, or poison-fly agaric, to the lemon-yellow of the mappa, and pure satiny white of the bemus and phalloid. Their stems are free from the gills, and are surrounded near the top with a kid-like apron or ring. At the base of the stem is a *bulb which is covered with a sheath or volva*. From this sheath or volva the poisonous amanita invariably springs. As the investing membrane, in the shape of warts, ring, or volva, is frequently evanescent, one or all may be absent in aged plants; but the volva, or remains of it, is almost universally found, if the plant is carefully removed from the ground. They grow in woods, uncultivated ground, on the margin of pastures near woods, in fence corners, and by their great resemblance when young to the common mushroom are frequently mistaken for it. The common mushroom never has a volva, and is seldom found in woods. It has pink or purple gills, and a much shorter stem than the amanita.

To Mr. Julius A. Palmer, of Boston, is due the segregation of the amanita group, and the pointing to it as the only one known to contain the subtle deadly alkaloid which is the subject of this article—amanitine.

In an article from his pen, contributed to the *Moniteur Scientifique*, of Paris, 1879, he says: "Mushrooms are unfit for food by decay, or other cause producing simply a disagreement with the system, by containing some bitter, acrid, or slimy element, or by the presence of a wonderful and dangerous alkaloid which is absorbed in the intestinal canal. This alkaloid, so far as is known, is found only in the amanita family."

So long ago as 1868, Drs. Currie, Vigier, Smidberg, and Koppe, isolated this alkaloid, and it has formed a part of our pharmacopia since that time.

The toxic properties of the amanita have long been known. The inhabitants of Northern Russia drink a decoction of, or eat the dried amanita muscarius (poison-fly agaric) for the purposes of narcotism and intoxication, and the urine of those who have partaken of it is in demand for future orgies, which are similar to those produced by alcohol.

M. Sicard, author of the "Histoire Naturelle des Champignons Comestibles et Vineux," Paris, 1883, experimented with amanitine upon dogs. He says: "Recently I have sought an appropriate antidote—an antidote of which the effects after absorption should be diametrically opposed in the system to those produced by the alkaloid of the mushroom—defined as an acrid and stupefying poison." After the absorption of the poison by a dog, M. Sicard, in following up his theory, injected subcutaneously two milligrammes of nitrate of pilocarpine, and a half hour afterwards a second injection with the same dose. After friction and the administration of five grammes of nitrate of potash dissolved in one hundred grammes of a solution of marshmallows, the dog recovered. "In strict truth," says M. Sicard, "I must say that the dog never recovered his normal condition; but the progress of the poison ceased, and he at least lived."

Dr. Gautier, in a work entitled "Les Champignons," Paris, 1884, says: "The use of atropine has been advised, not only to combat narcotic symptoms, such as those produced by opium poisoning, but as an antidote for muscarine—not yet perfectly isolated from the amanita muscarius." The experiments we have made upon animals in order to study the antagonism of atropine, and reciprocally, against the toxic elements of the amanita bulbosus, amanita muscarius, etc., have furnished negative results only. Yet it would be irrational to conclude that it lacked in efficacy upon man; and in all cases of poisoning by toadstools where nervous symptoms are manifested, it would be prudent to try the use of atropine in the dose of from $\frac{1}{2}$ to 0.002 of a milligramme.

The experience that we have reached in the search for an antidote against the action of the poisons of the amanita, lactarius, etc., by means

of the subcutaneous injection of many substances, have given equally of negative results. It is, however, important to continue these experiments, especially in the presence of the results obtained by Letellier. (The experiments of Letellier were confined to attempting the precipitation of the poison by the use of tannin.)

Experiments upon frogs were made with atropine, using it as the antidote for amanitine, and *vice versa*, with pronounced success; but not until August, 1885, was atropine successfully brought face to face with amanitine in the human system, as happened in the cases of toadstool poisoning in the Faris family, of Shenandoah, Pa., coming under the charge of Dr. S. E. Shadle, of that place, whose report will be found very valuable as indicating the symptoms of poisoning from eating of the amanita vernus, and the treatment pursued by him.

(*To be continued.*)

Hospital Reports.

PHILADELPHIA HOSPITAL.

Service of Dr. W. H. Parish.

Latent Pelvic Peritonitis.

This colored woman was born in 1836; her menses, which were never profuse, ceased entirely two years ago. She was able to do hard work up to one year ago. She has been in the hospital for six weeks, and has been utterly incapacitated for two or three months, owing to severe pain all over the abdomen. She has much tenesmus, and occasionally voids clotted blood from the rectum. There is usually some rise of temperature in the evening, with a fall in the morning. The abdomen is very sensitive. She has received treatment for intestinal irritation, which undoubtedly exists, but as there must be a cause for this irritation, we will look for it. The abdomen is somewhat swollen and resonant. She complains of pain on defecation, and also at all times at the lower end of the rectum. There is probably a fissure and hemorrhoids, but they all depend on something else. She has had no children, her vagina is narrow, and the womb is low down, the cervix being felt one inch within the vulva; the cervix is tilted up against the symphysis pubis and the uterus is fixed in this position. Going back of the cervix, in the *cul-de-sac*, and trying to push up against the roof of the vagina, he meets with resistance; there is felt a hard mass extending back to the rectum and continuous with both sides of the vagina. By bimanual examination, the womb is found carried bodily forward, its anterior surface lying below the abdominal wall, and he finds an indurated mass extending up to the brim of the pelvis; over to the right, above Poupart's ligament, he can feel the upper border of the hard mass by gently rolling the fingers over the surface.

The patient has lost flesh. The history of pelvic cellulitis is generally acute. In this case there is a combination of cellulitis and peritonitis, but this is not the whole trouble. Pelvic peritonitis may be rapid in its onset and course, or it may, as here, begin as a chronic affection, be latent and very gradual in its course. There may be, as here, very slight elevation of temperature. Cellulitis alone produces rather a globular swelling or tumor; there is not so much matting together of the parts as we have here. There are some symptoms in this case that point to cancer. The patient's mother died from cancer of the stomach, so that we have the factor of heredity; she has lost flesh, another sign-post pointing to cancer—the latency of the disease is also favorable to this view; against this supposition are the facts, that there is no *distinct* tumor, no discharge (from irritation) from the uterus, as is usual in cancer. Dr. P. believes that we have here a case of pelvic peritonitis, for which we can assign no cause. But we must remember that in some constitutions, very trivial causes will set up this trouble. There may be now a point of suppuration in this hardened mass. Such inflammations usually begin in the ovary or the Fallopian tube, and there may be pus there now. Dr. Parish made some remarks on the importance of always looking for a cause for symptoms, as oftentimes the symptoms are taken for the disease, and dire results ensue. Two weeks ago, in this hospital, a patient, who had been treated for *symptoms*, died from pelvic hæmatocele that was unsuspected. So many things are ascribed to hysteria, which, Dr. P. believes, always has a cause for its existence. In this case, if there is depression from any cause, the formation of pus is favored; the patient should be restricted from walking, being moved about in a carriage or wheeling-chair. Blisters and the local application of tincture of iodine should be resorted to. Hot water injections, with the patient on her back, should be used as long as they give comfort. She should have the best of food, and you must watch the bowels, as they are likely to be constipated from pressure. You must also look out for the bladder, as pressure may interfere with its evacuation, which fact may be present even though there is dribbling. He gives internally $\frac{1}{24}$ gr. corrosive sublimate and 5 gr. chloride ammonium in one drachm of compound infusion of gentian, to promote absorption. The prognosis is bad.

Prolapsus Uteri.

This woman has had three children and three miscarriages. She was operated on for lacerated cervix and prolapse and elongation of the intravaginal cervix. The lower end of the uterus protruded, while the body was nearly normal in position, so that the prolapse was not real, but only apparent. The lower end of the uterus, above the tear, was cut off. A circular incision was made around the cervix, flaps were dissected up from the external mucous membrane, and the cervix amputated, short flaps being made on the inside. The flaps were brought together and perfect union secured. These flaps obviated the liability of the cervix to close.

SERVICE OF DR. JOSEPH NEFF.

Peculiar Case of Typhoid Fever.

There is probably no disease the manifestations of which vary so much as do those of typhoid fever, and unless you are acquainted with this fact and bear it always in mind, you will be frequently in great doubt about coming to a diagnosis. This patient was taken sick with pain in his back, with cough and expectoration. The pain extended to his limbs and chest; he had a chill that lasted four hours, and on the same evening had epistaxis. The next morning his legs were swollen, the hip joint was stiff, and he had constant headache. The next day he was better. The following day, when he was in a station-house, he felt chilly about the feet, and on the succeeding day he was admitted to the hospital. He was then found to have fever, though he states that he had none for the two preceding days, though you cannot always take the patient's word for this. Only this morning a young man was in my office who said he had no fever, yet the thermometer registered 104°. On admission, at 6 p. m., his temperature was 105°, the next morning it dropped to 99°, and in the evening went up to 103½°. This is not the temperature of typhoid, and when taken in connection with the chills would point to remittent fever. There is not the typical expression of countenance, but we must remember that this is only observed in grave cases, and then not until the beginning of the second week. The spleen is enlarged, which would also point towards malarial fever, but we do have this enlargement in typhoid. We have, however, the typical eruption, which at once clears up the diagnosis. There was in this case a small patch of pneumonia, which did not increase and which was not extensive enough to account for the high temperature. In about thirty per cent. of all cases, typhoid commences with a chill. Dr. Neff thinks "typhoid" a very bad term; it describes a condition rather than a disease, and "enteric fever" would be much more definite and less misleading than "typhoid fever." This case is being treated on the specific plan; he is taking one drop of carbolic acid and two drops of tincture of iodine, well diluted, every three hours. Dr. Neff has been using this treatment for four years, during which time he has had some forty or fifty cases, with a mortality of six per cent., while the averag mortality in this house is eighteen per cent. When the temperature keeps below 102° nothing else is done; when it goes above this point, the body is sponged with tepid water, uncovering only a portion of the body at a time, drying it immediately and covering it again. If it gets above 103°, he gives ten grains of antipyrine; if it remains above 103° for a day, he gives sixteen or twenty grains of quinine early in the day, on a falling temperature. If it reaches 104° or 105°, he gives twenty grains of antipyrine, and if this does not reduce it, he gives twenty more, ten more in half an hour, and at the end of the hour fifteen or twenty more, if required. When giving such large doses it must be carefully watched; but he has never seen bad results, even with such huge doses as one hundred and fifty grains in twenty-four hours; no collapse or chill, but copious sweating. Typhoid fever, above all, calls for good nursing, hygiene, and common sense. If he were obliged to choose between a doctor and a good nurse, Dr. Neff would choose the latter. He formulates the following rules, to which he strictly adheres:

1. Always visit the patient twice a day.
2. At each visit listen to the lungs and percuss the bladder.

If patients object to his coming twice a day, he refuses to attend them.

Specific Anæmia.

While iron is the drug *par excellence* in anæmia, here is a case in which it is not called for; it would do good, but the improvement would be very slow. Mercury would be absolutely injurious. Iodide of potassium is the drug called for; two grains thrice daily, to be increased by one grain at a dose, until twenty grains are taken daily. We may make a saturated solution, so that we will avoid bulky dosage; one drop will represent one grain, and this will also render easy the gradual increase in quantity. With the iodide we may also use iron, giving the muriated tincture or the mallate. If the stomach revolts, we may give the iron hypodermically, using the ammoniated citrate or dialyzed iron, which is less apt to produce abscesses than the other forms. Dialyzed iron, however, Dr. Neff has found to be inert, and pins faith to it only in cases of arsenical poisoning, for it is a more stable preparation than the hydrated sesquioxide, and can therefore be kept.

SERVICE OF DR. J. WILLIAM WHITE.

Stricture.

Dr. White made some very practical remarks on the subject of stricture, noting that long continued gonorrhœa is much more apt to eventuate in stricture than short, sharp spells. When about to pass a filiform bougie, give the point a little bend with the fingers, for by so doing, and rotating the instrument as you pass it along, you will be much more likely to strike the opening which may be situated on one side of the stricture. While passing this bougie, he stops a few seconds to allow the subsidence of the spasm which its introduction has caused. When he has plenty of time to treat a stricture, he keeps the filiform in for a day or two, passes another alongside of it, and gradually dilates with metal sounds, allowing the man to keep up the dilatation by occasionally passing an instrument. This gradual dilatation, Dr. White decidedly prefers to any cutting operation. In private practice, if the man comes from a distance, he passes a Gouley catheter over the filiform bougie, sends him home and lets him come back again in a few days. He sees no necessity for country doctors to send their stricture cases to city surgeons; they can treat them just as well by this method of gradual dilatation, which requires chiefly patience and perseverance, but does not call for any great amount of skill. He always gives ten grains of quinine immediately after passing an instrument, and one-half drop of tincture of aconite every hour until bed-time on the day of the operation, to ward off urethral fever.

Suspected Chancre.

Here is a woman with a sore on her genitals. This sore has existed for a month; if it were specific, we ought, by this time, to have some enlargement of the lymphatics, but there is none. There is no induration about this sore. The chances are that it is local, but in such cases you should be careful not to commit yourself. *Remember that nothing will warrant the opinion of syphilis but syphilis itself.* Here is a man who has a sore. He was exposed to contagion one week and three weeks before its appearance. When feeling a sore for induration, always grasp it with a small piece of cotton, for your own protection. We may have herpetic sores, or friction, dirt, or smegma may raise suspicous ulcers. Never give constitutional treatment until syphilis is developed.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. WILLIAM GOODELL.

Ruptured Perineum.

In bringing before the class a case that he had recently operated upon, Dr. Goodell took occasion to urge upon the class not to make *skin* perinei; they should be thick. A skin perineum will look well enough, but it will not afford support. To perform the operation properly, you must denude boldly, and dissecting a flap from the posterior wall of the vagina, unite it with the other tissue; this will give a perineum with the natural slope. When operating immediately after the labor at which the rupture has occurred, this, of course, will not be necessary, but we must then be careful to plunge the needles deeply, to do which we must have a good light; candle-light will hardly answer. This woman was operated upon one week ago. He amputated the cervix and sewed up the perineum; he now takes out the stitches and finds good union. When the sphincter is not torn, there is no necessity to draw the water—the urine is usually bland, and will do no harm; though, when convenient, he prefers to draw it. To remove the stitches, he places the woman on her back, while an assistant holds aloof her legs, that are tied together. It is always well to move the bowels before removing the sutures. In a couple of days he will loosen the legs, that have been tied together since the operation.

Mammary Abscess.

This is a particularly interesting case, because it affords me the opportunity of speaking upon a very important and very practical question. This woman has two sinuses, the result of a mammary abscess, but as she has also some uterine trouble, we will take that up first. She is 24 years old, has had three children, the youngest of whom is now three years old, and one miscarriage, which occurred last September, and she has not been well since. She complains of dysuria, with pain in the epigastrium and both iliac regions. She menstruates every three weeks, and the flow lasts for two weeks. The age of the patient would militate against a fibroid, and it is not likely that there is a polypus, as they rarely occur in child-bearing women; carcinoma is very unusual at this early age. So, by a process of exclusion, we bring it down to a possibility of two conditions: sub-involution, which is liable to occur after miscarriage. Involution is a process of fatty degeneration, the contracting womb exerts a pressure on the blood-vessels, not enough to cause necrosis, but sufficient to interfere with the full nutrition of the large uterus, and it suffers fatty degeneration in consequence. Occasionally this interference is so great as to cause necrosis, but he has never seen it do so unless there was a fibroid, and in such cases death generally ensues from septic poisoning. Another possibility is that this womb may contain vegetations. He asks her what she thinks was the cause of the miscarriage; she replies that she attributed it to heavy lifting in moving, a very common cause. Whenever you encounter a woman with a history of repeated miscarriages, no matter howsoever exalted her position, no matter how high above reproach she may stand, no matter what may be the nature of her surroundings and conditions, you can rest assured that the trouble is due to syphilis, and that specific treatment is imperatively called for. This woman has had only one miscarriage. Upon examination he finds endometritis, metritis, and the sound passes in more than three inches, demonstrating that we have here sub-involution. If you think that you are going to reduce a three-and-a-half-inch womb to two and a half inches, you will be most grievously disappointed. By proper treatment you can reduce it to minus three, but below this you will not go. You may apply tincture of iodine, made stronger by the addition of metallic iodine or carbolic acid, Calvert's No. 4 (some prefer commercial carbolic acid, but Dr. G. thinks it offensive, and does not think it possesses any virtue over the Calvert's No. 4). You must teach the woman how to apply these drugs on a tampon. Take a piece of cotton (*non absorbent*, for absorbent cotton will allow the fluids to pass through too quickly) about the size of your hand (it must be the best cotton, with the fewest seeds), lay it on the palm of the hand, and pour into the centre one drachm of a glycerole (of whatever drug you may use), bring the edges together, tie tightly with strong twine, cut off the redundant cotton beyond the twine, push well up to the cervix, let remain for twenty-four hours, remove, and insert a new one. After several applications, discontinue them, and wait awhile to see what effect has been produced; the woman may become pregnant, and this may do more good than anything else. For these glycerols we may use tannin, sulphate of zinc, acetate of lead, or salicylic acid. This last is very good, save that it sometimes produces great itching, unless the parts are well greased with vaseline. This method of making applications is far better than any other, except when we are using very strong drugs, when the constant application would be too severe. This case will be thus treated, and the woman will wear a pessary. When the womb is felt in the lumen of the pessary, you know that it is in position. If it is not there, introduce a sound and gently lift it into position. The pessary may be too small; if so, the one first introduced will distend the vagina, and in a day or two you can introduce a larger one.

We will now go on to the mammary trouble, and I will tell you most emphatically that it is an

erroneous superstition that mammary abscesses occur when a woman loses her child; such women rarely have abscesses unless the doctor causes them. The breast may look like it, may be angry and inflamed; but if you give support to it, keep the bowels open, give opium, and if necessary draw off a little of the milk, there will be no further trouble. It is a sore nipple that causes abscess, hence Dr. Goodell thinks that the trouble is septic in its origin. He speaks authoritatively on this subject, for he has had great experience in this line; but since he received his present convictions and acted on them, he seldom has abscesses. You will often read of the good effects of belladonna and iodide of potassium in preventing mammary abscess after a woman has lost her child, while in reality the abscess did not form, because the woman did not have a sore nipple. He never uses belladonna now, because it is dirty and is useless. As a placebo he will, if necessary, apply camphorated alcohol. The milk can best be removed by a friend, or better, by another baby, for the suction of the baby has a double action, that of the gums as well as the lips. A woman can suck her own breast through a common clay pipe. In this woman the abscess occurred four years ago. On this side she had a small, depressed nipple. When the abscess healed, cicatricial tissue drew the tissue of the gland together, but it failed to do so entirely, hence we have these two sinuses, lined with a pyogenic membrane, that will go on secreting pus until doomsday, unless something is done for her. We will operate on her next week (our next issue will report the operation). She is now taking what is known in this hospital as the "four chlorides," a most excellent tonic:

℞.	Hydrarg. bichlor.,	gr. j.
	Liq. arsenici chlor.,	gtt. l.
	Tinct. ferri chlor.	
	Acid. hydrochlor. dil., āā	f. ℥iv.
	Syr. zingib., ad.	f. ℥vj.
M.	S.—Dessertspoonful at a dose.	

To please the patients and friends, we may apply something to the breast when mammary abscess is threatened, but it is not necessary. In these cases the ounce of prevention is the great thing. If a woman has a depressed nipple, it should be drawn out; and this can best be done by taking a bottle, the mouth of which fits nicely over the nipple, heat in hot water and adjust over the nipple—as the air in the bottle cools, it exerts a suction force on the nipple and draws it out; this may be done several times daily.

The question of the treatment of cracked nipples, which is the cause of abscess, is a very thorny one, because it is necessary to remove the child from the breast, and in the majority of cases this is impracticable. If this cannot be done, the intervals of nursing must be lengthened. To a disinterested observer, a cracked nipple seems like a very insignificant affair; but, like a fissure of the anus, it is excruciatingly painful, and to the child is a serious matter, as it may suck out and swallow considerable quantities of blood, which it afterwards throws up.

Dr. Goodell has lately been using cocaine in from a two to a four per cent. solution; this allays the pain, but he has not been using it long enough to venture a positive opinion on its merit. The crack may be touched lightly with solid caustic or a strong solution of nitrate of silver. Taken all in all, iodoform ointment (℥j. to vij. of vaseline) is probably the best application. He prefers the ointment to the powder, as the crystals in the latter will injure the tissue. Iodoform is not poisonous, so that the child can take the breast, but it is well always to remove the iodoform previous to nursing; but do not *rub* it off, *pat* it off. You will have to change from one application to another. Nitrate of lead (gr. x.–xx. to ℥j. of glycerine) is good. The crack can be closed with collodion and tannin, ʒj. to ℥j., and it may remain closed while the child is nursing, but this does not often happen. We may use a saturated solution of boracic acid, or a glycerole of tannin. Lead may possibly poison the child. It may be necessary to give opium or bromide of potassium, and in this way we will generally get along without an abscess; but they will sometimes form in spite of us. The first symptoms of a forming abscess are a chill down the back, with a glazed, glistering appearance of the breast, which pits slightly. We should at once give quinine, from twelve to sixteen grains daily, and cover the breast with a large poultice, in which we should incorporate some laudanum. *We must open as soon we are sure of the presence of pus.* We will discover the presence of pus by pressing over the breast here and there; where the pus is it will feel sensitive and as though there were a well under the skin. When you come to open, remember how the ducts run, out from the nipple, like the spokes of a wheel, and do not cut crosswise, else you will cut several of them and produce lacteal fistulæ. Cut between the spokes. It is a good plan always to give ether. Most young men make their incisions too small; they must be free—at least one inch long. He has never opened an abscess under the spray; he might do so now, but he has not had one for a long time. The cavity should be syringed out with a two and a half per cent. solution of carbolic acid. Poultice till the discharge becomes thin, then stop, as further poulticing only keeps up the discharge; then strap the breast, strapping upward over the shoulder and downward under the arm, putting in a drainage tube. If it is slow in healing, take a five to ten per cent. solution of carbolic acid, place the nozzle of a syringe in the orifice and inject forcibly, so as to distend the abscess, and then strap. If you cannot detect pus, but you are sure, from other signs, that an abscess is forming low down, nick the skin on the lower edge of the breast and tissue beneath, and pass down a probe or uterine sound, then pass a uterine dilator and open it—this will give free vent to the pus; then put in a drainage tube and use carbolic injections daily after the pus becomes thin. When you do not etherize, always try to open the abscess without the patient's knowledge, conceal the knife in your hand, and do not let her know what you are going to do. When Dr. Goodell was practicing in a small town, before coming to Philadelphia, he acquired quite a reputation for his *tricks* in opening mammary abscesses. He was once sent for by a woman, who warned him that she had heard of his tricks, and that he could not cut her without her knowledge.

He had his lancet concealed in his hand, but she watched his every movement so closely that he almost despaired of being able to fool her, when suddenly he said, "Nurse, are you not afraid those clothes so near the stove will take fire?" The patient involuntarily turned her head, and without her knowledge the abscess was opened.

SERVICE OF DR. D. HAYES AGNEW.

Sarcoma.

This man, 23 years old, some six or eight months ago, was making a muscular effort, with his arms elevated, when he felt something give way. One or two months later a swelling appeared over the left deltoid, which has increased rapidly. It is underneath the deltoid. The skin is not red, and there is no implication of the axillary glands. He has completely lost the power of elevating the arm. We take this to be a sarcoma, from the age of the patient, its following an injury, its rapid growth, absence of chills, want of redness of skin, non-adherence of skin to tumor, and the soundness of the skin, all of which is very different in carcinoma. In most of these cases it is necessary to amputate, but there is here so much objection to this procedure that we try a more conservative plan. He makes an incision, as for amputation, on the outer aspect of the arm, dissects up the flap, disarticulates the humerus, and saws off the diseased mass.

MEDICAL SOCIETIES.

PHILADELPHIA NEUROLOGICAL SOCIETY.

A stated meeting of the Society was held Monday evening, October 26, 1885, the Vice-President, Dr. Charles K. Mills, in the chair.

The first paper read was entitled

Hyoscine Hydrobromate,

By Henry M. Wetherill, Jr., M. D.

We do not, as yet, know accurately the history of the discovery and introduction of this most important and valuable therapeutic agent; but certain it is that Landenberg, of Germany, was the discoverer of hyoscine and the first to investigate its properties. His observations were seconded by those of Edelfsen, Gnauck, Emmert, and others on the Continent. The English current medical literature has, I think, not made mention of it. To Dr. Horatio C. Wood belongs the credit of being one of the first to investigate its action in this country, as seen in his admirable monograph published a few months since.

It is said that hyoscine is prepared by a rather complicated process from the alkaloid hyoscyamine by treating the latter with baryta-water. The pure alkaloid hyoscine is so volatile and perishable that it is never available as a therapeutic agent unless combined with acids, which form with it salts of fair stability. Those at present found in the drug market are the hydriodate, hydrobromate, muriate, and, I think, the sulphate. My experience has been wholly with the hydrobromate, and it is this salt alone of which this paper treats. The most reliable is that produced by E. Merck, of Darmstadt, whose three accredited agents in New York are Lehn & Fink, Schieffelin & Co., and Eimer & Amend. It can be obtained of the leading pharmacists of this city. In its gross physical appearance it resembles small crystalline masses and granules of potassium bromide. It is light in relative weight, opaque white, but not purely so, slightly inclining to be yellowish, rather deliquescent when exposed to the air. Seen under the microscope, it was very evident that its crystallization had been facilitated by stirring, as much of it was in very irregular granular masses; but when allowed to evaporate spontaneously from its aqueous solution, it showed under the microscope handsome quadrahedral crystals springing from a granular base. These were entirely free from extraneous matters, transparent and highly refractive. The literature of hyoscine is rather meagre in America; brief notices of it are to be found in the more recent works on therapeutics and materia medica. The other works devoted to this subject are Dr. Wood's monograph, the paper by Dr. Judson B. Andrews found in the *American Journal of Insanity* for October, 1885, a paper emanating from the Hudson River Hospital for Insane, in the *New York Medical Record*, 1885, and some papers from the pen of Prof. John M. Maisch in the *Philadelphia Journal of Pharmacy* for November, 1885.

Hyoscine hydrobromate is freely soluble in cold distilled water; but it will be found desirable to add to this menstruum ten per cent. of alcohol as a preservative. The following I have found to be a convenient formula:

℞.	Hyoscine hydrobrom.,	gr. j.
	Aqua destillat.,	f. ʒix.
	Alcohol,	f. ʒj. M.

In every ten minims of this solution there is $\frac{1}{60}$ of a grain of the hyoscine hydrobromate. In prescribing the compounds of hyoscine care should be used in writing the name of the salt in full and plainly, so as not to mislead the pharmacist with the impression that hyoscyamine has been ordered, and *vice versa*, as the hyoscine salts are far more powerful than are those of its sister alkaloid. Now thus having described the substance at some length, what have we found to be its exact physiological effects, and what do we find to be its true place in therapeutics after a very careful and painstaking study of its action, which has extended over a period of six months upon the patients under our care in the Pennsylvania Hospital for the Insane? Before answering this question, let me recount the effect produced upon myself by a very moderate dose taken by the mouth. I was in health at the time. Dose, $\frac{1}{120}$ of a grain. Before administration, pupils normal, equal; pulse 88, good; respiration 20 per minute; skin normal; temperature 98° F. Within 45 minutes, the pupils were evenly and moderately dilated, the voice was hoarse, face suffused, conjunctivæ injected, temperature raised to 99.5° F., respiration full, slowed to 16 per minute, pulse slowed to 64, very full, considerable general relaxation of muscles, decided general sweat, impaired coördination, and a sense of fulness in the head and of wretchedness. I managed somehow to get to bed, and at once fell asleep, and so continued for nine hours. Awoke much refreshed,

no ill effects, everything normal but the pupils, which were yet slightly dilated, but which regained normal conditions within two hours.

Now, in regard to our results as obtained by its use in the hospital. We have no hesitation in saying that as a hypnotic and sedative it has proved most valuable in our hands. As a hypnotic the usual range of dose is from $\frac{1}{120}$ to $\frac{1}{60}$ of a grain given at bedtime, preferably by the mouth —very frequently a less dose than gr. $\frac{1}{120}$ will be sufficient; gr. $\frac{1}{100}$ has often acted better in insomnia than has a larger quantity. It is very seldom necessary to repeat the dose; and another very decided advantage possessed by hyoscine over hyoscyamine is that small doses can be continued for a long time without increase, whereas the patient soon tolerates small and then moderate quantities of hyoscyamine, and finally resists even very large doses of it. We have given hyoscine a thorough trial in the insomnia occurring in the course of acute delirious mania, and with marked success, having succeeded, when all the usual modes of treatment had proved inadequate, in securing for the patient from six to ten hours of quiet sleep nightly for the past nine weeks, with but four or five exceptions; but one dose in every twenty-four, at bedtime, the amount ranging from gr. $\frac{1}{120}$ to $\frac{1}{60}$. The insomnia in these case is one of their chief elements of danger. If it is possible to give such a case a fair amount of sleep and of nourishment in a concentrated form, the probability of a favorable issue might be entertained. The insomnia of agitated melancholia, of the morphia habit, of alcoholism, of acute mania, of neurasthenia, of chronic mental disorder, with habitual wakefulness and motor activity, and in those confirmed cases of insomnia from unascertained cause which usually prove so obnoxious to treatment, hyoscine has been found to answer a very good purpose. It does not invariably succeed; but the failures have been very exceptional. In many instances the chronic insomnious habit has been broken so as to permit of the withdrawal of the hypnotic. It is a severe test of the value of any hypnotic to administer it in daytime, and the drug under consideration has been found to act very well even under this condition. It seems scarcely necessary to refer to the unsatisfactory and often disappointing action of the hypnotics which are now in general use, and it would seem as though this remedy is the one for which rational therapeutists have waited for so long a time.

Now, as to its usefulness as a general sedative, we have had results which justify the assertion that it is the very best means at present at our disposal for calming the motor excitement of acute and chronic mental disorders, in their talkative, active, noisy, destructive, or violent phases. In this class of cases the range of doses may sometimes have to be greater than in the treatment of insomnia, from gr. $\frac{1}{120}$ to $\frac{1}{50}$. I have seldom been obliged to give so much as gr. $\frac{1}{50}$, and have rarely had to give more than one dose in twenty-four hours. As an occasional exception a patient has been found whose excitement has successfully resisted a full dose; but it must be remembered that some cases of chronic mental excitement have been dosed with varying success through a period of years, until a peculiar condition of resistance to, and toleration of, remedies of this class has become established. Where a large number of excited patients are congregated, even though they may be classified with care, there are a few who seem to be the cause of most of the general disorder and confusion; reduce these few to a condition of comparative quiet, and the larger, but less aggressive, element remains tranquil. Following out this theory in the administration of hyoscine, we have had the satisfaction of seeing wards for excited patients quite transformed in character for the better; nor can this be fairly termed "medical restraint."

I have tabulated carefully our study of the physiological action of this remedy as a hypnotic and as a sedative, and have also tabulated our experience with hyoscyamine as a hypnotic. We had found the latter so decidedly inferior to hyoscine as a sedative that it was not deemed necessary to tabulate these results; but it must not be inferred from this that hyoscyamine is inert. It is a remedy of no mean value, and only second in activity to its sister alkaloid.

The tabulated statements to which reference has been made will appear in the forthcoming Report of the Committee on Lunacy of the Pennsylvania State Board of Charities for 1885.

Physiological Effects. — The physiological effect of a full dose of hyoscine, say gr. $\frac{1}{60}$, is manifested within twenty minutes. These are brief, transitory bewilderment, marked interference with coördination, widely dilated pupils, slow, regular, very full pulse, dryness of the throat, relaxation of the vocal cords, very slow, full respirations, sometimes becoming Cheyne-Stokes, marked suffusion of the face and of the general surface of the body, a slight rise in temperature, and free diaphoresis, which does not seem to restore normal temperature. There is general muscular relaxation, and a sense of wretchedness. Sleep usually follows, which continues from one to five hours, if the dose is given in daytime and the patient is not put to bed. This amount administered at night would be followed by sleep lasting for eight or ten hours. The midriatic effect is rather transient, but usually persists through an entire day. The pulse is slowed about twenty beats per minute, and this effect gradually wears away during eight or ten hours, and is often followed by a very variable period of pulse acceleration, which seems to be simply a reactionary hastening of the pulse to restore the disturbed balance of the circulation. The normal rate of respiration is gradually restored through a period ranging from three to five hours.

The rise in temperature is not an invariable result, and is frequently small—seldom exceeding one and one-half degrees—and the balance of temperature is usually restored within two or three hours. Dryness of the throat often persists through an entire day. Suffusion of the surface of the body is usually transitory. In moderate and in small doses the effect is, of course, proportionate to the amount employed; but the same general symptoms are present and the patient is quieted accordingly. Interference with the appetite is sometimes observed. It does not seem to act upon the bowels nor upon the kidneys.

Hyoscine is not always well-borne; occasionally the following symptoms have followed the

use of a moderate dose: Nausea, vomiting, anorexia, dysuria, syncope, with small, rapid, irregular pulse, and with symptoms of partial paralysis of the pneumogastrics. This untoward condition occurred in a case of epileptic mania, in one of paretic dementia, in one of chronic dementia with excitement, and in one of acute hysterical mania. All of my personal experience of the action of hyoscine has been among females, and they are, I think, more susceptible to its action than are males. This is generally true of many drugs. Hyoscine is a spinal sedative of considerable activity. It had a decided influence over the spasms of a case of tetanus; a powerful man, whose life it certainly prolonged for some hours, and who died, not from convulsions, but from high temperature—this was, I think, 108° F. before death; but post-mortem, it rose to 116° F. This case was not mine, but I know that the observations were accurately taken with a corrected thermometer. Is it best to give the remedy hypodermically or by the mouth? It acts almost immediately, and in rather less dose, by the former method; yet we have preferred usually to give it by the mouth, as it acts very promptly when taken into the stomach, even in very small doses, and this method offers no shock to an excited or timorous patient.

Among the physiological effects of hyoscine, one or two observers claim to have frequently noticed a primary acceleration of the pulse-rate, previous to its becoming slow and full. This I have not found to be the case save in two instances, and even in these two cases the effect was not invariable. There is a source of possible error to be here taken into consideration—that the mere act of feeling the pulse, or even addressing some persons, causes a marked acceleration of the pulse, which may persist for some time should the patient be excited, timorous, apprehensive, or nervous.

From three observers of the action of hyoscine in another state, comes the report that their anticipations of the good effects of the drug had not been realized, after fair trial of an article which they thought was reliable; but there is some reasonable ground for doubt that the substance employed emanated from Merck's laboratory. The evidence that it is a hypnotic and sedative of great value to the profession is rapidly accumulating. We have thus far found the different samples of Merck's hyoscine hydrobromate to be uniform in effect and in external characteristics, and are much pleased with its action. It has been in daily use and under close observation in our hospital practice, and we prescribe it with confidence in its activity. It is preferable to the other sedatives and hypnotics, as it is more certain and uniform in effect, convenient in administration, and free from injurious secondary effects.

The discussion on Dr. Wetherill's paper was opened by Dr. D. D. Richardson, who said it had been his experience to find that hyoscine caused dilatation of the pupils. In some cases the pupils remain dilated for a few days, but as a rule it disappeared sooner. The pulse was always much increased; with the exception of one case it was always above 120. Respiration increased often to 40 per minute. He agreed with Dr. Wetherill as regards rise of temperature and increased respiration. The appetite is not influenced by the use of the drug. The secretions, he said, were generally increased, especially the kidneys. No constipation resulted from its use.

Dr. Chapin said he had been a daily observer of the experiments of Dr. Wetherill, and entirely concurred with his remarks. He said he had always found the pulse to be hurried. The sleep which resulted from its use has been from eight to ten hours. He thought the difference of opinion of the physiological actions of the drug might be due to different preparations of it.

Dr. Wetherill, in conclusion, said that the dryness of the throat was very decided. There was also a relaxation of the muscles of the throat.

The next paper read was entitled, "The Principles Governing a Choice of Currents in Electro-Therapeutics," by G. Betton Massey, M. D.

The reader pointed out the value of more accurate conceptions of the differences in the physical character of faradaic and galvanic currents as a basis for their intelligent selection. The therapeutic value of faradaism is due entirely to its electromotive pressure, while the most useful medical quality of the galvanic current is its volume.

Electromotive pressure and electric volume are essentially different articles of the materia medica, and should be so considered.

The therapeutics of "volt-pressure" applications were reviewed, including the differing indications for slow-succession and rapid succession faradaic currents, and were contrasted with the therapeutics of "milliampére-volume" applications.

The paper concluded with the statement that the faradaic current presents the best form of electricity for the treatment of those diseases in which a stimulation of mobility or sensibility is either directly or indirectly curative, with the single exception of disorders characterized by the appearance of degenerative response, while the constant galvanic current may be relied upon to fulfill the remaining possibilities of electricity in medicine. LEWIS BRINTON, M. D., *Recorder.*

CINCINNATI ACADEMY OF MEDICINE.

Stated meeting, October 19, 1885.
President, Samuel Nickles, M. D.
Secretary, G. A. Fackler, M. D.

Dr. Robert W. Stewart reported a case of

Gonorrhœal Rheumatism.

The following were given as characteristic symptoms of gonorrhœal rheumatism:

1. It is usually antipyretic or of low degree.
2. Generally confined to one joint, most often the knee.
3. The pain is also less severe than in acute articular rheumatism.
4. There is a marked tendency to hydrarthrosis.
5. There is not the profuse sweating of acute articular rheumatism.
6. The inflammatory buffy coat is not present.
7. An ophthalmia is a common concomitant of the rheumatism.

Discussion on Rupture of Membrana Tympani.

(*See page* 654.)

Dr. G. W. Tangeman, in discussing the paper of Dr. Ravogli, said that the subject of rupture

of the membrana tympani has always been an interesting study, more possibly on account of the causes producing this disturbance than on account of the treatment the injury requires. Nature herself has done a great deal toward protecting this structure. In the first place, its oblique position to the auditory meatus; secondly, the so-called membrana placida, or the membrane of Schnappell, which yields when undue pressure is brought to bear upon it. From my own experience and the reports of others, few if any membranæ tympani are ruptured—the injury due to explosions or violent movements of the atmosphere which forces the air with undue pressure on to the membranæ—unless this structure or some portions of the ear were in a pathological condition. Condensed air has caused rupture of the membrana tympani.

In laying the foundations for large bridges, or digging tunnels under rivers, men are compelled to pass through or work in an atmosphere of condensed air amounting to from 35 to 50 pounds to the square inch above the normal. In these cases rupture was produced by pressure direct on the membrane, as was clearly proven by Dr. Magnus in his studies of the ear in condensed air. Drs. Smith and Green report cases verifying the statement that even in condensed air the drum-head is safe when the Eustachian tubes and middle ear are in a normal condition. But there is another class of cases which interests us more, viz., where the membrane is injured by injuries to the head. The first case that I observed coming under this class was in private practice. Mr. B. struck his wife a sudden blow on the ear with the palm of his hand. The blow was given with such force that the woman fell unconscious to the floor. In the course of a few hours she complained of fullness on the side of the head and loss of hearing. On examination, I found a rent anterior to the handle of the malleolus, fully one line in length, through which the patient could force air by the Valsalvian method. The watch could be heard about two inches from the head. When the ears were inflated by means of the catheter, the air did not pass through the tube very readily. Besides, there were other symptoms that indicated an abnormal condition of the Eustachian tubes, showing a pathological condition prior to the receipt of the injury. The treatment in the case really amounted to nothing, save a few careful inflations. In the course of a few days all sources of irritation and redness of the membrane disappeared, and hearing gradually improved.

The second case was one that came under my observation in the Eye and Ear Clinic, Medical College of Ohio. It was the case of the assistant chief of the fire department. This case is quite unique. The chief was giving orders to the hosemen in regard to the direction in which a stream of water should be thrown at a fire. The nozzle was quickly turned, but in so doing the full stream from a larger hose struck him on the left ear, knocking him off his feet. He claimed he could feel the water passing down into his mouth and nose through the Eustachian tube, which might have been the case, since in a few days a purulent discharge commenced from the middle ear, undoubtedly produced by the water pouring through the rent into the tympanic cavity, and thence into the mouth through the Eustachian tube. The hearing power was very much reduced; a low conversation could be heard at a distance of a few feet, and the watch about three inches from the head.

The third case was so nearly like the one just reported, that it is not necessary to go into details.

In the last case that I observed the rupture of the membrane was caused by the physician's instrument, who, in his endeavor to remove an insect from the meatus, perforated the membrane. This was followed by acute suppuration of the middle ear.

The treatment of the first and third cases was practically to let them alone. Nature, unassisted, repaired the damage. In the second and last cases the treatment was that of an acute suppurative inflammation of the middle ear.

The prognosis in these cases, pure and simple, is good, the acuteness of hearing usually being restored in a very short time.

The case reported by the essayist to-night is not unique, inasmuch as there have been a number of such cases reported; nevertheless it is very interesting.

These cases may be divided into two classes—first, those in which the rupture is due to a sudden vibration of the atmosphere, as after explosions or the firing of heavy artilery; second, those which result from a blow or some injury to the head as a cause of rupture. To this latter class belongs the case of the essayist. These cases are of far greater importance to us, since they occur at any time. Dr. Weir, of New York, reports three or four cases where the rupture was due to a blow upon the head. In these cases, and those which have come under the speaker's observation, the drum membrane was supposed to have been in a diseased condition. It requires considerable force to rupture a membrane. Dr. Gruber has determined that it will support a column of mercury 150 cm. high, or that it cannot be ruptured by air condensed five-fold, which was allowed to press against the membrane suddenly, either through the external auditory meatus or the Eustachian tubes. In the majority of cases reported the rupture was posterior to the handle. As long as the case is one of simple rupture, recovery will take place in a few days; but in some of the cases where recovery of hearing seems tardy, it may be due to a disease which had existed, or it may be due to a fracture or dislocation of the vesiculi, or an injury to the labyrinth.

There is not another tissue in the body which will repair as rapidly as the drum membrane. A perforation may be demonstrated by Valsalva's or Politzer's method of inflation, if it cannot be seen.

With reference to the membrana tympani as an absolute necessity to acute hearing, that certainly is a fallacious idea, since many persons with perforations due to chronic suppurations have normal hearing. The membrane acts largely as a protection to the middle ear. Many sounds could be heard more acutely if we were to perforate the healthy membrane.

The speaker illustrated the reparative process of the membrana tympani by citing a few cases where stem-grafting was resorted to for the restoration of the membrane. The perforation healed in the course of three or four days.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Traumatic Tetanus Successfully Treated with Calabar Bean.

Dr. John Dougall thus writes in the *Glasgow Med. Jour.*, March, 1885:

As traumatic tetanus usually terminates fatally, the following case is interesting:

While acting *vice* Dr. Scott Orr, Jessie L., aged 16, farm servant, was admitted to Ward I on September 5, 1884. About twelve days previous to admission, while milking a cow which had sore teats, it became restive, and tramped on her right great toe, tearing off the nail and bruising it severely. After a few rude dressings it healed. About a week after the accident she felt her mouth "sore and stiff," *i. e.*, lockjaw. After two days the stiffness extended to her neck, and in about three days to her back, which became so rigid and painful that she could only rest on the occiput and buttocks, her shoulders not even touching the bed. This condition lasted for two days, after which she was able to leave her bed, although still a little stiff and pained. On admission to the Infirmary she complained of a pain which darted at intervals from the medullary region to the sacrum when attempting to turn in bed; during the night the pain gradually subsided so that she was able to turn, although she still felt stiff. Next night she had little sleep from sudden attacks of pain, causing pleuristhotonos and opisthotonos. Never had convulsions; had not been exposed to damp or cold; family history good.

Physical Examination.—Back tonically arched; muscles rigid from neck to sacrum; no pain or pressure over cervical and lumbar vertebræ; sensation normal; plantar and patellar reflexes not exaggerated; arms and legs flaccid and painless; no headache; darting pains down back; tongue furred; no difficulty or pain in swallowing; appetite good; bowels regular; respiration, circulation, menstruation, urination, and temperature normal.

Treatment.—September 5—

℞. Pot. bromidi, gr. xxx.
Fiat pulv.
Sig.—One every four hours.

September 6. Pain in back more severe; frequent marked opisthotonos on attempting to turn in bed; rests almost constantly on right side, with thighs and knees much flexed.

September 7—

℞. Liq. morph. hydroch., ℥ss.
Sig.—♏10 to be taken with the bromide powder.

September 8. No improvement. Bowels confined, probably from the morphia.

℞. Pulv. scam. co., gr. vj.
Hydrarg. subchlor., gr. iv.
Fiat pulv.
Sig.—To be taken at once.

Powder acted freely; pain in back still severe; opisthotonos frequent. As patient was not improving under the treatment, I resolved to try Calabar bean *per se* as follows:

September 10—

℞. Ext. physostig. fab., gr. ⅛.
Ext. gent., gr. iij.
Fiat pil.
Mitte tales, xxiv.
Sig.—One every hour.

September 12. Last night she had a severe attack of trismus and opisthotonos, which lasted about ten seconds, her body resting on her head and heels. Hence the dose of Calabar bean was increased:

℞. Ext. physostig. fab., gr. ⅛.
Ext. gent., gr. iij.
Fiat pil.,
Mitte tales, xxiv.
Sig.—One every hour.

September 14. Feels much easier; attacks of spasm less frequent, less prolonged, less painful; no dysphagia. Sleeps well.

September 17. Tonic curvature of spine less marked; general condition improving. Dose of Calabar bean further increased, thus:

September 18—

℞. Ext. physostig. fab., gr. ¼.
Ext. gent., gr. iij.
Fiat pil.,
Mitte tales, xxxvi.
Sig.—One every hour.

October 1. The improvement noted on September 17 has continued. Can now sit and stand, yet her back is still abnormally curved and rigid. During the past three days has only been getting ¼ grain of the ext. physostig. fab. every two hours, and during the day only—the medicine having previously been given both night and day, excepting when she was asleep.

October 11. Patient still improving; was up for a short time to-day. Back still a little rigid and arched. No trismus for at least two weeks past. Dose of medicine further increased thus—

℞. Ext. physostig. fab., gr. ⅓.
Ext. gent., gr. iij.
Fiat pil.
Mitte tales, xxiv.
Sig.—One every two hours during the day.

October 17. Patient has been up the greater part of the day; has no complaint; can walk, run, stoop, and rise with perfect ease; spinal curvature gone. Medicine being gradually with drawn.

October 20. Dismissed, well.

A Case of Pyrophobia.

Dr. William Penny translates from the *Revista Medico-Quirurgica* for the Texas *Courier-Record of Medicine* the following:

During the last month I was called to see a case in general practice that I deem worthy of

record from the singularity of the phenomena and the suddenness of the attack.

She was a girl thirteen years of age, of nervous temperament and delicate constitution, a native of the city of Buenos Ayres.

In consequence of the views that I entertain of the cure of certain classes of neuroses at their residences, I had no hesitation in taking charge of the case.

The family of the patient attributed her malady to various causes, and dated its commencement to a period about three months prior to my first visit.

To me, a hereditary predisposition appeared to be the principal cause of the malady. The mother had suffered from attacks of epilepsy in her youth. In addition, a sister, a child, was also an epileptic.

The patient had been seriously wounded as well as terribly frightened some years before, when she was bitten by a dog. The wounds, which were extensive, were very painful and required a long time to cicatrize.

When cured of the wounds from the bite of the dog she remained well until she received a second profound shock from a burn of the second degree. After that, her relations first observed her fear of the fire.

All precautions taken were converted into true terrors by her, and she fled like a bird from a conflagration. If her sensitive olfactories discovered a smoke, she attempted to escape. Even the smoking of a cigar in the house or on the grounds she frequented, disturbed her so that it was interdicted.

Her relatives thought, from the extreme rareness of the phenomena, that the attacks were simulated. Close observation convinced them that they were involuntary.

One evening, in passing a public square at a distance, she saw a bonfire. She was immediately seized with violent trembling and hallucination, crying that her body was surrounded with flames, and tearing off her clothing. This was the day of her first attack. As these attacks recurred she was clothed with boys' clothing. The precautions against heat were carried to the extent of allowing her to sleep in a bed entirely naked, except a linen sheet for covering. All this while the weather was very cold. She continued to do this for a number of days, to the great astonishment of her family at her powers of endurance of cold.

At my first visit, which was short, I confined myself to a simple observation of the patient and to obtaining the history given. The patient was in a state of complete nudity, covered only with a sheet. During the day she entered into the sports of her age, but remained in bed. When she changed her bed she suffered a little from cold, there being nothing to warm it but her body.

The nervous attacks were distinctly intermittent, occurring chiefly at night. Each of these came on with a sense of stinging pain over the whole body, and an intense desire to pass her urine.

I invited a number of my colleagues to see her with me. She was, at the time of their visit, taking quinine as an antiperiodic, as the attacks were rapidly debilitating her.

When it was found that the means taken to quiet her nervous condition were insufficient, she was removed to the house of a relative.

After her removal from her home to the house of her relative, her appetite and digestion greatly improved and remained good. Her sleep was restless, and in the small hours of the night she would double herself up. If an attempt was made during her sleep to add other covering than the sheet, she would quickly recognize it and throw it off. In the majority of attacks she would have hallucinations of vision and illusions of mind. There was no fever during these attacks. The pulse was regular, but feeble; the temperature normal. In the intervals her speech was distinct and her mind clear. She was able to relate her sufferings at the periods of her greatest anguish. We convinced ourselves of the correctness of her answers by experiments.

Treatment by general tonics and horseback exercise. Recovery in a few weeks, when she resumed the dress of her sex.

Quinine and Typhoid Fever.

Dr. O. T. Schultz thus concludes a paper in the *American Practitioner* for November:

"The question to the solution of which I have now attempted to contribute my mite, I take to be, not whether quinia properly administered in typhoid fever lessens the severity of this disease, its duration, and its mortality, for this point I regard as settled beyond peradventure or doubt; but whether this effect of quinia is due merely to the antipyretic property it possesses in common with cold water, or whether there is some other virtue in quinia that causes its good results in typhoid fever. And if the advantages derived from the employment of quinia in typhoid fever are not due to its antipyretic but to some other property, whether some mode of administering this drug should not be adopted by which, while antipyresis is incidentally accomplished and hyperpyrexia prevented, this other virtue, call it specific, depurative, or what not, may be brought most fully to bear on the typhoid fever process. I think that I have shown that if a dose of quinia, large but proportioned to the age of the patient, is exhibited every other evening, or if the disease is very obstinate every evening, throughout the entire course of the pyrexia, typhoid fever is reduced to a very manageable and little dangerous affection, and its course greatly curtailed. It matters not whether we call this action of quinia a specific action, or whether we concur with Binz, who asserts that, 'Quinia does not put an end to an attack of *tpyhoid* fever as it does to one of intermittent fever. In the first-named disease it has no specific operation, but only so weakens the putrid ferments that they run their course less destructively.' For, in reality, we know as little of the action of quinia in the one as we do in the other of these fevers, and we simply call the action of quinia in malarial fevers *specific* because we see that certain easily recognizable phenomena always follow its use in these fevers. Phenomena of the same nature, only less in degree, also follow its administration in typhoid fever; for, according to Ringer, even in ague quinia frequently removes only the grosser manifestations of the disease, and hence is not by far the ideal specific

it is usually thought to be. He says (Therapeutics, 1880, page 579):

"'Quinia generally arrests the disease (intermittent fever) at once. It is well, however, to bear in mind that this remedy may dissociate the other symptoms from the elevation of the temperature; or, in other words, it may remove the shivering, sweating, quick pulse, while the temperature may remain as great, or nearly as great as on previous days. Mere rest will occasionally effect the same dissociation. Unless the unnatural elevation of temperature has been restrained, the paroxysms will speedily return. This fact it is necessary to recollect, otherwise it may be concluded that with the removal of the more obvious symptoms the disease itself is cured, and thus the patient may be permitted to return to his usual avocation.

"'A still more curious circumstance remains; that is, quinia may check all the symptoms, even the periodical elevation of the temperature, and yet, about the same time of day that the series of symptoms were wont to take place, an increase in the urea and urinary water may occur as during a severe paroxysm; that is, all the symptoms of the paroxysm are absent, except those pertaining to the urine.'

"But to the action of quinia in the typhoid fever process of what kind soever, the experience detailed above appears to me to show conclusively that quinia possesses a property which so subdues, moderates, mildens, and shortens this process that the disease runs its course without producing its usual ravages on those organs on which it is wont to spend its force, and that this peculiar property or power is not identical with that by which it reduces a high temperature to one of low degree."

Injury of the Eye by an Arrow.

Dr. C. W. Tangeman reports the following case in the *Cinn. Med. and Dental Journal* for November, to show how much mutilation an eye can undergo tometimes without causing its complete destruction:

Edward B., æt. 12, a healthy child, called at my office, in company with his parent, for the treatment of an injury that he had received to the eye by an arrow from the bow of his playmate.

Upon examination I found little or no injury of the eyelids, for the projectile had been received at short range and unexpectedly, thereby entering the palpebral aperture before the lid could be closed to protect the eyeball. The point of the arrow had penetrated the cornea, making an irregular triangular opening with one of the corners pointing upward into the pupillary area, of sufficient size to admit the end of an ordinary lead pencil. The lower half of the iris was lacerated so as to protrude from the wound in the cornea. The suspensory ligaments were ruptured and the lens was dislocated. The eyeball was quite soft on account of the escape of the aqueous humor. In consequence of all this disturbance, vision was lowered so that patient could only distinguish the difference between light and dark, in the injured eye. After an attempt at replacing the torn iris, the eye was carefully washed with a saturated solution of boracic acid, and a few drops of a four-grain solution of eserine was instilled. The eye was now carefully dressed by a compress bandage, and the patient sent home.

On the following day the dressing was removed; the margins of the corneal wound had adjusted themselves so nicely under the compress that the anterior chamber was already beginning to refill. The patient had suffered little or no pain, and the treatment of the first day was repeated. The symptoms of inflammation of the iris were so slight that the use of eserine was at no time discontinued. The rapid refilling of the anterior chamber and healing of the corneal wound prevented anterior synechia.

In this case, on first presentation, the question was more to preserve the eyeball for cosmetic effect than to preserve vision. Though at the present writing, which is fully six months since, the corneal wound has left only a trace of opacity along the line of rupture, but the shape and size of the pupil has been disturbed on account of laceration of the iris. The lens has become quite opaque, so that the individual can only distinguish the difference between light and dark. The peculiarity of this case was that the process of repair was so speedy and accompanied by so little reaction, that the patient never uttered the slightest complaint of pain. The corneal wound healed almost as readily as though it had been a clean cut made by the knife. The patient was not confined to the house or a dark room, but presented himself regularly at the office for treatment. The only treatment that the patient received was instillations of eserine once daily and thorough cleansing of the eye by boracic acid solutions. An operation for the removal of the nucleus of the lens, accompanied by an artificial pupil, will undoubtedly restore the normal acuity of vision, making allowance for the loss of the lens.

A Case of Spontaneous Delivery of Brow Presentation.

Dr. George Minges, of Dubuque, Iowa, reports this case in the *Am. Jour. of Obst.* for November:

March 20, 1884, I was called to see Mrs. H., living only two or three squares from my office, the messenger stating that the midwife had sent for me, on account of faulty presentation. On entering the room, I found the woman in strong pains and clamoring for assistance, so immediately I examined her without preliminary questioning. On entering the vulva, my finger at once touched a soft mass feeling like a buttock. The competent and intelligent midwife thought the presenting part to be the breech, and stated that it had not moved for three hours, until, during the husband's short absence at my office, good pains arose and rapidly pushed it to the inferior strait. Although, in my hasty examination, I could not feel the anus, the rapid descent of the part left me no time for deliberation, and accepting the diagnosis, I had the patient across the bed, so that I could the better assist the aftercoming head, in case it should become arrested. Meanwhile the presenting part had appeared at the vulva, but great was my surprise on noticing the hairy scalp, as the prolonged and compressed vertex swept forward over the perineum, and still greater on, immediately after, watching the

face roll out beneath the symphisis. All this happened so rapidly that I was quite puzzled, until I noticed the immense caput succedaneum over the right brow, which was so thick that no bone could be felt through it, and thus had misled both the midwife and myself into making a diagnosis of breech presentation. The child was cyanotic and, after some attempts at resuscitation, gasped a few times, stretched itself, and appeared to be dead, to the relief of the mother, who feared that it might have remained a cripple, so great was the cranial deformity. After the mother had been made comfortable, my attention was attracted by a rattling sound emanating from the bundle of rags in which the dead infant had been wrapped, and examination of the latter showed that its heart was beating slowly, and that at long intervals it was making gasping respiratory efforts. After sucking the mucus out of the trachea through a catheter, I tried both Sylvester's and Schultze's methods of artificial respiration, but in spite of these, both breathing and pulse became more feeble, until I found alternate streams of hot and cold water forcibly syringed against the epigastrium, to be the best respiratory stimulant, and after more than an hour's hard work, I finally had the satisfaction of hearing the child cry. In spite of an attack of eclampsia during the following night, the child thrived, until it died of entero colitis, at the age of about three months; but some hyper-extension of the head, I believe, remained up to the time of death. The mother, a healthy German multipara, who made an uninterrupted recovery, although of short stature, had a very wide pelvis, and this probably accounts for the ease with which she gave birth to a child of average size in what has generally been considered one of the most unfavorable presentations.

A Case of Multiple Abscess of Liver.

Dr. Frank Cary, reports this case in the *Chicago Med. Jour.*, October:

Matthew F., a medium-sized Irishman, of temperate habits, fifty-five years old, a stone-cutter by trade, was admitted to St. Luk's Free Hospital, September 1, 1884, with a diagnosis of typhoid fever.

He gave a history of perfect health up to within three weeks of his admission to the hospital; when he began to suffer from headache, anorexia, profuse diarrhœa, and general malaise. There were no chills. The diagnosis of typhoid fever was questioned.

On admission, no tenderness could be detected in the region of the liver, or elsewhere over the abdomen. The patient, although very much exhausted, was not markedly emaciated. The stools were similar in appearance to those in typhoid fever of the third week. On the first day the temperature was normal. On the second day, by 6 p. m., it rose to 103°. On the third day it was normal in the morning, but gradually rose until 10 p. m., when the patient died, apparently from exhaustion.

The autopsy, twelve hours later, revealed the following conditions: The liver was completely riddled with abscesses, there being no less than twenty-four, varying in size from a hickory nut to a goose egg, and filled with dark, brownish pus, having no appreciable odor. The lobulus Spigelii was almost entirely destroyed by a large abscess. The organ, as a whole, was nearly normal in size; it was adherent to the diaphragm, the anterior abdominal wall, and to the transverse colon. There were different abscesses pointing in these several localities; of them, only one, that attached to the diaphragm and in the right lobe, seemed ready to rupture.

The colon, from the ileo-cæcal valve to the sigmoid flexure, was lined with ulcers. These coalesced so as nearly to obliterate the mucous membrane within these limits. The remaining intestinal tract was normal. The spleen was neither enlarged nor softened, as it was in a somewhat similar case reported by Dr. Peabody, of New York. The gall-bladder was normal, and contained the normal amount of bile. It should be stated that this patient had for years been a resident of Chicago, and had never lived in the tropics.

Are we not justified in believing that these intestinal ulcers and the abscesses of the liver stand in the relation of cause and effect? Coats, in his Pathology (page 587), in discussing the point, says he thinks this view is not, however, beyond question.

Relation of Hygiene to Practical Dentistry.

Dr. C. E. H. Phillips thus writes in the *Independent Practitioner* for November:

The great advance made in recent years in treating diseases of the mouth is certainly encouraging, and though excellent results are by no means uncommon, we should not rest here. Patients must be so instructed as to aid us in our endeavors, and not until they are impressed with the importance of the hygienic care of the mouth is our duty fully performed. The unwarrantable neglect of many patients in this regard is astonishing.

The physician, who by careful treatment and strict enforcement of sanitary laws has stamped out from a family or community the scourge of malignant fever, with precautionary instructions as to ventilation, diet, and hygiene, for the protection of its other members, would at least feel discouraged, and justly so, should a recurrence of the disease result from gross neglect of sanitary conditions, or carelessness as to instructions given.

How very often is the dental practitioner subjected to like discouragement. Having corrected diseased conditions in the oral cavity, carefully cut out all carious dentine and nicely filled the cavities, removed accumulated calculous and mucous stains from the teeth and polished their surfaces, resulting not only in a pleasing appearance, but to the operator in the consciousness of having performed saving work and aided the general health, and after faithful instruction as to thorough and careful use of the brush, with a good dentifrice, at proper periods, the employment of waxed floss silk and quill tooth-pick, is it to be wondered at if a feeling very akin to disgust is experienced, if in a few months or a year the patient again presents himself with tartar already forming in quantities, the teeth yellow from mucous attachment, the gums soft and spongy,

ready to ooze blood from their gingival edges upon the slightest touch, all evidencing little care or use of the brush, or, possibly, its total disuse and general disregard of common hygienic requirements?

There is no question that the great essential to a healthy mouth, wholesome saliva, and pure breath, is *cleanliness*. Not until the dentist is able to force upon his patients the necessity of *thorough* cleanliness of the mouth at all times, and has their assistance to this end, shall we save teeth and keep the surrounding tissues in a state of health, and not until then should we rest satisfied.

Arrested Fœtal Development.

Dr. C. A. Danforth thus writes in the Texas *Courier-Record of Medicine:*

On the night of the 18th of August, 1885, I was called to see Mrs. B., living near Granger. On my arrival, I found her in labor, and by vaginal examination ascertained that the os was well dilated. The membrane was still unbroken, which I ruptured, though I was unable to make out the presentation. After the escape of the liquor amnii, I detected what I supposed was a breech presentation; but on sweeping my finger around the presenting part I discovered on either side an ear, and by pressing my finger well up around the presenting part I could trace a ring of bone completely encircling it.

The presenting part advanced and receded with each pain, so I did not feel easy as to the termination of labor, and in due time the child was born. It proved to be a male child, well developed in every part except the head. All the upper part of the cranium was missing from a line corresponding with the following points: just above the eyebrows, to the top of the ears and just above the attachment of the ligamentum nuchæ. The bones and scalp from the ears, backward ended abruptly as if cut by a knife, while from the ears forward the bones came to a beveled edge. The dura mater did not extend beyond the edge of the bones, so the lobes of the cerebrum were uncovered except by the visceral layer of the arachnoid. The two hemispheres of the brain thus constituting the presenting part and the point of my index finger passing between the lobes, caused me to mistake the head for the breech on my first examination.

The lady, who I forgot to state was a primipara, told me by way of explanation of the cause of the defect, that in the early part of her pregnancy some dogs had bayed a hog in the yard, and that the top of the hog's head was torn off by the dogs, leaving a raw, bleeding surface, which bloody sight made so strong an impression upon her mind that she could not help thinking about it for a long time.

I would like to ask the question, will maternal impressions cause such terrible results? This child was well developed in every other part except the top of the head. The cerebrum was not developed in proportion to the rest of the body. It lived a few hours, getting its breath by gasps at long intervals.

Removal of the Entire Tibia.

Dr. B. F. Hart, of Marietta, Ohio, thus writes in the *Jour. Amer. Med. Association*, November 7, 1885:

In December, 1883, I was called to see a boy, aged thirteen years, who had been treated three weeks for rheumatism. On examination, I found the leg much swollen, very hot and painful, with marked fluctuation, the result of extensive periostitis. The boy was very anæmic, and much exhausted.

I opened the leg at its upper third, and anterior aspect, and discharged over a quart of pus and broken down tissue. A rubber band was applied, and a restorative course of treatment was given for four weeks, until the system could be restored sufficiently to permit the removal of the diseased bone. On January 30, 1884, with the patient under influence of chloroform, I began an incision close to the knee, and finding no sound bone, continued the same to the ankle; and by the use of the enucleator, separated the tibia from its epiphysis.

The upper end having been loosened by disease, the entire bone was easily romoved. With the raspatory I scraped the tibial side of the epiphysis at the knee. After dressing the wound with oakum for ten days, it was gradually drawn together by means of adhesive straps. In ten weeds the new bone had so far reformed that he could bear his weight upon the limb. About four months elapsed before he was able to walk without the aid of crutches. At this date (Octobe, 1885,) recovery is perfect, tibia full size, and there is no halting in his walk.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a reprint before us, Dr. D. B. Delavan, of New York city, draws attention to the frequency of erysipelas of the pharynx and larynx, and speaks of the importance of an early diagnosis and active treatment.

——Disease of the ear is rarely fatal, but one such case is recorded in a reprinted article by Dr. C. J. Kipp, of Newark, N. J. It began as a circumscribed inflammation in the outer half of the external auditory canal, and developed a mastoiditis, with fatal termination.

——The New Orleans *Picayune* of recent date contains a letter from J. McF. Gaston, of Atlanta, calling the attention of the health authorities to the method of inoculating for yellow fever as proposed by the Brazilian physician, Dr. Domingos Freire.

——Professor Burt G. Wilder, of Cornell University, is one of the most active students of the anatomy of the nervous system and allied branches, whom we can name in this country. A

number of short papers on our table testify to his constant energy in these investigations. They refer to the methods of preparing and preserving specimens, to little-known fissures and arteries of the brain, to "paronomy and heteronomy as neuronymic principles," and to other topics of interest to neurologists.

——The second edition of the *Manuel des Injections Sous-cutanées*, written by Drs. Bourneville and Bricon, and published by De la Haye & Cie., Paris, has reached us. It is a carefully-prepared little hand-book on this subject.

——Dr. A. Martin, of Berlin, sends us a reprint of his article on the castration of women, as contributed to the *Real-Encyclopedie der Gesammten Heilkunde*, now in process of publication in Berlin. Dr. Martin gives an admirable summary of the topic, and a list of the most valuable monographs and articles upon it.

——The *Kansas City Review*, now under the editorial charge of Dr. Warren Watson, has greatly improved both in appearance and contents. It has many valuable original articles on subjects of science, and its miscellaneous and editorial pages reveal sound judgment and good taste in those who have them in charge. There is room for such a periodical, and the *Kansas City Review* promises to fill it well.

——One of the ablest papers in practical psychology that we have read for a long time is by Mr. Benjamin Smith Lyman, in the last number of the *Journal of Speculative Philosophy*, and separately reprinted. The subject is "The Character of the Japanese," and the acuteness and evident justice with which the author analyzes the psychological traits of this interesting people, are instructive and admirable.

BOOK NOTICES.

A System of Obstetric Medicine and Surgery, Theoretical and Clinical. By Robert Barnes, M. D., etc., and Fancourt Barnes, M. D., etc. Sheep, 8vo., pp. 884. Illustrated. Philadelphia: Lea Brothers & Co., 1885.

As is justly observed in the preface to this work, it is no light undertaking nowadays to write a systematic and complete treatise on any branch of medicine, especially one which involves such various studies as the obstetrical specialty. Few, however, are better qualified for the task than the distinguished London physicians, father and son, whose names appear on the volume above named. They bring to the task a thorough acquaintance with the literature of the subject, supported by a range of observation of extraordinary extent both in hospital and private practice.

The subjects treated include the whole field of obstetrical science. Beginning with a detailed description of the anatomy of the female generative organs, the reader is instructed in the phenomena of generation and conception, the life of the embryo, the processes of gestation, childbed and lactation, the diseases attendant upon them, and those to which the embryo is liable, including a most instructive chapter on abortion, labor and its complications, the accidents of childbed, the various manipulations and surgical operations which it may demand, and the treatment of the neonatus.

Numerous illustrations elucidate the text, and the clear directions of the authors render the volume a most satisfying one.

A Treatise on Nervous Diseases, Their Symptoms and Treatment. By Samuel G. Webber, M. D., etc. Cloth, 8vo., pp. 415. D. Appleton & Co. New York, 1885.

The author states that he has not written this volume for specialists in the branch to which it refers, but for students and general practitioners. He has aimed to exclude the discussion of uncertain points of physiology and the recondite discussions of pathological questions which consume so much space in many works on diseases of the nerves, and to confine his remarks to those ascertained facts which will guide the reader most directly to the correct diagnosis and treatment of the cases he may meet.

The earlier chapters explain the anatomy and physiology of the nervous system; from this the author proceeds to diseases of the membranes of the brain, cerebral hemorrhage, occlusion of the cerebral arteries, tumors and abscess of the brain. He then turns to diseases of the spinal cord, followed by diseases of the peripheral and sympathetic nerves, and concludes with a number of unclassified diseases, such as vertigo, chorea, epilepsy, hysteria, neurasthenia, etc. The author's style is clear and unpretentious, and his work will be found a very convenient one for the general practitioner who would acquaint himself with the outlines of the modern aspects of neurology.

—In the *Russkaia Meditzina*, 1884, No. 45, p. 932, Dr. Kurkovsky, of Tula, relates a case of dysentery treated and cured (apparently) by the internal administration of naphthalin. The drug was given every other day in single ten-grain doses, in combination with half an ounce of castor-oil.

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PREVENTION OF CONSUMPTION.

In spite of the fact that consumption of the lungs annually kills more persons than all other diseases put together, physicians are to-day, practically, as unable to cope with it as they were a hundred years ago. The very best doctor can tell you when you have consumption, and can give you remedies that will "tone you up," and maybe allow you to live a little longer, but he cannot *cure* the disease. In the very great majority of cases, when the disease is once established it is only a matter of time, the disease running a faster course in some than in others, but in nearly all running steadily on to the graveyard. A few, a very few cases are cured, but so few as to be hardly worth noting.

But we can, in the majority of cases, *prevent* the disease. Look about among your friends, and you will rarely see one with a full, broad, well-developed chest suffering from consumption; this disease finds its victims among those who have narrow, flat, sunken chests, who are round shouldered, and in whom a line stretched across the chest from shoulder to shoulder would be found *concave* instead of *convex*, as it should be. Breathing bad air is a most common cause of the disease, and if any of our friends, whose children attend certain of the public schools that we have had occasion recently to visit, read this article, they will learn that the seeds of the disease are being now planted in their children's lungs. We have seen some of these buildings where, in a room thirty feet square and twelve feet high, one hundred children are confined for several hours daily. This allows only 108 cubic feet of air-space for each child, when it ought to be at least from five to ten times as great.

The ventilation is also very faulty in these rooms, and the children are continually breathing and rebreathing this bad air, that is *sure* to cause sickness, and very likely to give them consumption in after life.

The remedy for this condition is obvious; you pay taxes for schools for your children, and you must insist that proper accommodations shall be afforded. While, for instance, the miners in our

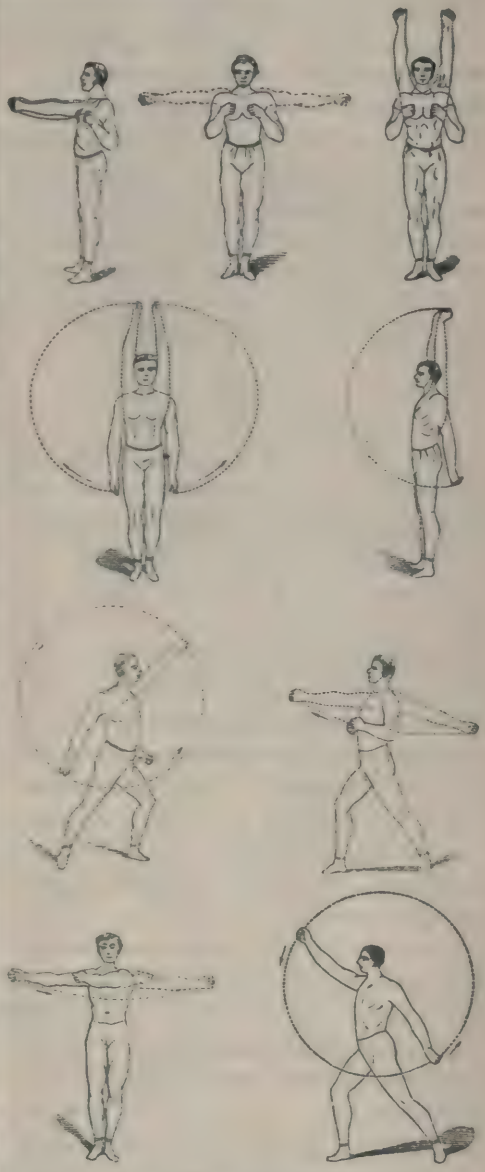
coal regions are working hundreds of feet beneath the ground, they are breathing pure air that their employers furnish them at great cost, because they know that they can do more work when they breathe pure air; but their children are at the same time breathing a very foul atmosphere. You should have school-rooms for your children where each child will have at least 500 cubic feet of air-space. A room thirty feet square and twelve feet high should not contain more than twenty children.

When you have accomplished this point, you have taken the first step in the prevention of consumption, and you can accomplish it if you desire, for if you let your authorities know that you want sufficient accommodation and are willing to pay for it, they will give it to you. The majority of persons in this world want to do the *right thing*, if they are told how to do it.

When you have secured pure air and plenty of it, the next step is to cultivate habits of exercise that will tend to develop, to expand the chest. In rural and suburban districts children will derive enough exercise for the muscles of the legs in walking to and from school; but, sitting for hours bending over a desk, they become round shouldered and get no exercise for the muscles of the upper part of the body. To overcome this certain habits should be encouraged. In the first place the lungs should be fully expanded by drawing in all the air that is possible; this process will be aided by throwing the shoulders well back, and you should encourage your children to do this frequently in the open air when going to and coming from school. Children are easily bribed, and we would suggest to school teachers a simple and effective way of accomplishing this desirable end. This forcible expansion of the lungs will enlarge the chest and increase its circumference. Then let the teacher, at the beginning of the session, measure each child's chest and record the circumference, then explain and demonstrate to them how to forcibly fill the lungs, and offer a premium at the end of the session to the child who shall have most increased the circumference of his chest; make it worth their while to expand their lungs, as much so as we now do for them to expand their minds, and the result will be wonderful.

We will be glad to publish the results of such experiments, as they will prove most valuable.

Then comes exercise of the various muscles about the chest and arms; which is illustrated in the accompanying diagrams:



Take advantage of the boy's or girl's ambition; see how many times they can perform these var-

ious movements; let them commence with say ten of each, and together in class go through them daily for one week; then increase to fifteen times, and so on, adding five each week, and at the close of the session have a public exhibition, inviting the parents and friends, and awarding a prize to the child who can perform these movements the greatest number of times. The desire to secure the prize will induce the children to exercise at home, and parents will be surprised and gratified to notice their puny, flat-chested children gradually changing into muscular, robust, full-chested boys and girls. Follow these few simple recommendations, give pure air and proper exercise, and you can feel sure that very few of your children will ever have consumption, and that by degrees this terrible disease will become eradicated. These suggestions to school teachers would come *very appropriately* from physicians.

THE HYGIENE OF PREGNANCY.

While it is a law of the animal kingdom and the vegetable as well, that reproduction at a period too early, that is before the parents are well developed, will result in offspring of an inferior quality both of body and mind; yet Dr. Busey, of Washington, very truly tells us that proof of this fact is repeatedly found in the human race. Unfortunately, at the present day, in this country, the passions and impulses are cultivated by indulgences; "young America" grows faster than his ancestors did in every point, and as a part of this precocious development, the sexual functions and passions come into play at a very early period, and early desires, gratified by early marriages, are the result.

These immature men and women (it would be more correct to say *boys* and *girls*) require all the constructive force, all the vital principle they possess, to complete the development of their own bodies; and when they part with some of this to create a new being, they not only rob themselves of that which is needful, but they only give to the new formation an imperfect force, which is usually incapable of forming a perfect creature.

To say nothing of the moral aspect of early marriages, which is a grave point, because it is a notorious fact that the majority of very early marriages turn out unhappily, owing to the fact that the contracting parties are too young to have the sense to realize what they are doing, and soon tire of the self-denials that even the happiest married life demands—to say nothing of this, we must admit that very early marriages have a strong tendency to produce inferior offspring, to deteriorate the physical power of our people, and thus to materially interfere with our productive power as a nation. This question deserves grave consideration, for early marriages are becoming very prevalent in this country. We would say, as a general rule, for the guidance of the people, that the man should be about twenty-five and the woman twenty years of age.

Other things being equal, the nearer we conform to this rule, the stronger will our children be, and the happier will be our married lives.

DAMP CELLARS.

The importance of having dry cellars cannot be too strongly urged upon the people. We recently visited an afflicted family at Phœnix Park (near Pottsville, Pa.,) where five members of the family were sick with typhoid fever and two had died, making seven cases in all. We made a very thorough examination of the surroundings of this house, had the drinking water analyzed, and were forced, by exclusion, to the conclusion that the sickness in this case was caused by a damp cellar.

A stream from a worked-out mine keeps the locality marshy and the cellar wet. To obviate this, a drain had been run from the cellar to a neighboring creek. This drain had become stopped, and some inches of water accumulated in the cellar. Had this family known that dynamite was in the cellar, they would not have slept easily until it was removed; but with this insidious foe to life and health they ate and slept contentedly until the favorite child, a boy of eleven, was taken ill and died. Then, suspecting the

damp cellar, the drain was cleaned out; but it was too late; the mischief was done, the family was infected, and all of the children had typhoid fever. As I looked at the bereaved and saddened mother I could but pity her want of knowledge, that had brought such terrible affliction. *The doctor could not cure, but the parents could have prevented.* Do not live over a damp cellar for one hour.

Notes and Comments.

The Treatment of Expulsive Gingivitis and Osteo-periostitis.

The *N. Y. Med. Jour.*, November 14, says:

The frequency with which physicians practicing in small communities, where the services of a dentist are not always to be had, are called upon to treat recession of the gums, and the accompanying osteo-periostitis, has led a French journal styled *L'Odontalgie* (quoted in the *Gaz. Hebdom. de Méd. et de Chir.*) to summarize the treatment recommended by Dr. Mailhol, of the Argentine Republic. That gentleman employs treatment preparatory to medication with iodine, after having freed the teeth from tartar, especially by means of a collutory made after the following formula:

Boric acid in fine powder	75 grains.
Saturated chloroform-water	3 ounces.

Dissolve the boric acid, and add:

Distilled anise-water	3 ounces.
Distilled water	6 ounces.

Shake and filter.

For the treatment of alveolo-dental osteo-periostitis, the author formerly used chromic acid, as advised by M. Magitot, but now he agrees with Dr. Harlan (*Dental Cosmos*) in preferring iodide of zinc. The cavities are first washed out with the collutory, by means of a syringe, and then filled with cotton medicated with chloral, glycerin, and a solution of iodoform, in its own weight of chloroform. The pain having been allayed, and the swelling having disappeared, the affected alveolar border is removed, and an injection is thrown into the cavity of a few drops of a solution of iodide of zinc in distilled water (1 to 40 at first, gradually increased in strength to 3 to 40).

Serious Accidents During Coitus.

As similar accidents are liable to happen at any time to any one, we note that Dr. Zeiss, of Erfurt, mentions, in the *Gynækolog. Centralblatt*, two instances which have come under his notice of serious accidents occurring during coitus. The first was that of a newly-married young woman, who, after the first connection, suffered from such serious hemorrhage that, as cold sponging and washing did not arrest it, Dr. Zeiss was called in on the following afternoon. He found the patient faint, almost pulseless, and covered all over with a cold sweat. A quantity of blood and clots had to be removed before he could make an examination. He then saw two lacerations in the hymen, and from the deeper of these, a vessel, out of the ruptured end of which a continuous stream of blood was flowing. Digital compression against the bone not proving efficacious, he put in a stitch, which was left in for three days. The patient slowly recovered her strength under tonics. Neither she nor any of her family had the hemorrhagic diathesis. The other case was that of a married woman, aged 25, who had been delivered with forceps, but had done well and begun to attend to her household duties on the ninth day. At this time coitus took place, apparently in the genu-pectoral position. The woman suddenly felt a sharp pain, and a considerable quantity of blood flowed from the vulva. Medical assistance was obtained, and cold disinfecting injections used, which arrested the hemorrhage. When Dr. Zeiss saw her, he found a rent an inch and a half long on the right side of the upper part of the vagina, with jagged and gaping edges. This was treated successfully with iodoform powder, and the vagina plugged with iodoform gauze.

Catalepsy Cured by Perineoraphy.

Subinvolution, endometrium studded with fungosities, a lacerated perineum, and a recto-vaginal septum, covered with a firm, thick, cicatricial membrane, the slightest touch upon which elicited great pain, were the physical conditions observed in a case that Dr. W. D. Haggard reports in the *Southern Practitioner* for October. The woman was subject to well-marked attacks of catalepsy. Dr. H. removed, as completely as possible, all the firm, glazed, cicatricial tissue covering the recto-vaginal septum, as far up on either side as he thought would be required, when the parts were brought into their normal position by sutures, to restore a perineal abutment, which would subserve, as nearly as possible, the uses of the perineal body, destroyed by rupture and atrophy of the parts.

Having vivified the parts, he introduced four sutures of silver wire, approximating the parts by twisting the wires and passing them through a

rubber tube; the knees were held together for ten days, and the bowels kept from moving by opiates, when the sutures were removed and union by first intention found to be perfect throughout. His patient never had a cataleptic seizure afterwards.

The patient was then placed upon the following:

℞. Bromide potash, ℥j.
Fluid ex. ergot, ℥ij.
Syrup lemon, ℥vj. M.

Dose.—One dessertspoonful three times a day, to overcome the flaccid condition of the uterus.

He also gave 100 comp. tonic phospt. pills: dose, one pill three times a day, as a general tonic alternative.

Transfixion of the Scrotum.

Dr. Alexander Ferguson reports this rather singular accident in the *Brit. Med. Jour.*, October 10, 1885:

He was called to see J. C., a farm-steward. He had finished the building of a corn-stack, against which had been stupidly placed a pitchfork, with the wooden handle uppermost. The shaft, which was of ash, and measuring about one inch and a quarter in diameter, entered his scrotum close to the perineum, passed upwards, and emerged on the dorsal surface, close to the penis, extruding the right testicle partially, and the left completely. No help being at hand, the poor man pluckily seized the scrotum in his left hand, and with his right withdrew the fork-handle, which had tnansfixed him to the extent of two and a half feet. This operation, he says, was attended with much pain. He thereafter walked home, a distance of thirty or forty yards, supporting his injured scrotum and displaced testicles.

About an hour elapsed before he saw him, and he was much struck with the disparity between the injury and the constitutional effects; the only complaint was slight nausea. He washed the testicles in a weak boracic lotion, and then restored them to their normal sites. He stitched up both wounds in the scrotum with carbolized silk, and applied a compress of boracic lint squeezed out of hot water, which was the only dressing. Strange to say, no rise in pulse or temperature took place.

The Causes of Hepatic Abscess.

Surgeon-General Moore combats the prevalent idea that gluttony and intemperance are the chief causes of hepatic abscess, in the *Lancet*, October 31. He believes that liver inflammations and abscesess are usually simply the immediate result of atmospheric vicissitudes, nowhere so powerfully felt as in India, where on the coast the diurnal sea breezes succeed to a hot, moist, stagnant atmosphere, causing a sudden and considerable fall of temperature daily; where throughout the country during nearly the whole year the night temperature, or rather the early morning temperature, is so much less than that of the day; where the seasons are so different that they are ordinarily spoken of as the hot and the cold weather; where during the former period the lightest of clothing is irksome, while in many parts during the later period the thickest European clothing is acceptable; where the cutaneous surface of the Europeans especially is rendered extraordinarily susceptible to a lowering of temperature by the over-excitation and consequent cutaneous debility produced by heat; and where Europeans and natives, who neither eat nor drink too much, expose themselves habitually in the most utterly careless manner, after spasmodic exertion, to that fertile source of most diseases, and especially of liver disease, chill; impelled to such exposure by temporary gratification, and daily incurring fresh dangers under the confidence of a too frequently short-lived impunity. Chill induces in the robust, as a first step, a congestive or inflammatory condition, and in the anæmic probably hepatic embolism, the result being abscess.

Herpes Tonsurans and Favus.

In some stages it is very difficult to distinguish between herpes tonsurans and favus. Dr. G. Behrend, in Berlin (*Centralbl. f. Chir.*, 32, 1885), has recently discovered a method which enables a tyro at once to recognize which of the two diseases is before him. Behrend employed the reaction, observed by him and by Duckworth, which chloroform produces on hair attacked by trichophyton, the fungus causing herpes tonsurans. Whenever such hair is moistened with chloroform it shows after the evaporation of the drug, which occurs within from two to three minutes, a perfectly white color, while normal hair experiences under its influence no alteration of color whatever. This change of color in the diseased hair proceeds only so far as the fungus has penetrated. The cause of this color-change is to be looked for in the splitting of the hair and in the entrance of air through the clefts in consequence of this splitting. Though the hair is also split in favus, this never happens to such a high degree, and the chloroform reaction has no influence at all on favus. The same remedy cannot be used to determine the beginning of a cure, as the change of

color cannot be so easily observed while the hair is *in situ*, on account of the clear skin; but if a few hairs are retracted and then subjected to the action of the volatile drug, the same alteration of color will at once be observed, if the fungus is still present, while no such change will occur if the trichophyton has been destroyed—a sure indication of the beginning cure, as after the disappearance of the fungus the hair rapidly resumes its normal growth and color.

Aspiration of the Aorta.

To Dr. John B. Boberts, of Piladelphia, we believe, belongs a very prominent position in connection with the recommendation to puncture the heart itself in cases of extreme pulmonary congestion. However, we find very few men who are so fearless as to thus encroach with the knife upon the very citadel of life, and it is well that it is so. Were this procedure common, we doubt not that very many more unintentional homicides would decorate our death-lists than the majority of physicians would like. But that such an heroic procedure is sometimes called for, and may be the only resource between the patient and death, we can readily believe. Such a case (though the patient died after all) is recorded in the *Bristol Medico-Chirurgical Jour.* for September, 1885, by Dr. J. Dacre. In this case most intense pulmonary congestion suddenly set in. The man was pulseless. It was intended to puncture the right auricle, and a needle and canula was inserted in the fourth intercostal space in the right side. The operation was repeated twice, and altogether forty-six ounces of blood was withdrawn, with marked and immediate relief each time. However, as we have said, the man died, when the lungs were found almost solid with œdema. It was also found that the needle had pierced the anterior surface of the aorta.

Cocaine in Hydrocele.

Dr. G. A. Atkinson says in the *Lancet*, October 31:

"After withdrawal of the fluid from the hydrocele sac, it is easy to inject thereinto a drachm, more or less, of a five per cent. solution of the salt named, allow it to flow over the interior, and after five to ten minutes inject the selected iodine preparation, which will not give rise to any pain until an hour or more has elapsed, which pain, usually not severe, if necessary can be controlled by the exhibition of a morphia suppository, or by some similar means. The use of the cocaine salt in this manner further allows kneading of the sac after the iodine injection, which kneading Davy and others have strongly insisted on; and while, on the one hand, paralysis of the sensory nerves of the serous membrane can, as Cohnheim showed, have practically no retarding influence on the development of the inflammation, on the other, no evil effects can follow the absorption of a quantity of cocaine so far below a toxic dose. To the extent of my limited experience, cases thus treated progress, with the exception of the pain, precisely as those in which no cocaine is employed."

Intestinal Obstruction.

There seems to be great diversity of opinion in regard to the question of the treatment of intestinal obstruction. Some men advocate immediate operation, while others would resort to every other measure first. That we may have some distinguished authority to guide us in this grave situation, we note Mr. Jonathan Hutchinson's closing remarks in the *Med. Press*, October 7. He says:

"I advise that very early in all cases of obstruction the attempt at what I have called the abdominal taxis should be done patiently and thoroughly, and then I would wait a long time. I would use belladonna, laxatives, repeated abdominal taxis. I would avoid injury. I would do a lateral operation, and as a last resort I may be driven to open the abdomen in the middle line, and do the best I can. If it be possible to cut into the bowels, and so empty them, then I think laparotomy has been very much simplified."

It seems to us, after reviewing the subject, that if we can make any kind of an accurate diagnosis as to the locality of the obstruction, early operative interference is called for, before the possibly incarcerated gut has had time to become gangrenous.

Intra-pulmonary Injections.

It is now some years (fifteen) since we first saw Dr. Wm. Pepper resort to intra-pulmonary injections of iodine in cases of phthisis. Since that time numerous clinicians have desperately resorted to this procedure, in the vain hope of successfully combating this fatal affection. We say desperately, not that the operation is a serious one, but because all hitherto tried remedial measures, save those that are *hygienic*, have proved valueless. Dr. Beverly Robinson, of New York, and Dr. R. Shingleton Smith (*Bristol Medico-Chirurgical Journal*, September, 1885,) (*Brit. Med. Jour.*, October 31,) have contributed to the subject about the

same results, and they both find that while these injections are harmless, producing no bad effects, they mitigate the symptoms, but have no radical effect on the progress of the disease in the majority of cases. Some patients gain weight, but the majority find only that the cough is relieved. As this procedure is not new, has been fairly tried yet fails to do much good, we fear it must be relegated to the useless shelf, save as a mitigant. Dr. Smith uses an ether solution of iodoform, one grain in five, or two grains in ten minims, injected every day or less often.

Foot-pain in Typhoid Convalescence.

A physician writes to the *Med. Press* (October 7) that he has a patient who is "convalescent, but a most unusual and distressing complication has set in. He has suffered for the past week from a *most severe* and *constant* pain on the dorsal surface of both feet. The *slightest* touch cannot be borne. He has tried local applications of ext. belladonna and glycerine, liniment of aconite and belladonna, etc., etc., but these remedies afford no relief. There is no œdema, nor any alteration whatever in the appearance of feet. Opiates give relief at night. The patient had hitherto been a healthy country lad, and had never had any other illness."

The editor thus answers him:

"Gently smear the following ointment:

℞. Extract. aconiti et glycerini, āā ℥j.
Ung. hydrarg., ad., ℥j.
Fiat unguentum.

"Having smeared this ointment thickly on, wrap the feet up in a large poultice of very hot bran. Preserve perfect rest in the horizontal posture. A few days of this treatment will complete the cure. Should the pain in the meantime become intolerable, try hypodermic morphia."

Nephrotomy and Nephro-lithotomy.

In the *Brit. Med. Jour.*, October 31, Mr. Bennett May publishes the notes of three cases of nephrotomy and nephro-lithotomy, of which the following is a short abstract:

Case 1. Youth, aged 20; symptoms well marked; duration, fourteen years; incision made into kidney; calculi removed; free hemorrhage, which stopped only on firm plugging; subsequent perinephric suppuration; thrombosis; death from pyæmia in three weeks.

Case 2. Male, aged 35; symptoms of ten years' duration; small stone detected in kidney by acupuncture; operation; stone removed through very small incision; another larger stone afterwards removed; rapid recovery; now able to do hard work; patient shown.

Case 3. Female, aged 23; symptoms well marked; eighteen months' duration; six weeks before, passed mulberry calculus *per urethram;* relief; subseqnent relapse; operation; failure of palpation and acupuncture to discover stone; no stone found; rapid recovery, with relief of symptoms.

Insomnia Produced by Chloroform.

According to the *Brit. Med. Jour.*, October 10, 1885, M. Regnault has observed, from personal experience, that repeated inhalations of small doses of chloroform produce insomnia. M. Dubois has noticed the same effect in chronic intoxication from chloroform; the condition also provokes neuralgic or rheumatic pains, extending along the limbs, and sometimes attacking the articulations. Sleeplessness is preceded by a condition of excitement, redness of the face, then an inclination to sleep, and accommodatory asthenopia. Brain-work becomes impossible in consequence of incoherence of ideas. If at this period a power of sleeping remains, it is always broken by starts, just after violent exercise has been taken; the limbs are often cold and numb. At an advanced stage trophic disturbance is manifested; the nails become soft, bunions appear on the toes, the patient grows thin and pale, and the circulation becomes faulty. About three years later on, a circle of pain girds the waist, and profuse sweats appear, as well as all the symptoms indicative of serious anæmia.

Successful Neuroraphy.

Dr. Di Fede reported to the Royal Medical Academy of Rome (May 24th last) the case of a lieutenant in a cavalry regiment, who had paralysis of the right forearm, in consequence of a sword wound received in a duel. The cutaneous sensibility on the outer part of the wasted forearm was much impaired; so it was on the dorsum of the hand and of the first three fingers; and there was complete loss of power in the hand. Two months and a half after the injury, Dr. Di Fede cut down upon the divided radial nerve, revivified the extremities, and united them with two fine catgut sutures. Sensibility returned the fourth day, but mobility only a month after the operation. Under the alternate use of the induced and constant current, the limb regained shape and power, so that the patient could write and do sword exercises with the injured limb. With the closed fist, extension and supination were perfect; but the

movements of extension of the fingers and abduction of the thumb were not so complete. The patient was presented to the Academy, and the case is said to be the first of nerve suture practiced in Italy.

Quillaja Bark in Emphysema.

In the *Cent. f. Klin. Med.* Kobert recommends senega as an expectorant in emphysema, in the second stage of acute bronchitis, in chronic catarrh of the lung, in broncho-blennorrhœa, and in the later stages of pneumonia. This drug, however, is dear, has a bad taste, and is badly borne by the stomach in many cases. A thorough investigation has informed the author that senega contains two active glucosides. On analysis of all similar drugs, he has found that the bark of quillaja saponaria molina contains the same alkaloids in five times the amount that senega does. Quillaja bark is only a tenth the price of senega root. The taste of quillaja is not unpleasant. On exhibiting the drug, the author found that—(1) it is better borne than senega; (2) the remedy is gladly taken, even by children, on account of its sweet taste; (3) its power as an expectorant is beyond question. A decoction of the strength of 5 in 200 was used, and a tablespoonful given to adults, a teaspoonful to children. It may be obtained from Gehe & Co., in Dresden-Neustadt.

Rupture of Male Urethra and Corpus Spongiosum During Coitus.

Dr. F. S. Watson reports a case of this curious accident in the *Boston M. and S. Jour.*, November 12, and thus formulates the treatment;

"The treatment to be adopted in such a case is, I think, emptying of the bladder *very slowly*, using several catheterizations and occupying a number of hours before all the urine be drawn off. An over-distended bladder should never be suddenly emptied.

"Subsequent catheterization at each call to micturate, each operation to be followed by irrigation of the urethra by an antiseptic solution, introduced through a retrojecting soft-rubber irrigator.

"If suppuration occurs and abscess formation takes place around the urethra, external incision, drainage, and cleansing of the wound.

"The passage of a full-sized steel sound or bougie, every few days, until such a time as the stricture formation calls for operation, and then the employment of internal urethrotomy, dividing the obstruction to the size of the urethra one has to deal with."

Gangrene and Arteritis in Typhoid Fever.

Typhoid fever is liable to many complications, the pathology of most of which is but ill understood. M. Bernheim has observed in the course of one year four cases of gangrene. He believes that gangrene may occur in external and internal parts of the body. Noma and gangrene of the diaphragm are given as examples. In his experience noma has not been influenced by antiseptic treatment. It is asserted that gangrene, presumably limited, of the viscera may occur without the production of recognizable symptoms—latent visceral gangrene. Such a proposition is by no means absurd. We have in medicine to do with a great many affections that are latent. There is another statement for which M. Bernheim is responsible: Arteritis, leading to painful gangrene, may exist without tenderness or obvious swelling of the affected vessel. He has apparently observed cases in which the middle coat of the artery has been remarkably vascular. The paper is full of interest, but the brevity of the report (*La France Médicale*, September 19,) precludes further information.

Cancer of the Breast: No Recurrence.

In the *Brit. Med. Jour.*, October 17, we read of a woman, aged 64 years, who complained of pain in her breast twelve years ago. Dr. Crerar observed all the present symptoms of hard cancer, including great pain and rapid progress of the disease. The breast was large; its removal at the earliest possible period was advised, and, meantime, opiates were administered. She declined to be operated upon, and expressed a belief that the medicine was curing her. Dr. Crerar undeceived her on this point, and pressed immediate extirpation of the diseased gland. The patient now decided to undergo the operation. Dr. Crerar removed the breast. The wound, which was extensive, healed well, and the patient remained free from the disease to this day. The interest of the case consisted in absence of recurrence, even twelve years after operation.

Herpes Following the External Use of Belladonna and Atropine.

Dr. M. Mackintosh reports this case in the *Brit. Med. Jour.*, October 17: "G. A., aged 40, was the subject of chronic rheumatism. Two months ago, he was ordered belladonna liniment for application to a painful knee-joint. The use of this was followed by an eruption of herpes, with a good deal of swelling over the seat of application of the liniment. Last week, he had an attack of iritis in the right eye, for which a solution of atropine was

used to dilate the pupil. Some of the solution ran over the cheek, and was, in a few hours, followed by an herpetic eruption of exactly the same character as had followed the use of the belladonna liniment. The swelling was so great that the eye was completely closed."

Chloride of Methyl in Neuralgia.

In *Lyon Méd.*, Vinay writes eulogistically of the value of methyl chloride spray in neuralgia. The method of treatment, which was introduced by Debove, consists in throwing on to the skin of the affected part a spray of chloride of methyl, which in a few seconds causes freezing. The pain is equal to or greater than that of the actual cautery, but soon passes off, leaving some superficial redness, which however subsides in a few days. Of 25 cases thus treated, 21 are said to have been cured after one or more applications, and the rest improved. In lumbago especially were the beneficial effects noticed. This method also cured cases which had resisted all ordinary therapeutic measures, including counter-irritants in various forms.

Prophylaxis of Calculus.

Dr. Charles B. Plowright concludes a paper in the *London Med. Times*, October 10, 1885, by saying that the facts above stated warrant us in recommending a more liberal consumption of salt by those who are in any way threatened with calculous disease, either by hereditary tendency or by premonitory symptoms—especially those at the two extremities of life who reside in calculous districts. Particularly does this apply to infants and young children—the former, of course, through the mother, for we know that sodium chloride is one of those salts which freely pass from the maternal system into the mammary secretion.

A Remedy for the Galvanic Taste.

Dr. Leslie Phillips thus writes in the *Brit. Med. Jour.*, October 17: "One of the material inconveniences of galvanization of the head and neck complained of by patients is the persistence of the galvanic taste. Although its duration becomes evanescent as 'tolerance' to the current is established, at first it lasts many hours, frequently all day, and spoils the taste of all food. A patient whom I, in conjunction with Dr. Saundby, am treating with galvanism, tells us that a little pinch of coffee chewed from time to time is an efficient antidote to this disagreeable sensation."

Cocaine Poisoning.

What a world this is! Already, within a few months of its introduction to the profession, we find the public commencing to dissipate with cocaine. Dr. J. S. Spear relates in the *Med. Record*, November 14, the case of a marine who administered, hypodermically, to himself cocaine, and presented all the symptoms of opium poisoning. He recovered. He had contracted the habit of using cocaine to allay a thirst for alcohol. He was truly "out of the frying-pan into the fire." Five grains, at intervals throughout one night, were taken.

Nitrite of Amyl for Gout.

Dr. A. D. Macdonald claims, in the *Med. Press*, October 7, that nitrite of amyl favors the elimination of uric acid, and that it is a rational therapeutic agent in gout when contra-indications for its use do not exist. If we can by its use procure a more than normal discharge of uric acid when an attack threatens, we will find it also prophylactic. Let our gouty readers try this remedy, and give us the result. It will make very important and useful reading.

Olive Oil as a Menstruum for Cocaine.

The *Med. Summary* tells us that Dr. Andrews, of New York, at the recent meeting of the American Ophthalmological Society, said that the plan of dissolving cocaine in oil seemed to insure longer contact of the remedy, and that a smaller quantity was required. But as the cocaine salts were not soluble in olive oil, the alkaloid was preferable, only requiring a few minutes of gentle heating in a water-bath to dissolve it.

Chloride of Rubidium.

Dr. Charles Richet, in a communication to the Académie des Sciences, describes the results of his experiments with chloride of rubidium. Its physiological effects are the same as those of chloride of sodium, but its toxic properties are only half those of table-salt. Dr. Richet, therefore, recommends the substitution of the chloride of rubidium for chloride of sodium in therapeutics.

—In several cases of night sweats in phthisis in which atropine, quinine, and ergot had proved unsuccessful, Dr. Westbrook obtained excellent results from picrotoxin. It was given by hypodermic injection in dose of one-half to one milligramme ($\frac{1}{65}$ to $\frac{1}{130}$ grain), gradually increased to three milligrammes. It was also efficacious when given by the mouth.

CORRESPONDENCE.

Prevention of Septicæmia.

EDS. MED. AND SURG. REPORTER:—

Five or six years ago I adopted the practice of giving chlorate of potassium to all of my puerperal patients, commencing the second day after delivery, and continuing at least five days, or, what I think a better guide, as long as there is any color to the lochial discharge.

In that time I have not had a single case of septicæmia amongst the patients I attended myself.

It is true, my patients have all lived in a village of not over fifteen hundred inhabitants or in the country. It is also true that during that time there has been no epidemic of erysipelas, scarlatina, or diphtheria in this vicinity.

The use of the remedy as a preventive of blood-poisoning in puerpera is not original with myself, but I have extended it to my surgical cases with like good results. There may not be any power in the potassium chlorate to prevent septicæmia, but prior to the time I commenced using it such cases were not infrequent among my patients, a number were dangerously ill, and I lost a few that I treated or assisted in treating. I usually administer the remedy as follows:

℞. Chlorate potassium, ℥j.
Aqua pura, ℥ij.
M. Sig.—Half teaspoonful every three or four hours.

It is not necessary to give it in large doses, as they are dangerous.

I have never resorted to intra-uterine injections, as some recommend, but have relied upon vaginal injections of warm water, with or without any disinfectant, as needed, as a matter of cleanliness.

The periodical fevers sometimes preceding, at others following confinement, should be interrupted as soon as possible. They are liable to arrest the lochial discharge, and that will cause septicæmia, unless prevented by proper treatment. I hope physicians, in large cities or localities where puerperal fever or septicæmia is prevalent, will try the chlorate of potassium, and report, that the profession may know whether it is a success or a failure.

ISRAEL B. WASHBURN, M. D.
Rensselaer, Ind.

Cocaine in Hyperæsthesia of the Osteum Vaginæ.

EDS. MED. AND SURG. REPORTER:—

The case was one of hyperæsthesia of the osteum vaginæ and the entire vaginal canal, so severe as to defy even the most careful attempt at a digital examination, rendering the use of the speculum entirely impossible, on account of the contraction of the muscles, and the intense pain and agony almost causing convulsions. By the use of a five per cent. solution of the oleate of cocaine (prepared by McKesson & Robbins), applied by means of a c. h. pencil freely to the labia minora, the vaginal tract as far up as she could permit the pencil to be used (it even causing severe pain), and by saturating a small piece of cotton with the cocaine, leaving it about one inch from orifice, for fifteen minutes, then making another thorough application with the pencil for five or eight minutes. After a rest of five, I was enabled to conduct the examination, both digital and with the speculum, without any further embarrassment or difficulty, the patient stating that she felt no pain whatever. I found endometritis, some slight displacement, and a flabby, relaxed condition of both uterus and vaginal walls, due no doubt to parturition, her babe being about six months old. I shall continue to use the cocaine during my examination, as it has proven a happy relief from pain to my patient, and enabled me to perform what I could not have done without the use of chloroform.

GEO. B. SIMPSON, M. D.
Weston, W. Va.

NEWS AND MISCELLANY.

The Medical Department of the University of Washington Territory.

The board of regents have completed the organization of a law and a medical department of the territorial university, located at Seattle. The following gentlemen were elected to constitute the medical faculty:

Thomas T. Minor, M. D., Professor of Principles and Practice of Medicine and Clinical Medicine.

Rufus Willard, M. D., Professor of Obstetrics and Diseases of Women and Children.

Edward L. Smith, M. D., Professor of Principles and Practice of Surgery and Clinical Surgery.

John Baker, M. R. C. P. and S. Ont., Professor of Chemistry and Toxicology.

Gideon A. Weed, M. D., Professor of Physiology and Hygiene.

C. H. Merrick, M. D., Professor of Materia Medica and Therapeutics.

L. R. Dawson, M. D., Professor of Descriptive and Surgical Anatomy and Histology.

John W. Waughop, M. D., Professor of Psychological Medicine and Diseases of the Nervous System.

John C. Sundberg, M. D., Professor of Ophthalmology, Otology and Laryngology.

J. S. M. Smart, M. D., Adjunct Professor of Clinical Surgery and Diseases of Genito-Urinary Organs.

L. R. Dawson, M. D., Demonstrator of Anatomy.

Chair of Medical Jurisprudence to be filled.

L. J. Powell, A. M., President of the University, ex-officio member of the Faculty.

THOMAS T. MINOR, M. D.,
President of Faculty.
JOHN C. SUNDBERG, M. D., Secretary.

The course will cover three years, and will be graded. Students will also be required to pass a preliminary examination, or show other evidence of being in possession of a fair English education, before they can be admitted to the medical department.

The school will begin after this year on the first Monday in October, and continue for four months. There will also be a brief summer session.

A London Hospital Scandal.

London has a hospital scandal of large dimensions. The Homerton Hospitals are nominally under the charge of the Metropolitan Asylums Board, but really under a sub committee of the board. This committee has allowed a state of things to grow up so bad that the *Spectator* says: "Even autocratic Russia or aristocratic England of the last century, or the debased democracy of Tammany Hall, could hardly beat the Homerton Hospital authorities in mismanagement and the consequent corruption." In fact, everybody seems to have done as they liked in the matter of supplies for the hospitals. Incredible quantities of wine and beer were ordered and divided for the most part among the doctors and other officers. The steward partly built and furnished a house out of hospital supplies. Verbal contracts were made for large amounts of material not needed. In short, the methods of the Tweed ring were adopted with a felicity and boldness quite phenomenal. The fault was in the Metropolitan Asylums Board, which delegated its authority to a perfunctory committee; but the promptness with which the hospital staff availed themselves of their predatory opportunities shows that in England as here the only certain way to prevent corruption is to make it impracticable.

Effects of Brightness and Colors on Vision.

A Russian observer, Dr. Kolbe, having made some researches on the effects of various degrees of brightness and of colored paper on the acuteness of vision, using for the purpose Snellen's tables, has come to the conclusion that acuteness of vision increases with the difference in brightness between an object and the ground upon which it is placed, but that this increase is not proportional to the difference, augmenting rapidly as long as the difference of brightness is small, then augmenting very slowly until a great difference in brightness is reached, when it again augments very remarkably. He also finds that the color of the ground, unless it is very intense, has little effect on the acuteness of vision. With regard to the fatigue occasioned to the eyes by paper of various colors, he finds that red and green papers produce more fatigue than blue and yellow, and these again more than grey and white of the same degrees of brightness. Altogether, he does not think that a colored paper for printed books presents any advantage, as far as the eyesight is concerned, over white paper.

The Mechanism of the Ribs.

In an important monograph on this subject, in the *Archiv für Anatomie und Physiologie*, Dr. Hermann von Meyer comes to the conclusion that the ribs are raised, so as to increase the antero-posterior diameter of the thoracic cavity during inspiration, chiefly by the segments of the external intercostals which lie between the vertebral attachments of the ribs and the angles of those bones, and also, as has long been recognized, by that portion of the internal intercostals which lies between the costal cartilages. The increase of the lateral diameter of the thorax is brought about by the rotation upwards of each rib, on a line which runs from the costo-vertebral articulation to the sternum. This is the "bucket handle action," familiar to lecturers on physiology, demonstrators and students. According to Dr. von Meyer, this is effected by both the external and the internal intercostals — not, of course, by the whole of each of those muscles, but by the entire segment which lies between the angle of the rib and its cartilage.

An Interesting Case.

The following case, reported by Prof. Brouardel to the Society of Medical Jurisprudence, is interesting as being an example of a rare accident (rupture of the heart) in infancy, as well as from a medico-legal point of view. A child nineteen months old died with all the signs of strangulation. At the autopsy a rent was discovered in the anterior wall of the left ventricle of the heart, the other portions of the organ being filled with blood. The medical man who was called upon to report on the case certified that the child died from asphyxia, caused by strangulation, which was also the cause of the rupture of the heart. This, however, was considered a misinterpretation of the nature of the lesion, as Prof. Brouardel made out that the child had an ulcerous endocarditis, and an aneurism in the wall of the heart, which prepared it for the rent. He, moreover, added that rupture of a healthy heart can never take place after strangulation, but it is easily understood that it can occur in a diseased heart. The case being a most difficult one to decide, as to the share of culpability of the father of the child, who was accused of having strangled it, he was acquitted.

Results of the Continuation of Pasteur's Inoculations for Rabies.

The Paris correspondent of the *Lancet* writes that the young shepherd (Jupille) referred to as being still under observation, and upon whom M. Pasteur has since ceased his inoculations, has returned to his native village. His room is now occupied by another lad of fourteen, who is said to have been bitten by a mad dog at Bordeaux. Two other children, also bitten by a mad dog, have been forwarded to Paris by the Mayor of Roubaix, to be subjected to M. Pasteur's treatment for hydrophobia. The persevering and zealous experimenter will soon have his hands full, and the confidence in his remedy is such that people come from great distances to consult him, without even taking the trouble to find out whether the dogs that bit them were really rabid or not; so that M. Pasteur will, under the circumstances, have some difficulty in selecting his cases. Owing to the favorable results obtained by M. Pasteur, it is proposed to organize a special staff in different localities for the carrying out of his method, and that all medical men should be instructed as to the manner of its employment.

A Cotton Reel Seven Years in the Vagina.

Professor Breisky gives an account in the *Prager Medinische Wochenshrift* of the case of a woman, who for seven years had suffered severe pain during menstruation, and, four years previously, had had an abscess in the inguinal region, which on

being opened, was found to contain a large quantity of pus. On examination, the vaginal mucous membrane was found greatly swollen, and the vagina itself seemed to come to an abrupt termination, no uterus being felt. On examination *per rectum*, a foreign body was made out, lying in a fluctuating sac behind the uterus, which was then felt displaced backwards. The patient, on being questioned, remembered introducing a cotton-reel seven years before. Under an anæsthetic, the vagina, which was so contracted by cicatrix as only to admit a probe at one spot, was dilated, and the reel drawn out. It was 1.35 inches long, and 1.15 inches in breadth. The contracted cicatricial portion of the vagina was kept distented, and some incisions made in it. The monthly periods became quite painless, and the patient made a good recovery.

The Law and Professional Evidence.

The *Med. Record*, December 5, 1885, notes that a daily paper announces that Dr. J. A. Milne, of Oswego, N. Y., was on November 25 fined $250, with the alternative of six months' imprisonment, for contempt of court in refusing to testify in a criminal case. Dr. Milne pleaded as a defense for his refusal that his testimony would involve the disclosure of professional secrets. The law in New York, as well as in Arkansas, California, Indiana, Michigan, Iowa, Missouri, Minnesota, Montana, Ohio, and Wisconsin, is, that communications between physicians and patients which may relate to the history of a transaction in which a wound has been received, or a particular disease communicated, whenever essential to the treatment of a patient's case, are privileged. In New York it is even expressly enacted that the physician shall not disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to treat the patient.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the weeks ended December 5, 1885.

Wyman, Walter, surgeon. Granted leave to attend meeting of American Public Health Association, December 3, 1885.

Benson, J. A., passed assistant surgeon. Granted leave of absence for fifteen days, November 28, 1885.

Armstrong, S. T., passed assistant surgeon. Granted leave of absence for eight days, November 30, 1885.

Wasdin, Eugene, assistant surgeon. Granted leave of absence for thirty days, November 28, 1885.

Watkins, R. B., assistant surgeon. To proceed to Galveston, Texas, for temporary duty, November 30, 1885.

Unfiltered Water and Disease.

A striking example of the influence of drinking-water in the production of disease were lately observed at Rouen, where an epidemic of typhoid fever broke out in the 12th Cavalry. This regiment is lodged in new barracks, which were provided with non-filtered water from the Seine; forty of the soldiers were all at the same time under treatment in the hospital, and the medical officers of the regiment had no doubt in their minds that the water was the cause of the epidemic. They advised that the regiment should be immediately removed out to camp, which was put in execution, and the epidemic soon disappeared. By a singular coincidence, another epidemic of typhoid fever broke out among the garrison at Verdun under almost similar circumstances, when similar measures were adopted with equally good results.

Cholera Imported by Reapers.

The cholera was imported into the town of Monteagudo, according to the *Independencia Médica*, by a party of reapers who came from Arragon. One of these was seized with cholera at the gate of one of the houses of the town, and vomited over some pitchers which were used (after being washed) for drawing water from the public well, having to be let down into the well for the purpose. In this way the well became a centre of infection, and in a very few days a violent "explosion" of cholera occurred, no less than 800 persons being attacked, 265 of whom died.

Philadelphia Polyclinic.

The Philadelphia Polyclinic and College for Graduates in Medicine will soon remove to its enlarged and improved building on Broad street. Its present quarters, at Thirteenth and Locust streets, are insufficient for its increasing classes of practitioners from all over the United States. Hospital wards and private rooms for patients will be opened, and the dispensary service will be given increased attention. The prosperity of the college has warranted this extension of its business. The journal edited by the faculty will be doubled in size after the first of the year.

The Physician's Pocket Record.

This useful pocket companion, published at this office, is now ready for 1886. Dr. A. B. Bowen, of Iowa, in ordering a copy, writes: "I have used your *Pocket Record and Visiting List* for fifteen years. It answers all indications better than any other I have seen."

Items.

—*Virchow's Archives* has commenced its one hundredth volume.

—Mr. East, in the *Brit. Med. Jour.*, December, 1884, gives a practical hint with regard to the treatment of phimosis. It is to use thin strips of gentian-root as wedges, inserting six or eight between the glans and prepuce.

—In the *Brit. Med. Jour.*, January, 1885, p. 209, Dr. Neale writes that he found a two per cent. solution of cocaine most useful in a case of excision of the uvula, in a sensitive girl. Two minutes after the use of the solution the patient was free from pain.

—Dr. Squibb suggests as a means of disguising the taste of bitter and nauseous salines a mouthful of ice-water just before and just after the dose; the saline itself to be taken in a wineglassful of iced water between them.

—In the *Brit. Med. Jour.* (May 2), Mr. J. J. Pickles relates a case in which a mother in three consecutive pregnancies gave birth to children the subject of hare-lip, there being no hereditary tendency or apparent cause for the deformity.

—Mr. Charles Edward Cormack, son of the late Sir John Rose Cormack, has graduated as Doctor of Medicine in the Faculty of Medicine of Paris. The subject of his thesis was "The Treatment of Chronic Empyema by Estlander's Operation."

—A young lady in Berlin recently asked a chemist for chlorate of potash for gargling, and was told to take a spoonful from time to time. She misunderstood the advice, for instead of taking it dissolved in water, she took the powder in spoonfuls undissolved, and died, after five days' illness, from vomiting and asthenia.

—Dr. A. M. Duncan, of Hamler, Ohio, writes to the *Med. Record* that Dr. Alvord, a retired practitioner of that place, who is a sufferer from glycosuria, finds more relief from a diet of pure buckwheat-flour cakes than from anything else. While he adheres to this food the urine becomes nearly normal in quantity and quality, there is no gastric distress, and the pain in the eyes—nearly destroyed by chronic iritis—is markedly relieved. On resuming the use of wheat bread and other starchy foods, the symptoms become aggravated, to be again relieved upon a return to buckwheat.

—M. Pierre Vigier (*Gazette Hebdomadaire*, February 6,) states that for injection in gonorrhœa the lactate of quinine is the best preparation of quinine, owing to its greater solubility. His formula is lactate of quinine 1 gramme, distilled water 75, and glycerine 25 grammes. About 5 grammes should be injected three or four times a day. M. Vigier takes the opportunity of recommending practitiones to more and more employ the lactate in preference to any other preparation, whether for internal, external, or hypodermic use. It is the salt which is best adapted for every therapeutical application.

—Luschka has classified supernumerary mammary glands under two distinct divisions: mamma erratica and mamma aberrans. Mamma erratica is a true supernumerary mammary gland, developed on any part of the body, excepting its normal position, the front of the thorax. Mamma aberrans signifies a gland that lies on or near the pectoralis major, but has a distinct outlet for its ducts, separate from the true nipple. This condition is rare. Dr. Cohn exhibited a case before the Berliner Medizinsche Gesselschaft, on February 25th. It was not an instance of milk-fistula, which generally arises from a wound, or from abscess. The patient in this case, it is true, had inflammation of the natural gland on the left side, and quite accidentally found out that milk dribbled away from the axilla. On careful examination, a duct was found opening in the axilla. It was covered with skin, and, on pressure of the integument around it, milk squirted out.

—Some time ago, Professor Virchow collated the results of an inquiry into the relative preportions of the blonde-haired, dark, and mixed types among the school children of the German Empire. Since then, the inquiry has been extended to Belgium, Austria, and Switzerland, embracing nearly eleven million children in its scope; and, in a recent lecture at the Berlin Academy of Science, Professor Virchow showed that more than fifty per cent. of the school children of Central Europe belong to the mixed type. The distribution of the purely blonde type, which contributes more than twenty-five per cent., and is associated with unmixed Teutonic blood, is highest in Hanover, where it forms forty-three per cent. of the population; but it is very nearly as high in the extreme East Prussian and Pomeranian districts, where history and tradition would indicate a preponderating Slavic element.

OBITUARY NOTICE.

DR. EPHRAIM CLARK.

Dr. Ephraim Clark, one of the oldest residents of Richmond county, New York, died on November 20th at New-Dorp, S. I. For thirty years he was the county physician. He was eighty-nine years old. He was the oldest medical practitioner on Staten Island, and had a son, Dr. James G. Clark, and a grandson, Dr. Frederick E. Clark, of West New Brighton. Dr. Clark was one of the physicians who attended Aaron Burr.

MARRIAGES.

AMIDON—FIELD.—November 21, 1885, in the Phillipsburg, N. J., Presbyterian church, by the pastor, Rev. H. B. Townsend, Royal W. Amidon, M. D., of New York city, and Emma D. F., daughter of Dr. C. C. Field, of Easton, Pa.

ESPY—NELSON.—October 29, 1885, at the residence of the bride's parents, by Rev. G. W. Chalfant, Dr. J. S. Espy and Miss Alice Nelson, both of the East End, Pittsburgh.

GROSS—WILLIAMS.—November 26, 1885, in Boston, by Rev. J. I. T. Coolidge, D. D., Ferdinand H. Gross, M. D., of Philadelphia, and Miss Frances A. Williams, of Boston. No cards.

RICHMOND—WHITNEY.—October 28, 1885, in Woodstock, Vt., at St. James' church, by Rev. F. W. Smith, Dr. Deane Richmond, of Windsor, and Miss Ellen A. Whitney, of Woodstock.

SHIELDS—BOWSER.—May 26, 1885, by Rev. J. M. Kelly, at the home of the bride's mother, William Shields, M. D., and Miss Nannie Bowser, both of Plumville, Pa.

WAY—MILBANK.—November 17, 1885, at Greenfield Hill, Conn., by Rev. G. S. Plumley, Dr. J. W. Way and Eleanor N., daughter of Isaac M. Milbank.

DEATHS.

BOCKEE.—November 26, 1885, at Poughkeepsie, N. Y., of apoplexy, Jacob Bockee, M. D.

CARPENTER.—October 25, 1885, in West Burke, Vt., Dr. W. W. Carpenter, aged 73 years.

CLARK.—November 23, 1885, at Belvidere, N. J., Samuel S. Clark, M. D. [illegible]

FROTHINGHAM.—November 19, 1885, suddenly, in New York city, at his residence, Avenue St. Nicholas and 159th street, Dr. William Frothingham.

LINDSLEY.—November 15, 1885, in Nashville Tenn., Dr. Van Sindeben Lindsley, aged 46 years.

LOY.—November 19, 1885, in Cincinnati, O., Dr. E. E. Loy, aged 32 years.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

AMANITINE AND ITS ANTIDOTE.

BY CHARLES M'ILVAINE,

Of Philadelphia.

(*Concluded from page* 686.)

Immediately upon noticing these cases of poisoning in the public prints, the writer addressed a letter of inquiry to Shenandoah, which was fully responded to by Dr. Shadle, and samples of the toadstools eaten by the Faris family—selected by Mr. Faris, one of the survivors of the poisoning—were forwarded for identification.

Of those samples, two were harmless agarics and the other a white agaric—amanita vernus—one of the poisonous varieties of the amanita. At the writer's request, Dr. Shadle wrote the following report in answer to numerous queries:

SHENANDOAH, PA., October 26, 1885.

MR. CHAS. MCILVAINE—*My Dear Sir:* In compliance with your request, I take pleasure in submitting to your consideration the following report of five cases of toadstool poisoning which recently came under my observation and treatment:

On Monday, August 31, at 10 a. m., I was hastily called to see a family, consisting of Mr. F., his wife, his mother-in-law, Mrs. R., and his brother-in-law, Thomas R., who, the messenger stated, were having "cramps in the bowels."

Promptly responding to the call, I found them suffering from intense abdominal pains, nausea, vomiting, bone-ache, and feelings of distress in the præcordial region.

Mr. F., twenty-nine years of age, was a miner by occupation, and had led an intemperate life. Mrs. F., twenty-two years of age, was a brunette, possessing a delicate body and bearing a decided neurotic tendency. Mrs. R., forty-five years of age, was a small nervo-bilious woman. Thomas R., thirteen years of age, was a youth well developed.

While I was examining these patients, Mrs. B., forty years of age, a neighbor of the family, presented herself, manifesting, in a milder degree, the same symptoms. She was a tall, spare woman. Previous to the present attack of illness their general health was good; in none could signs of disease be traced.

Picture to your mind five persons suffering from cholera morbus in its most aggravated form, and you will be enabled to form a pretty correct idea of what I beheld in the Farris residence on Monday morning, August 31st.

That five individuals, four being members of one household, should be attacked simultaneously by a similar train of symptoms, naturally gave rise in my mind to a suspicion that something poisonous had been eaten. Upon close inquiry I obtained the following history:

On the afternoon of Sunday, August 30, Mr. F. and Thomas R. were walking through a woods not far distant from their home, and, in wandering from place to place, found clusters of very beautiful toadstools growing abundantly under trees, among which the chestnut predominated.

Attracted by their appearance, and supposing them to be edible, they gathered a large quantity with the anticipation of having a delicious dish for their Sunday evening meal.

Various other kinds were growing in the same locality, but this particular variety impressed them as being the most inviting. A correct specimen of the *fungus* they had collected having been sent you, I will leave its botanical description to your pen.

At about 9 o'clock, five hours after gathering them, Mrs. F. cooked three pints of the toadstools, stewing them in milk, and seasoning with butter, pepper, and salt.

They had dinner at a very early hour on this day, and by the time they had supper all felt exceedingly hungry, in consequence of which they

ate quite heartily. Mrs. F. and her brother vied with each other as to the quantity they could eat. In addition to this dish, bread and butter and coffee were served.

Soon after supper the family retired. None experienced the least discomfort until towards daybreak, when considerable distress in the abdominal organs, and cerebral disturbance manifested themselves. Prominent among the initial symptoms were foul breath, coated tongue, pain in the stomach, nausea, and a peculiar sickening sensation in the epigastrium. These symptoms gradually increased in severity, and in twelve hours after the ingestion of the poison, when I made my first visit, the condition of the victims involved great danger. Intense vomiting was present in four, whilst in Mrs. R.'s case a violent retching seemed to persist.

Gastro-intestinal irritation, followed by a relaxed condition of the bowels, showed itself in about thirty hours after the onset of the more active symptoms. With the appearance of this trouble an insufferable tenesmus developed, producing paroxysms of severe agony. This was particularly true in the case of Mrs. R., whose suffering was so great that it became a formidable symptom to combat. Upon the subsidence of the more severe symptoms, the patients fell into a state of extreme prostration, accompanied by stupor and cold extremities. In the mother, son, and daughter this was profoundly marked. They were completely indifferent to persons and things around them, as well as to their own suffering.

As the symptoms increased in violence, Thos. R. advanced into a state of coma, and Mrs. F. into coma-vigil, and remained so for about twelve hours prior to death. The face had a shrunken and wrinkled appearance, the eyes were sunken, the skin was dusky, and the surface of the body was dry and cold to the touch. The pulse a number of hours before death was imperceptible at the wrist, and the heart-sounds were scarcely perceived by auscultation.

The pulse in all the cases was notably affected, ranging from 120 to 140 beats per minute. In character it was soft and compressible; intermittent at intervals.

There was a distinct rise of temperature, the thermometer in the axilla registering as much as 104° F.

A mild form of delirium was an occasional event. In the case of Mrs. F. it formed an important element.

Respecting the special senses, it is well to mention that sight was peculiarly affected. Notwithstanding the fact that the pupils responded kindly to the action of light, an unpleasant sensation of blindness frequently appeared and continued for a few minutes.

In spite of all that was done to counteract its ravages, the effects of the poison were so extremely deadly that a fatal issue was the result in two cases. Thomas R. died in fifty-six and Mrs. F., in sixty-three hours after the ingestion of the toadstools.

Treatment.—The treatment instituted was mainly symptomatic.

Fearing that undigested particles of toadstools might still be lying in the gastro-intestinal tract, to Mrs. R., who had not freely vomited, an emetic was administered, and to the rest a mild purge.

An intense thirst and a burning sensation being present in the mouth, throat, and stomach, small pieces of cracked ice were freely used with a view to allaying it.

For the gastro-intestinal irritation I prescribed with satisfactory results the following:

℞.	Bismuth subnit.,	℥ v.	
	Creasote,	gtts. xv.	
	Mucil. acaciæ,	f℥j.	
	Aq. menth. pip., q. s. ad.	f℥iv.	M.

S.—Teaspoonful every one or two hours.

One-eighth of a grain of morph. sulph. were administered hypodermically to alleviate as much as possible the abdominal suffering.

The impending exhaustion and the failing heart's action I endeavored to combat with a free administration of alcoholic stimulants in combination with moderate dose of tinct. digitalis both by the mouth and under the skin.

In order to invite the circulation of the blood to the ice-cold surface of the body, heated bricks and bottles filled with hot water were placed in bed around the patients.

Analyzing each symptom as it arose and carefully observing the effects of the poison on the system, I formed this opinion, that the toxic element contained in the noxious fungus eaten by these people was narcotic in its nature and spent its force on the nerve-centres, especially selecting the one governing the function of respiration and the action of the heart.

Acting upon this conclusion, I began in the early part of my treatment subcutaneous injections of sulphate of atropia in frequently repeated doses, ranging from $\frac{1}{100}$ to $\frac{1}{60}$ of a grain. The injections invariably were followed by a perceptible improvement in the patient; the heart's action became stronger, the pulse returned at the wrist, and the respiration increased in depth and fullness.

Through the agency of this remedy, supported by the other measurs adopted, three—or 60 per cent.—of the patients recovered.

The lessons I draw from this experience are—

1. That poisoning produced by this variety of toadstools is slow in manifesting its effects.
2. That it destroys life by a process of asthenia.
3. That in atropine we have an antidote, and it should be pushed heroically from the earliest inception of the action of the poison.

I have the honor to remain yours very respectfully,

J. E. Shadle, M. D.

In reply to the queries, Was atropine administered in all of the cases? and What was the total amount administered to each? Dr. Shadle responded as follows:

Shenandoah, Pa., October 29, 1885.

My Dear Mr. McIlvaine: Yours of the 27th I have received. The two questions you asked me therein I see are very important, and they should be answered as fully as possible. I am sorry I overlooked the matter in my report.

Before attempting an answer, it is well for me to note right here that Mrs. B., the neighbor, did not eat very much of the toadstool stew; Mrs. R.

and Mr. F. each ate about the same quantity—from one and one-half to two platefuls. This is according to Farris's statement. But the two fatal cases—Thomas R. and Mrs. F.—tried to see which could eat the more, and consequently got their full share of the poison. The cat mentioned before had about a tablespoonful of the broth, and they tell me she was very sick. Whether or not she died is not known.

Now as to the treatment by atropine, I think I can approximate a pretty correct statement in reply to your queries. Not knowing that atropine was considered an antidote, I began its employment in the treatment of these cases from the physiological knowledge I had of the drug relative to its action in other diseases in which there was heart-failure and embarrassed respiration.

When I saw the U. S. D. suggested it, I of course felt it my duty to use it, as I could find nowhere anything else mentioned as an antidote. I feel convinced, in my opinion, that it was by means of the atropine that I saved three of the five patients. Why do I think so? because whenever I would administer the remedy the patients rallied, the pulse returned at the wrist, the heart sounds became stronger, and the respirations increased in strength and fullness. What more conclusive evidence do I want than this to show as to how the agent was acting.

When I first saw the patients—twelve hours after the ingestion of the poison—their symptoms were alike, one suffering as much as the other (August 31). I began the use of the alkaloid in the evening of the same day, when I saw the powers of life giving away—the heart failing and the respirations becoming shallow. It was used in all the cases as follows:

Mrs. B., $\frac{1}{150} + \frac{1}{90} + \frac{1}{90}$ or $\frac{3}{150}$ or $\frac{1}{35}$ gr.
Mr. F., $\frac{1}{150} + \frac{1}{90} + \frac{1}{90} + \frac{1}{90}$ or $\frac{4}{150}$ gr.
Mrs. R., $\frac{1}{150} + \frac{1}{90} + \frac{1}{90} + \frac{1}{90}$ or $\frac{4}{150}$ gr.
Thos. R., $\frac{1}{150} + \frac{1}{90} + \frac{1}{90} + \frac{1}{90} + \frac{1}{90}$ or $\frac{5}{150}$ or $\frac{1}{30}$ gr.
Mrs. F., $\frac{1}{150} + \frac{1}{90} + \frac{1}{90} + \frac{1}{90} + \frac{1}{90}$ or $\frac{5}{150}$ or $\frac{1}{30}$ gr.

In accordance to the above formulæ the drug was administered. I visited the patients at intervals of six or eight hours, and at each visitation they received an injection in the doses above mentioned. From this we see that in all Mrs. B. received gr. $\frac{1}{35}$ of atropine, Mrs. F. received gr. $\frac{4}{150}$ of atropine, Mrs. R. received gr. $\frac{4}{150}$ of atropine, Thos. R. (fatal) received gr. $\frac{1}{30}$ of atropine, Mrs. F. (fatal) received gr. $\frac{1}{30}$ of atropine.

The alkaloid failing to save the two that died, I think can be attributed to one of two causes, or probably both:

1. That the use of atropine was begun too late and not used heroically enough.

2. That so much of the poison was taken up by the system in these two cases that it became too virulent to counteract.

From the history of the cases, I know they ate by far the largest quantity. My opinion leans towards the first probable cause I have mentioned.

Another fact worth stating here is that the pupils never became affected by the administration of these doses.

Hoping this will make the matter satisfactory, I remain yours truly, J. C. SHADLE.

The report of Dr. Shadle coroborates all former observations of the poisoning by amanitine, in that the poison does not manifest itself until from eight to fifteen hours after ingestion; and the peculiar dusky hue of the skin as one of its marked symptoms.

In relation to the latter, Mr. Palmer writes: "The absorption of the poison from the amanita may take place not only by ingestion, but by contact with the skin, as through the hollow palm of the hand or arm; by the lungs, as I have proven by personal experiments made upon myself. In such a case the patient has all of the symptoms of having eaten of the mushrooms, *even to a peculiar leaden or ash-colored complexion.*"

The possession of specimens of the toadstools eaten, the identification of an amanita among them or not, as the case may be, the length of time elapsing between the eating and manifestations of the poison, will inform the physician as to whether or not amanitine is at work, and whether it must be met by atropine, or the case treated for a less virulent poison by milder remedies.

INTRA-CRANIAL CEPHALHÆMATOMA.*

BY E. S. M'KEE, M. D.,
Of Cincinnati.

A physician's library will, in many instances, give him no information covering cephalhæmatoma. A large list of text-books may be reached to no avail for a mention of intra-cranial cephalhæmatoma. Has the searcher after medical knowledge a well-ordered and extensive public library at hand—well supplied with bound journals—diligent search may be rewarded by a few hidden points.

The word cephalhæmatoma comes to us from the Greek. It is an effusion of blood occurring in newly-born infants, forming a tumor of the head.

The intra-cranial variety, the subject of this paper, may be divided into, *a*. Those situated between the skull and dura mater. *b*. Those occurring in the arachnoid cavity.

As causes of intra-cranial cephalhæmatoma may be enumerated most of the causes of the external variety. The reception of some injury to the child during parturition, for example. One can, however, find many instances where the external variety occurred, the labor being light. They are mentioned in breech cases, and in Vienna have been noticed on those whose births were due to Cæsarean section. It is quite possi-

*Abstract of a paper read before the Mississippi Valley Medical Society, September 8, 1885.

ble that through the crushing of the parts of the head together during delivery there occurs tearing of the periosteum or dura mater and bone blood-vessels. This pressure being released, the parts are again suddenly freed. Emptied by the diapadesis, caused by the crushing which they had undergone, hyperæmia and engorgement are the result of the removal of this pressure. Thus, from nature's *horror vacui*, we have a sudden rushing of blood. The sources of the hemorrhage are probably the tender blood-vessels. These enter the bone from the dura mater, and are, immediately after the release of the pressure, over-filled and ruptured. Possibly it might be due to a varicose condition of these vessels. The hemorrhagic diathesis might be a cause. The tendency is, in some instances, probably inherited. In cases of fracture of the bone, cephalhæmatoma on the dura mater may be due only to the hemorrhage from vessels wounded or the broken edges of bone. Feist and others decline to recognize these cases as cephalhæmatoma. The fact should be borne in mind that cephalhæmatoma, both external and internal, occurs without the coëxistence of fissure of the cranial bones. Admitting that the extravasation of blood results from its escape from the blood-vessels which are wounded by a fissure of the bone, the centre of each tumor must correspond with the fissure. This, however, has not been found to be the fact in the cases reported. The fissure and effusion may occur at the same time and from the same cause; but the latter must not be considered a result of the former. M. Valliex, in his *Clinique des Enfans Nouveaune*, has an engraving which illustrates beautifully the ease with which the blood may be caused to transude through the imperfectly ossified skull of the child. The direction of the pressure during labor and the greater porousness of the outer than the inner surface of the skull accounts for excess of the extra- over the intra-cranial variety. The usual causation of the former, pressure, is quite adequate, if unusually forcible, to cause the latter.

The diagnosis of intra-cranial cephalhæmatoma depends wholly, of course, on the symptoms of brain pressure which it is liable to occasion. These are twitchings, convulsions, stupor, or paralysis. The external variety is, of course, much more easily diagnosed.

While the prognosis for the extra-cranial variety is good, that for the intra-cranial variety is bad. Death occurs most frequently from brain pressure or from necrosis or caries of bone leading to perforation, thrombosis of the cerebral sinuses, extension of the inflammation on to the meninges and brain itself, and pyæmia. Idiocy is one of the results of internal cephalhæmatoma.

Dr. West is the only one who has observed the repair of internal cephalhæmatoma. This was very analagous to the repair of the external. The effusion became encircled by an osseous ring. In one of the two cases noticed by Dr. West convulsions came on in fifteen hours and terminated in death in forty-one hours. A large quantity of blood was found post-mortem beneath each parietal bone. The yielding structure of the infantile skull, with its membranous joints and unossified sutures, is probably the reason why the effusion of blood upon the surface of the brain does not immediately and universally cause cerebral symptoms. In one case of Dr. West's all went to prove that the effusion beneath the dura mater must have existed many days before there were any cerebral symptoms.

The essayist then proceeded to report a number of cases which he had found in the literature. The first was one reported by Dr. Charles West, in *Med. and Chir. Transactions*, London, vol. 28, p. 397, 1845. The child was the result of an easy labor. On the third day a swelling, the size of a walnut, was noticed. The tumor increased in size, and the child died in convulsions. On post-mortem, an internal tumor was found, also a fissure of the bone, which the doctor thought was caused by the uterus forcing the head against the promontory of the sacrum.

The second was one which occurred to the writer himself, while doing obstetric work at St. Bartholomew's Hospital at London. It was a healthy female child—the thirteenth—position a breech, labor easy. Child did well for three days, when it was taken with convulsions, and died in a short time. Post-mortem showed external and internal cephalhæmatoma, the internal within the arachnoid cavity. No fissure of bone or marks or history of external violence could be found. The mother said three of her other children died of convulsions, and she gave this one up to die as soon as they came on.

From this, and the fact that Krause had observed three children born successively to the same woman suffer from cephalhæmatoma, the writer was of the opinion that his case, as well as others, was due to heredity.

The writer collected in all twenty cases, which he gave in brief. As treatment in internal cephalhæmatoma had not been attempted, the diagnosis being always made post-mortem, and as the internal variety was almost always associated

with the external, the latter directly over the former, given an external cephalhæmatoma, with symptoms of brain pressure, in the writer's opinion, it is advisable to trephine the skull and evacuate the tumor.

ORIGINAL DEDUCTIONS BASED ON A STUDY OF ONE HUNDRED CASES OF FRACTURE OF THE UPPER EXTREMITY, EXCLUDING THE HAND.*

BY SAMUEL W. SMITH, M. D.,
Of New York.

Of fractures of the radius, Dr. Smith confined his remarks to Colles's fracture. Short oblique or transverse fractures did not come under that head, and did not produce the characteristic deformity of Colles's fracture unless there was impaction of the upper fragment. The author gave a tabulated list of the different fractures, but said he claimed nothing new in the treatment and general consideration of the subject, except with regard to the invention of two splints, one for the treatment of fractures of the clavicle and the other for fractures of the arm and forearm. His splint for fractures of the clavicle he claimed answered the purposes indicated as well if not better than Desault's, Sayre's, and Moore's, and it did not possess the objection of being uncomfortable to the patient. It was described as follows:

It is a padded gauntlet-shaped piece of leather, laced to fit the forearm, running on either side back of the bend of the elbow. To this part is attached a strap and buckle. A padded collar, with strap, buckle, and ring, is fitted to the uninjured shoulder. Through this ring the strap from the elbow piece passes, and by tightly drawing this strap, the arm of the injured shoulder is under sufficient control to bring the fragments into perfect apposition. A sling is made to pass from the ring of the collar on the uninjured side of the neck for the hand of the injured side.

Regarding fractures of the condyles of the humerus, he said:

In cases of the reparation of the epiphysis, I have given preference to the long anterior leather splint, extending from the shoulder to the hand, and applied with the forearm in extension, then flexed to a right angle. With a severer fracture of both condyles, the so-called "T" fracture, none of the splints in common use gave me entire satisfaction in preserving the lateral angle of the arm, so essential in retaining the carrying point and preventing the gun-stock deformity, a deformity that seriously lessens the ability to use the limb for any work, especially carrying a weight by the side, to say nothing of the special distress the deformity causes to women.

A varied experience, full of disappointments, in the use of the known splints for the more severe fractures of the condyles set me to work to make a splint with the following requisites:

1. To hold the fragments in apposition.

2. To lengthen or lessen the external lateral angle of arm with fixation.

3. To leave the entire elbow-joint exposed for local treatment during the whole time of wearing the splint without disturbing it.

The result of this work was a splint that my practice has proven to most happily meet every requisite mentioned.

I will now describe my splint:

It is made with two rods of untempered steel, extending from the upper part of the arm to the wrist, with a ball-and-socket joint at the elbow, and screws for fixation; the lower ends pass into a sheath screw on either side of the wrist; the upper ends pass through two iron posts set in tin and made fast to the arm by plaster-of-paris bandages, the rods being made firm in the posts by thumb-screws. On each side of the wrist is a post through which the sheath-screw passes, and made fast to the wrist in the same manner as the upper parts, and fastened with fixation screws. By moving the sheath screws, the lateral angle of the arm may be contracted or widened as needed, thus overcoming any tendency to loss of the carrying point or gun-stock deformity. A turn of the fixation screws at the elbow and wrist will allow the forearm to be flexed, extended, pronated, supinated, and fixed at any desired point, without other interference with the splint.

COMMENCEMENT OF PASSIVE MOTION.

Recognized authorities of like high standing differ materially as to the time when passive motion should be commenced. While some advise commencing passive motion within a week of the injury, others say that under no circumstances should it be commenced before three or five weeks. My opinion is that passive motion should be commenced in each case according to the extent of injury to the soft parts and our ability to hold in check and reduce the inflammation following the injury. Thus, while passive motion might be wisely commenced within a week of the

* Abstract of paper read before New York Academy of Medicine.

injury in one case, in another it would be better surgery not to commence for three or four weeks.

TREATMENT OF COLLES'S ERACTURE.

Not having as yet treated a sufficient number of these fractures by my new extension splint to draw conclusions satisfactory to myself, I will leave the discussion of its application to these fractures for a future paper.

A CASE OF PLACENTA PRÆVIA TREATED BY THE TAMPON AND VERSION.

BY HENRY C. ARCHIBALD, M. D.,

Of Philadelphia.

Upon referring to my case-book I find on the 20th of September I was called in haste to attend a Mrs. S. in what was supposed to be an attempt at miscarriage. She informed me that she was the mother of three children, all living, and never before had a miscarriage, or even an attempt at one, but that for two or three weeks past she had noticed slight evidence of blood oozing out of the vagina, and very naturally attributed it to excessive labor superinduced by moving, she having a few weeks before lost her husband from phthisis, and the worry incident to his death, together with the care of a large family without proper means for their maintenance, was the cause she assigned for what she and her immediate friends thought was a miscarriage. Upon examining digitally the womb. I found the os patulous and dilated about the size of a silver quarter, and thought I detected the placenta. Blood was oozing from the womb. I simply ordered one-fourth grain doses of morphia three times a day and rest in the recumbent position. Upon my next visit, on the following day, I found the bleeding had ceased and more careful examination convinced me that I had a true case of placenta prævia to deal with. Being positive in my diagnosis, I informed the nurse of the nature of the case, together with its attendant dangers, and simply advised, upon the slightest evidence of bleeding, to place her patient in bed, and give the morphia as previously directed, and that in case uncontrollable hemorrhage should set in at any time to at once send for me; and further, that Mrs. S. would, in all probability, carry the child to full term, but have repeated attempts at hemorrhage. With these directions, I left the case, although hearing often that my advice had to be resorted to quite frequently (or, as the nurse put it, if it was not for that medicine she would flow to death).

On the 20th of November I was again hurriedly called to see Mrs. S., and found her lying in a pool of blood, head low, hips elevated. Making a hurried examination, and being satisfied that the membranes were intact, I proceeded to at once tampon, which I did with a weak solution of subsulphate of iron and absorbent cotton, and again gave my patient morphia to quiet the pains she was having, and then sent for my valued friend, Dr. H. D. Benner, residing at Third and Christian streets, in order to obtain his valued aid and advice in the further management of this case. And although he was aware that he would receive no remuneration for any service he would render, he gladly and promptly responded to my call, and, as the sequel will show, rendered such valued aid, that he will ever have my lasting gratitude. Upon Dr. B.'s arrival, I told him the history of the case throughout, and by his advice I remained passive and awaited developments, he having approved of what I had already done (if I was certain as to its being placenta prævia, and the membranes intact).

I watched the case faithfully for three days, changing the tampon every 24 hours, although fearful each time I removed it, as the hemorrhage was excessive. On the third day I was again hurriedly summoned at 3 a. m., and found labor had set in. So again sent for Dr. Benner, who promptly came again to my call. I at once removed the tampons, and for the first time Dr. Benner made an examination. He found, as I had previously, the placenta fully covering the os—the os dilatable. Version was at once suggested and performed by Dr. B., who removed the placenta from its attachment sufficient to reach the membranes, ruptured them, and, seizing the child by the feet, delivered a fine healthy boy. The womb contracted as the fœtus was drawn out, and the placenta removed by pressure on the fundus. Both mother and child are doing well.

The point I desire to make in this communication is this, that in placenta prævia, when you are satisfied that the membranes are intact, the proper course is to tampon tightly, wait for labor to set in, and if the head presents, separate the placenta, rupture the membranes, and perform version.

1601 *Passyunk Ave.*

—The International Sanitary Conference which was announced to be held in Rome in December will not reassemble. The *Opinione* says, in an inspired article, that "after the discussions of last summer, which demonstrated the deep divergences of opinion between the representatives of the various powers, and the hopelessness of their coming to an agreement, the re-convocation of the conference would be devoid of any practical aim."

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Service of Dr. Thomas G. Morton.

Fungus of Brain.

Here is a young boy who fell and sustained a compound comminuted fracture of the skull. The dura mater was ruptured, and it was supposed that he would die. The loose pieces of bone were removed, and he has made an astonishing recovery; but he has now a protrusion of tissue through the opening in the skull. The dura mater, as I have said, was ruptured, and the tissue thrown out to cover the brain has become fungous in its growth, which growths sometimes attain great magnitude. They are exceedingly fatal; but in this case, luckily, it looks as though we were going to have a favorable result. The base of this growth was gradually cut off by a ligature, and its cicatrization was hastened, so as to give us a dense, firm tissue. If you can get good granulations, you can get the part to heal. At first, all efforts in this case seemed hopeless; it would not cicatrize, and it seemed to exert an irritating action on the posterior portion of the brain, the boy having one sharp convulsion, and I feared an abscess might be forming, but I tied the ligature tighter day by day (finding, however, that an elastic ligature caused so much pain that I was obliged to substitute coarse silk for it), and when the mass came away, I touched the surface with nitrate of silver. The chances are that in three or four weeks he will be entirely well. Pressure is continually made on the mass by a button of lead wrapped in muslin.

Multiple Abscesses.

This colored policeman, while making an arrest, slipped and fell, his hand striking on a piece of glass. He has had very extensive palmar cellulitis, and the inflammation has worked up along the course of the tendons and around to the dorsum of the hand. It is a cardinal rule always to relieve accumulations of pus wherever and whenever you see them; so you will observe that I have made several free incisions in this man's hand and arm. Be on your guard about the arteries when opening abscesses in the hand, for hemorrhage from this source will be very hard to check. There is no danger when operating on the outer, inner, or upper surface of the hand, wrist or arm, but it is quite different when we come to the palmar surface. When opening directly over an artery, as I am doing here, incise carefully through the skin and divide the deeper tissue on a director, or work into the depot of pus with a director. Inflammatory condensation along the course of the tendons may result in contortion and deformity.

Fracture.

When you talk about *setting* a fracture and then consider your work done, you are egregiously in error. When you see a fracture, and there is swelling and discoloration, all you can do is to place the limb in as good position as possible. It is impossible to keep an oblique fracture in good position all the time. You must examine and fix it daily for ten days, by which time the swelling will have subsided, union will be ready to commence, and if you have it then in good position, it will heal rapidly. If you force the fractured bones into position at first, and forciby keep them there, you will often have bullæ and gangrene. During this preparatory period apply lead-water and laudanum to the limb. No union takes place before ten days.

Service of Dr. James H. Hutchinson.

Cirrhosis and Perihepatitis.

I will begin my lecture, gentlemen, by showing you some specimens from a woman who was before the class some time since. You will remember the history of the intemperate woman whose abdomen began suddenly to swell, not preceded, nor, indeed, accompanied by general anasarca. There was no evidence of kidney or heart disease, so I was forced to attribute the ascites to cirrhosis of the liver. A marked feature of the case was the rapidity with which the abdominal cavity would fill up, after being tapped; she was tapped altogether ten times. Finally, after the last tapping, erysipelas set in, and this was the immediate cause of death, for though she was convalescent from it, yet it left her in such a weak condition that she was unable to rally. The diagnosis was made of cirrhosis, and I also concluded that there was perihepatitis, because, while, of course, ascites does occur from cirrhosis alone, the filling up is never so rapid as it was here unless we have also perihepatitis. This local peritonitis may have been caused by the tapping, or it may have been an extension of the disease from the liver itself. More or less localized peritonitis is not uncommon in cirrhosis. We find the liver, as we expected, very small and contracted. There are well-marked signs of local inflammation. There is slight parenchymatous nephritis and some little thickening of the cardiac valves, all the rest of the autopsy is negative. The characteristic lesions of cirrhosis are not so well seen as in cases uncomplicated with perihepatitis, but you can see, beneath the capsule, the granular, hob-nailed appearance. The tissue is tough, and you cannot put your finger through it, as you can in normal liver. This woman would probably have lived for some time, had it not been for the intercurrent erysipelas, which left her too weak to rally.

Pneumonia.

I have here specimens from another case that died recently in the hospital. This was a dissolute woman, who was brought in the ambulance from a house of ill-fame, and was comatose on admission. The history is very obscure, but we gather that she was perfectly well up to five days before her admission, when, after exposure, she was seized with a chill, pain in the chest (low down), and fever. She continued to grow worse and became delirious. Her arms and legs were stiff and rigid, and when moved, would fly back to their original position. The whole body was rigid, and when her head was lifted from the bed, the whole body came with it. When she was brought in she had muscular tremors, her temperature was 104°, respiration 36, and pulse 150. The tongue and mouth were parched and cracked.

There were plain evidences of congestion of lungs; the heart was normal; skin hot and dry; no cough. She was given whisky, carbonate of ammonia, milk, and quinine. Ten grains of antipyrine given hypodermically had no effect. She was then sponged all over, when the temperature fell to 103½°, where it remained for a few hours, and then again rose to 104°. She was bled from apex of the lung and repeated dry cups applied over the chest. She was given, also, thirty minims of tincture digitalis and thoroughly poulticed. The temperature remained for several hours at 104°, then it rose, at six o'clock on Monday morning, to 105°. She was again sponged, with no effect. She was given fifteen grains of antipyrine hypodermically, but to no use. At 8:30, her temperature was 106°, pulse 160, and respiration 60. She was then given ten grains of quinine every half hour and fifteen grains more of antipyrine by the mouth but the hyperpyrexia remained as before. The temperature continued at 106°, and at eleven o'clock she died. The pupils were contracted all the time. Here was a case with a history of pneumonia at the right apex. There was dullness, increased vocal fremitus, and tubular breathing. The right lung, at its apex, is seen to be solid, and there is also some recent pleurisy; of course, in pneumonia, there is always more or less pleurisy. Pneumonia at the apex is much less common than at the base, but at the same time it is much more common than is usually stated in text-books. I tell you this that you may not overlook the disease by simply examining the base. And when I say this, I do not mean a pneumonia from tuberculosis, but what might be called idiopathic pneumonia, as in this case. I have now seen two cases in two weeks, and while I may not see as many in as short a time for a good while, yet this demonstrates that pneumonia in that locality is not so uncommon. This lung is just merging into the condition of grey hepatization; if truly hepatized, it will not float in water; you see it immediately sinks to the bottom. The heart is normal, but a portion of the left lung is collapsed on account of a plug, which, acting like a valve, allowed the air to escape, but prevented its return. There is some macroscopic evidence of fatty degeneration of the liver. There were in this case some symptoms of meningitis, as the rigidity of the body, the contracted pupils, and the resistance to movements. We find, at the autopsy, some evidence of meningitis.

Dilatation of the Heart.

This case presents some good features. This woman, 23 years old, has been in the wards since September 14. She has had all the ordinary diseases of childhood, and some years ago had chills and fever. Five years ago she had an attack of acute inflammatory rheumatism, which confined her to bed for six weeks. She has great dyspnœa and palpitation. Some weeks before her admission, she fell from a chair, and since then her heart has beat more violently. Ten days ago her feet and legs began to swell; the urine is high-colored, not scanty, and her menses were regular until five weeks ago. She is moderately well-nourished, and at the time of admission her pulse was 200. There was then no murmur to be heard. She suffers some from vertigo, but never faints. She was given fifteen minims of tincture of digitalis every four hours, and one-eighth of a grain of sulphate of morphia at night. There was no albuminuria. After a while diarrhœa set in, which was controlled by bismuth and deodorized tincture of opium. For a while she was taking convallaria, which was stopped on the 2d of December, and she was put back on digitalis. In early childhood she had scarlet fever, which, I must tell you, often leaves heart disease as a sequel. In this case, the disease probably had its origin from the scarlet fever, and was intensified by the subsequent rheumatism. When we see individuals with delicate build the victims of heart disease, the presumptive evidence is in favor of its having had its origin in early life, before the system has become fully developed. She has now some icterus, which is probably due to the interference with the portal circulation. You can plainly see the pulsation in the arteries of the neck, as well as in various parts of the chest. The left side of the chest is a little fuller than the right, which is again evidence that the heart has become dilated before the ribs were thoroughly ossified, that is in early life. I feel a slight thrill, similar to the sensation experienced when you place your hand on the head of a purring cat. The area of cardiac dullness is greatly increased. There is no evidence of aortic dilatation. There is now heard a very distinct murmur, which it is somewhat difficult to locate, but I take it to be a systolic and a presystolic murmur, the first rough and the latter blowing, which is heard better away from the apex. Still we have other reasons for saying that we have here mitral constriction and incompetency. This is a very grave case; the prognosis is necessarily bad. While the general health is maintained, such a person may not suffer materially from the heart lesion, but some accident, or some intercurrent disease, as in this case the fall, may greatly intensify it. So that even where the heart trouble is apparently well sustained, we must be careful in venturing an opinion. This case demonstrates how long a comparative immunity may be enjoyed by victims of heart disease. The treatment is an exceedingly difficult problem. In this case we gave digitalis, in spite of the fact that hypertrophy was present, to overcome the weakness, and this it did most effectually. She is now taking muriatic acid for the icterus. She will be kept in bed, though we must be careful not to carry rest too far, or we may reduce the system, and thus defeat what we are trying to accomplish, namely, to keep up the general health. Moderate exercise is indicated.

Service of Dr. R. J. Levis.

Intracapsular Fracture of the Femur.

This old man tripped when going upstairs, and presents all the symptoms of intracapsular fracture of the neck of the femur. Senile changes take place in this bone that render it very easily fractured. These changes are not so much, as we are wont to suppose, in the relative quantities of earthy and animal ingredients, but in an attenuation of the outer portion of the bone, which leaves only the thin cancellous structure to withstand violence, and so the bone is fractured often by very trivial accidents. There is a general expres-

sion, so to speak, about a limb with an intracapsular fracture, that is very significant. The shortening is usually very slight, because the capsular ligament so encases the bone that it cannot be drawn up much unless this ligament is ruptured. Under great violence this does sometimes occur. If the shortening is great, you can be pretty sure that the fracture is outside of the capsule. It is of the utmost importance to make this distinction, because, with an intracapsular fracture, you can assure the patient that he will be more or less lame for the rest of his life, while an extracapsular fracture will heal as any ordinary fracture of the femur. The resident tells me that there is here a shortening of one inch, but I say that it is probably less than that. These measurements are fallacious, because even healthy legs are of different length. Dr. John B. Roberts first called attention to this anatomical peculiarity. He took to measuring limbs of patients in the out-department of this hospital, the residents and myself and he found great discrepancy in the length of the two limbs. I, myself, have one limb longer than the other. There is something significant in the position of a limb with an intracapsular fracture. The heel of the injured limb strikes the other sidewise; it fits in the hollow above the os calcis, which is due to the eversion of the limb. I have rotated this limb, and find that the trochanter moves with it, therefore I know that the fracture is above the trochanter. But we cannot so infer that it is a true intracapsular fracture; it may be a combination, partly within and partly without the capsule. Limitation of the arc of rotation is an important sign of intracapsular fracture. Occasionally we will be able to get crepitus, but generally to do so will require undue violence. Remember, that to get crepitus you must have a *fixed* bone on which a loose bone is made to move. Be careful what you promise in these fractures about the neck of the femur; remember, that in intracapsular fractures there will always be more or less lameness. Do not promise too much. There is not much to be done for these cases; but making some allowance for a possible error in diagnosis, and as conducing to the comfort of the patient, we should put on extension (six to eight pounds), as in ordinary fracture of the thigh. This will relieve muscular spasm, and with sand bags and rest in bed will constitute the treatment.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

Service of Dr. William Goodell.

Sterility.

You will frequently have women come to you, complaining, as this woman does, of sterility, expressing a desire to have children, and imploring you to do something for her. She has been married two years, and is anxious to conceive. She is not suffering from dysmenorrhœa. There are many intricate points in connection with this question of sterility. When dysmenorrhœa is present, there is no doubt that you ought to dilate; but when it is not present, will you dilate? Sometimes yes; for you must remember that in the act of conception, while there is an ejaculatory movement on the part of the male organ, there is a suction, an aspiration on the part of the uterus, and while a *crooked* organ may be able to expel its contents without giving rise to much trouble, it will not be so easy for it to aspirate the semen. But this is only one of our numerous perplexities. This woman's health is good. A common cause of sterility is gonorrhœa, the inflammation of which travels up the womb, along the Fallopian tube, and renders the covering of the ovary so thick and tense that the ovum cannot escape, or if it does get out, the fimbriated extremity of the tube is so agglutinated that it cannot grasp it. We have here a small, conical cervix, that of a woman who has never conceived, and who has never had chronic endometritis. The sound can be passed without trouble for three inches; the uterus is freely movable, there is no peritonitis. This uterus is too large for a woman who has had no children, and has not dysmenorrhœa. Next Wednesday I will dilate. I am not sure that stenosis is the cause, but will try this procedure. The immunity from conception enjoyed by prostitutes is due to the fact that usually, very early in their professional career, they contract gonorrhœa, which acts as I have explained. Another cause is that the ova may not be sufficiently healthy to be impregnated, which occurs not infrequently in women who are suffering from nervous prostration. Again, the absence of sexual pleasure is set down as a cause; some women who do not experience pleasure will conceive, but the absence of pleasure is rather damaging to conception. Some women are so fastidious that they will not admit that they experience pleasure; with a shame-faced modesty, they consider such admissions as common and vulgar. But it cannot be common when ordained by divinity, sanctioned by the most sacred usage, and hallowed by love.

Some years ago I had a very intelligent patient, who was sterile, and who was very anxious for children. She had dysmenorrhœa, and I dilated her womb; it was no use. I made various applications, all of no avail. She was under my care for two years, but she could not conceive. Finally, I heard that her husband was under the care of some quacks, and a thought occurring to me, I sent for him. He was a fine, hearty man, had perfect sexual passion, and was full of semen. I procured some of this fluid, and upon examination by three competent microscopes, not a single spermatozoon could be found. Here was a solution: the fault was with the husband, he was impotent. It transpired that when a young man he had gonorrhœa and epididymitis, and this had rendered him sterile. Such a condition may exist in the present case. As a rule, however, it is the woman who is at fault. Quacks will get a hold of such men and show them their semen without any spermatozoa, tell them they are impotent, promise a cure, and give some drugs. After a while, as came out in a trial in England, they will show them under the microscope some vinegar containing the vinegar eels, which they assure them is their semen, tell them they are well, and demand a large fee. It is repugnant, but it is wise, to examine the semen in these cases. Menorrhagia is a cause of sterility. The impregnated ovum, before it has secured a good hold in the uterus, is washed away by the next

menstrual flow, if it is excessive. Another cause is tissue-change in the uterus, brought about by long-continued dysmenorrhœa, whereby a proper decidua is not formed. The problem of sterility is a very difficult one to solve, unless we have dysmenorrhœa. It may be due to an absence of the ovaries, but in such cases we would have an infantile womb. Remember that a woman is a woman not because she has a uterus, but because she has ovaries.

Oophorectomy.

Here is a colored woman, 45 years old, who has had a miscarriage. She had pain before conception in the right ovarian region, and, as I say, she miscarried. One year ago her menses ceased. I gave her large doses of chloride of ammonium, bromide of ammonium, and tincture of the chloride of iron, which makes an excellent combination for enlarged ovaries. But it did no good in this case. I told her that the only alternative was an operation, and three weeks ago to-day, under antiseptic precautions, I removed the ovary. I have had entire union by first intention. To the naked eye, the removed ovary was not diseased, but the pain instantly vanished upon the operation, and has not recurred. She has, as you see, a great deal of nervous flatus. I wish I understood the nature of this process, for I do not. The theory of paralysis is not satisfactory for the instantaneous occurrence of this distention. I have seen enormous accumulations of air immediately produced by pressure on a tender spot. Before operating, we all took baths; the sponges were carbolized, and I used the spray. The dressing consisted of a glycerole of carbolic acid (1 to 8), and I now (lately) have dressed the wound with salicylated cotton. Oöphorectomy is performed too frequently. All pain in the ovarian region is referred to a diseased ovary, and the operation is performed without previously resorting to other measures. Recently a miserable woman was sent to me to have this operation performed. She was in the habit of taking eighty grains of morphia a week by hypodermic injection, and she was a constant sufferer. I gradually reduced the morphia, a turn of the screw on the syringe each day, substituting bromide and chloral. Soon the headache vanished. She gained six pounds in two weeks, and was cured without operation. A great many lives are sacrificed by this operation. In some cases it is imperatively called for, but it is performed much too frequently. I once saw a woman whose usual weight was two hundred pounds; she lost a hundred pounds through suffering. Her physician was becoming anxious, as he was being continually summoned to give hypodermics. I operated on this woman, and the pain disappeared on the day of the operation, never to return. But I waited, and did not operate until all other measures had been fairly and unavailingly tried. I wish to thoroughly disabuse your minds of the delusion that when the ovaries are removed a woman's nature is changed. This is very erroneous. If she is born without ovaries, or if they are removed before puberty, it is different. In Oriental countries, where eunuchs abound, the Coptic priests roughly remove the testicles and cut the penis off close to the abdomen with a razor. There is a dispute about the matter, but I think that they are devoid of sexual instincts. This operation is performed in their early youth; but if you castrate a full grown man, it will make no change in his sexual instincts. So it is with the woman; in fact, in one of my cases the desire was enhanced. Of course, it unsexes her as far as conception is concerned, but it does not change her nature. I cannot state positively about the eunuchs, though I have given you my impression. During my residence in the East, the opportunity was afforded me of settling this question, but I did not think of it. But, however, an Italian traveler takes the opposite view, and believes that their instincts remain the same. The Turks believe in the necessity of removing the penis, as, though, if the testicles are removed, instinct may cause an erection.

SERVICE OF DR. D. HAYES AGNEW.

Sarcoma.

Dr. Agnew presented to the class the young man from whose shoulder he removed a sarcoma (see REPORTER, last week). For twenty-four hours he was quite sick from shock, but he is now doing well; his general appearance is good, his temperature 99¼°, and he takes food well.

MEDICAL SOCIETIES.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, October 23, 1885, the president, Dr. Edward E. Montgomery, in the chair.

The first paper was

The Report of Two Cases of Abortion, with Special Reference to the Treatment of Adherent Secundines,

by Dr. Amy L. Barton.

Third month, 7, '85, I was called hastily to see A. J., a married woman, æt. about 30. The patient was pregnant about four months, had been suffering from moderate intermittent hemorrhage for twelve weeks. Twelve days before I was called there was an increased flow, with escape of the fœtus. A homœopathic physician was called in, who removed a portion of the placenta, and said that the remainder was adherent, but would do no harm while the hemorrhage was moderate—if it became violent to send for her; in the meantime the patient might go about as usual. About 1:30 p. m. of the day I was called the hemorrhage *did* become violent, and the doctor was sent for, only to learn that she had left the city, and would not return for a month. In the emergency I was called in, and reached the patient about 5:30 p. m. Found her exsanguinated; pulse 130; temperature not taken. Gave brandy by the mouth and hypodermically. Examination per vaginam revealed a patulous os uteri, through which the finger readily passed, and appreciated an adherent placenta. This was, with some little difficulty, removed, by means of the finger-nail passed forcibly between it and the uterine wall. At some points the adhesions were so firm that it was impossible to know where the placental tissue terminated and the muscular tissue commenced. Consequently, I was obliged to leave a very ragged surface, and I suspected that some shreds of pla-

centa remained. The exhaustion of the patient was so great that I did not wash out the uterine cavity immediately, as is my custom.

The next morning, temperature 99°, pulse 100. I now irrigated the uterine cavity with one pint of warm water, to which was added tinct. iodin. ʒj. This was repeated the next evening, forty-eight hours after the removal of the placenta. This last injection was followed by about ʒj of fresh blood. There had been no hemorrhage since the operation, and but little lochial discharge.

Third month, 9, '85. Temperature 101.8°, pulse 116.

Third month, 10, '85, a. m. Temperature 100°, pulse 112. Patient had a chill half an hour after the last intra-uterine injection, lasting half an hour, and followed by fever and perspiration, with abdominal pain. At this date (third month, 10), there was slight abdominal tenderness on the right side, tongue clean. I made an application of pure tinct. iodine to the uterine cavity, by means of cotton and dressing forceps, and left a pledget saturated with warm glycerine in the vagina. The mammary glands were painful, as the lacteal secretion had been established. Ordered quiniæ sulph., gr. ij, every four hours. At 4 p. m., temperature rose to 102.3°, pulse 112. Gave gr. ij quin. sulph. at bedtime.

The next morning (11th inst.), temperature 99°, pulse 98, above which point temperature did not rise afterwards.

I discharged the patient on the 17th inst. Temperature 98.8°, pulse 90.

Third month, 6, 1884, I saw for the first time F. W., æt. 30, married, mother of one child five years old. On entering the living-room of the house, I was met by my patient, a woman of slight figure, pale, emaciated, and tremulous, who was evidently scarcely able to stand alone, yet she was dressed and down-stairs. The peculiar pallor and pinched expression of the features suggested blood-poisoning. Temperature 102°, pulse 80. Abdomen tender and tympanitic. Proceeding to the history of the case, I learned that the prtient had had a miscarriage three weeks previously, preceded by moderate hemorrhage for three or four days. The family physician being called in, removed the contents of the uterus, after which the flow stopped, but the patient did not rally. According to her statement, she had fever, with pain and abdominal tenderness.

Becoming discouraged, she had discharged the attending physician one week before calling me. He then advised her to "get about" and she would probably regain her strength. This she had faithfully tried to do; being carried down stairs in the morning, she remained propped back in an easy chair, supported by pillows, until night, when her husband carried her back to her chamber. She, however, became worse. Vaginal examination disclosed great swelling and tenderness of the peri-uterine tissues; the vaginal roof being bulged downward, though no distinct fluctuation could be felt. Neither was there any discharge or odor from the cervix uteri, which was fixed and not patulous. While I suspected that a portion of the placenta had been retained and was the cause of the mischief, I did not deem it justifiable to explore the uterine cavity at this late date, since there was positive evidence of pelvic cellulitis. I ordered the patient to go to bed, to have hot vaginal douches, turpentine stupes, quinia and opium. The temperature fell irregularly until, on the 16th inst., it was 99.6°, with a pulse of 100. On the 17th, temperature 102° in the morning, pulse 106. 18th, a. m., temperature 100°, pulse 97. By the 21st inst. temperature had fallen to 99 4°, pulse 96. On the 22d, temperature went abruptly up to 102° again, pulse 106. So it fluctuated, going down to normal April 3, and varying from this to 102°, above which point it did not rise until May 3, when it reached 104°, pulse 120. During the greater part of the time there was persistent nausea and frequent vomiting, which greatly interfered with the administration of nourishment. Medicines had to be given by the rectum and hypodermically much of the time. The tympanites and abdominal pains were extreme, requiring hypodermic administration of morphia to give relief. Coincident with the rise of temperature, fifth month, 3, an enlargement appeared just below Poupart's ligament. It soon became apparent that an abscess was forming at this point, though no fluctuation could be detected either here or in the vaginal roof. In the course of a few days another point of suppuration appeared in Scarpa's triangle, evidently continuous with the first. On the 13th inst. fluctuation appearing, I opened the lower abscess and evacuated a small amount of pus. I then washed out the cavity with a solution of hydrarg. bichlor. 1 to 3 minims, and left a drainage tube *in situ*. At the time of the operation, temperature 100 6°, pulse 120. May 14, a. m., temperature 97.7°, pulse 100. 5.15 p. m., temperature 98.4°, pulse 86. Temperature fluctuated from normal to 100.4°, the point marked on the evening of May 21, after which I was unable to see the case, and Dr. Hanna T. Croasdale, kindly took charge of it for me.

From the time of lancing the abscess until it ceased to discharge, the cavity was irrigated, at first daily, and later at less frequent intervals, with the bichloride solution. The patient convalesced very slowly, and was not able to leave the city until the last of June, *four* months after I took charge of her, and *five* months after the miscarriage. She then went to Atlantic City and remained until late in the fall, when she returned looking well and in good flesh. She is still quite lame in the left limb.

The treatment from the first was supporting and stimulating, with opium as required to relieve pain, and gr. $\frac{1}{24}$ of bichloride of mercury three times a day, as long as the stomach could tolerate it. Local treatment consisted in hot fomentations, alternated with inunctions of mercurial and belladonna ointment, and hot vaginal douches. After attending this lady about two weeks, I asked for counsel, and the physician who was first in attendance was called in. He agreed with me that it was a case of septicæmia, due to retained placenta. He said that when he delivered the placenta he knew that he had left a piece of it in the uterine cavity, but thought it safer to let it remain and trust to nature to throw it off than to introduce his finger and thereby expose his patient to the danger of poisoning from without. In the management of this case the doctor is supported by many eminent in the profession;

though the tendency in later years is decidedly in favor of complete removal of the secundines. Yet so recently as in the September, 1885, number of the *American Journal of Obstetrics* there is an article by G. R. Southwick, of Boston, in which he advocates conservative treatment, unless urgent symptoms be present. He says: "There are few physicians who have not attended a case of abortion, with retained secundines, plugged the vagina, and on removing the plug a few hours later, found the secundines expelled behind it. This is, indeed, the rule; and is it not better than to make the patient undergo a painful operation, attended with a certain amount of risk? It sounds very easy to *read* that to remove the adherent placenta the uterus is to be pressed down in the pelvis with one hand externally, while the forefinger of the other enters the uterine cavity, passes up over one side of the placenta and down on the other, so as to hook it down and extract it from the uterus. As a rule, there is only partial separation, the blood-vessels are ruptured, the uterus cannot contract to advantage, and the hemorrhage is worse, or else a considerable amount of blood is lost before the object is accomplised." That the operation of detaching an adherent placenta with the finger is more difficult than it sounds, I freely admit, but I cannot agree with Dr. Southwick in believing that it is possible only in rare cases. If the parts are so rigid that the finger cannot be made to penetrate the uterine cavity sufficiently to reach the upper portion of the placenta, ætherization will overcome the difficulty in the majority of cases. If the placenta be removed entirely, I have always found the uterus to contract at once and thus stop all hemorrhage. This, I believe, is partially due to the irritation caused by the forcible detachment. The danger of contagion from without can be prevented by thoroughly irrigating the uterine cavity with hot water, 120°, containing some antiseptic. This is also one of the best hæmostatics.

I have not yet seen any bad results follow this form of treatment, but I have met with numerous examples of inflammatory reaction and blood-poisoning, resulting from expectant treatment.

In the discussion which followed the reading of the paper, Dr. Hanna T. Croasdale said that the more she saw of such cases the more fully was she convinced that as long as any portion of the placenta remained, *just so long* was the patient in danger of hemorrhage, or septicæmia, or both. She thought it easier in hospital practice to remove adherent secundines than in private practice; it is difficult to convince the laity of the necessity for removal, and they are apt to look upon the necessary manipulations as being productive of danger.

Dr. Collins considers that these cases come under the domain of antiseptic surgery. It is his object in attending a case where the secundines are adherent, to get rid of every fragment as soon as possible. He has always found this plan to succeed better than waiting. After removal of the secundines, he orders douches of hydrarg. bichlor. or potass permanganate. Septicæmia will take place when absorption occurs; try to leave nothing to be absorbed, and there will be no danger.

Dr. W. H. Warder said that, as a rule, he etherizes the patient and removes the placenta. In his early years of practice he sometimes left the secundines after abortion until the uterus threw them off; but after one or two unpleasant experiences, he has adopted the present plan. He had seen one case of retained placenta treated by having persulphate of iron thrown into the uterine cavity; in a few days contractions came on and the mass was expelled. He sometimes uses the uterine sonund, bending it so as to hook it over the mass. He generally introduces the speculum so as to expose the cervix uteri; then he dilates the os with forceps, and often the mass will be seen at the os and can be caught in the forceps and removed. Very often the mass can be removed by hooking the index-finger over it, the fundus being pressed low down into the pelvis with the other hand.

Dr. John B. Roberts said that he should be much less afraid of judicious manipulation giving trouble than of leaving tissue in the uterine cavity to decompose.

Dr. Edward E. Montgomery said that there were cases where a woman *supposed* she had had an abortion, and on examination the uterus would be found firmly contracted; to him it seemed hardly wise to resort to very severe measures in such cases. The uterus will hardly allow any *loose* body to remain in it without making some attempt to throw it off. His plan in such cases is to place the patient in Sims' position, clean out the vagina with bichloride solution, pack the cervix with cotton, then pack the vagina. This stimulates the uterus to contraction, and in that way the mass is expelled. Where the uterus is dilated, more active measures should be used.

Dr. R. Victoria Scott considers that we should have the idea of preventing septic poisoning before us in all of our obstetric work. At the American Gynecological Association an antiseptic pad was presented—a piece of cotton six or eight inches long by four inches wide, saturated with bichloride solution, 1 to 3,000; outside of this a piece of flannel; over all, oiled silk. This is put to the vulva as soon as the patient is delivered. In private practice it should be changed three times a day; more frequently in hospital practice. Dr. Southwick, of Boston, said that since this pad had been used in the General Hospital of that city there had been no cases of puerperal fever, and, indeed, scarcely any case with a rise of temperature on third day.

Dr. E. E. Montgomery said that the same pad had been used in the wards of the Philadelphia Hospital about a year ago. Puerperal fever had been epidemic there, but there were no cases during the time the pad was used.

Dr. Amy L. Barton, in closing the discussion, said that she could not understand how an antiseptic pad would prevent septicæmia, if the trouble were in the uterine cavity.

Dr. W. H. Warder then presented a specimen of

Cystic Tumor of the Ovary,

which had been removed the day before. The patient was 22 years of age. Menstruation commenced at the age of 17. The function had never been regular, occurring at intervals of three or four months, or even longer. When I saw her she had not menstruated for a year, and fou-

months before coming under my care she noticed a slight swelling in the right side. It increased rapidly in size, and on examination I found a solid, resistant tumor, reaching from the pubes to midway between the umbilicus and ensiform cartilage. On vaginal examination, the growth was apparently so adherent to the uterus that no separation could be felt between them. Douglas' cul-de-sac was entirely filled by a hard, firm mass. No fluctuation could be felt either there or over the abdomen. This fact led me to diagnosticate a *fibroid*, notwithstanding the fact that fibroids grow slowly, and that the growth of this tumor had been very rapid. The absence of the catamenia for a year seemed to indicate that the growth was ovarian, and that was my first thought. At the time of the operation the pearly white appearance of the "ovarian cyst" was seen as soon as the peritoneum was incised. The cyst was multilocular, innumerable small cysts being within the sac; indeed it looked as though every follicle in the ovary had undergone *cystic degeneration*. There were no adhesions between the sac and any of the abdominal or pelvic viscera. The patient has done well since the operation. Highest temperature, 99°.

In the discussion which this specimen brought up, Dr. John B. Roberts said there are two causes for the absence of fluctuation. 1. Daughter cysts filling the cavity of a larger cyst. 2. Thick gelatinous, or even serous fluid, filling a simple sac so tensely that the sac becomes hard, and fluctuation impossible. He had seen, in consultation, a case which, at first, he thought not to be an ovarian tumor, on account of a hard nodule in one part of the abdomen, in which no sense of fluctuation was present. The case really seemed more like a uterine fibroid, or carcinoma of omentum with ascites. Two weeks later another examination was made by him, and some of the fluid drawn off by aspiration, and the growth was then considered to be an ovarian cyst. Later, ovariotomy was performed by Dr. Roberts, and a multilocular cyst was removed. On that part corresponding to the location of the hard nodule there was a tensely-filled cyst containing a dense gelatinous fluid, which rendered the sac hard by reason of the greatly distended and tensely-filled cyst-walls.

Dr. Edward E. Montgomery said that this case would show the necessity of exploratory incision when in doubt as to diagnosis. He had seen the case with Dr. Warder, and fully appreciated the hard, firm tumor, and its apparent attachment to the uterus.

Dr. John B. Roberts stated that he had recently been requested to see, in consultation, a woman who had an abdominal enlargement. The history given was, that a number of months previously the abdomen had become distended, and gradually increased in size. On two occasions, however, it had become almost or quite normal in appearance after a severe watery diarrhœa, accompanied by great general prostration. After these attacks the abdomen had each time gradually become distended to about its former size. Vomiting occurred during one of the attacks of diarrhœa; and once after recovery a small mass could be felt in the left side of the abdomen. When the patient was visited by Dr. Roberts, she showed the ordinary evidence of a well-marked ovarian cyst, of moderate bulk, and operation was advised. Dr. Roberts expected to perform ovariotomy, or at least exploratory laparotomy, as soon as the patient had obtained the requisite courage. He mentioned another case with a similar history, concerning which he had been consulted by letter, but which he had never had an opportunity to examine personally. The experience of the members was asked regarding evacuation of ovarian cysts through spontaneous openings into the bowel, or into the abdominal wall.

Dr. Hanna T. Croasdale mentioned a case which has already been reported in full by Dr. Anna E. Broomall. The patient noticed that she did not regain her normal size after pregnancy. She became pregnant again, which fact was questioned; after delivery, the attending physician, Dr. Robinson, of Salem, N. J., diagnosticated a tumor, and recommended the patient to go to the Woman's Hospital, of Philadelphia. Shortly before her admission she took a cathartic, which induced large watery evacuations of a chocolate color, which caused a great diminution in the size of the tumor. On admission to the hospital, she complained of pain on the left side; on that side there was an enlargement, which became more apparent as emaciation progressed. At the autopsy, an ovarian cyst was found, the sac of which was adherent to the colon, and in the sac was some fæcal matter.

Dr. Anita E. Tyng reported a case of ovarian tumor on which she had operated; two days before the operation the patient had a profuse watery evacuation from the bowels, after which the abdomen flattened. At the operation a uniocular cyst was found, which was adherent to the whole colon; so *closely adherent* to the sigmoid flexure that separation was impossible. The patient died from the effects of the operation.

Dr. Tyng mentioned another case of tumor, diagnosed as ovarian, which the patient said discharged externally through the abdominal walls; after which, there was no visible tumor. The patient's health improved greatly after the discharge. The sac refilled and emptied in this way a number of times. The patient finally succumbed to the effects of the tumor.

Dr. Edward E. Montgomery some years ago saw a specimen of a cyst of the kidney which had formed a communication with the bowel, and would discharge its contents through the rectum. After an attack of severe watery diarrhœa, the cyst would become small, but would again refill. He also spoke of a case where the tumor discharged into the peritoneum, and the fluid was thrown off by the kidneys through the bladder.

Dr. A. Victoria Scott reported a case which had come to her with a tumor which had existed for eleven months, and had been diagnosed as pregnancy by another practitioner. Dr. Scott recognized a tumor, and used electricity. That night the patient discharged a great amount of fluid per rectum. The tumor disappeared, and has never returned.

Mary Willits, M. D.,
1527 *Green street.* *Reporting Secretary.*

—In the *Medical News*, December 5, Dr. R. A. Kinloch reports a case of urethral fever, and death from catheterism.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, November 11, 1885. John A. Wyeth, M. D., President, in the chair.

Death from Strangulation of Double Hernia of Very Large Size.

The President presented a part of the genito-urinary tract connected with the sac of a double hernia, the tumor having been about forty inches in diameter. The patient had had a hernia on the left side for seven years, which had recently reached a very considerable size, but it had not given him any trouble; it had not been reduced for a considerable period of time.

The hernia on the right side was of recent date, and was larger than the one on the left side. There had been no movement of the bowels for some days except a slight passage from the lower portion of the gut. There was no stercoraceous vomiting. It was too late for an operation, and nothing was done except to relieve pain. Death occurred two days after admission. The strangulated portion of the gut had ulcerated through. Dr. Wyeth had seen a similar case within the past year, but not of quite so large a size.

Myo-Carditis.

Dr. John C. Peters presented microscopical slides illustrating myo-carditis, which had existed in a man sixty-seven years of age, well-to-do, of abstemious habits, who, while not strong in appearance, had not had any serious illness for thirty years. He thought he had some malaria, having had chills and fever when young. In May last he had an attack of bronchitis; dyspnœa was marked; there was slight pulmonary œdema, most marked on the left side; there was albumen in the urine, but there had been none previously. The most marked feature of his illness was the extreme feebleness of heart-action. Dilatation of the right ventricle was diagnosed. Recovery took place slowly, and the patient went to Saratoga, where he had a relapse, and a second relapse occurred some days ago, which began with dyspnœa, and terminated fatally in ten days. There was albumen in the urine only during the time of the relapses. He understood there were also some casts. The autopsy showed acute bronchitis; there were pericardial adhesions. The left ventricle was most dilated, but not markedly so. There was interstitial myo-carditis. There was also diffuse interstitial nephritis, although the tubules seemed to be capable of performing their work efficiently.

Double Hydrocele at One Month of Age.

Dr. R. Van Santvoord presented a specimen illustrating double hydrocele in an infant which died in an asylum, aged two months. The hydrocele had been noticed when it was one month old.

Lupus Involving the Larynx.

Dr. Van Santvoord also presented the larynx of a boy who died aged fourteen years, there having been a lupus which destroyed the nose, upper lip, hard and soft plalate, part of the gums, mucous membrane of the lower lip, and which had invaded the larynx. The patient had been comparatively comfortable until five days before death, when severe headache developed, passing into delirium, coma, and death. It was found that the disease had extended from the necrotic sphenoid bone to the brain. The base of which was covered with a thick layer of lymph, as in basilar tubercular meningitis, but no signs of tubercle existed in any portion of the body. The examination for bacilli had not yet been completed.

Scirrhus of the Stomach and Tuberculosis of the Retro-Peritoneal Glands.

Dr. Louis Waldstein presented some microscopical specimens of a case of scirrhus cancer of the stomach and tuberculosis of the retro-peritoneal glands. The man had had pneumonia in the apex of the left lung. Two years ago symptoms developed which were considered those of intermittent fever. The physician who examined him found a tumor in the epigastric region which he called cancer of the stomach, although there had been no vomiting or other gastric symptoms pertaining to that disease. Later, several physicians who saw the patient in consultation, found intumescence in the abdomen which seemed to be continuous with the tumor in the stomach. The post mortem examination showed pulmonary tuberculosis, tuberculous degeneration in the retro-peritoneal glands, and scirrhus of the stomach, the absence of gastric symptoms could be accounted for by the fact that there was no ulceration of the mucous membrane.

Dr. Peters remarked that formerly it was thought that cancer and tuberculosis never occurred in the same subject.

The president said that now the two affections in the same patient were thought to retard one another's growth.

Necrotic Cystitis.

Dr. T. M. Prudden presented the bladder of a woman which illustrated necrotic cystitis just before the stage of exfoliation of the lining membrane. The patient had recently had paralysis on the right side of the body, which was due, as the autopsy showed, to a tumor occupying the left half of the pons; there was basilar meningitis and pachymeningitis purulenta of the petrous and sphenoid bones. The only bladder symptoms were albumen in the urine, and at one time difficulty in urination. The urine was not examined microscopically.

—M. Vallin has read, before the Société d'Hygiène, some interesting notes concerning the use of tobacco. Dr. Decaisne has, since 1864, made communications on the subject to the Académie des Sciences. Cardiac nicotinism is manifested by an intermittent pulse and a tendency to faint. Among a hundred tobacco-smokers, discontinuance of smoking sufficed to remove the disturbance. Another note treated of the abuse of tobacco among children from nine to fifteen years. They suffered from chloro-anæmia. Their blood contained less than the normal quantity of corpuscles. In the carotid arteries there was a blowing sound; they were dull, and inclined to indulge in strong drinks. Chloro-anæmia resulting from tobacco-smoking may provoke pulmonary phthisis. Women who smoke suffer more severely than men, the cardiac symptoms being more severe and more frequent.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Elements of Prognosis in Bright's Disease.

Dr. Austin Flint read a paper with this title before the Medical Society of the County of New York (*N. Y. Med. Jour.*, December 5). In the popular mind the name Bright's disease at the present time had a prophetic import not unlike that of a verdict of conviction after a trial for life. It was regarded as a hopelessly fatal malady. This prevailing impression reflected the views of the medical profession, that a fatal termination would invariably take place sooner or later. This view accorded with our pathological knowledge and clinical experience. But the scope of prognosis was not limited to recovery from the disease. A disease might involve more or less irremediable damage to important organs, but, after having progressed to a certain extent, the damage might not become greater, and the remaining healthy portion of the organs might be sufficient for all purposes of life and a perfect state of health. Again, a disease might be progressive, but so slow as not to be opposed to long life and general good health. But in chronic disease the danger to health might depend upon associated affections, or chronic disease might be tolerated, provided the conditions were favorable; otherwise it would prove fatal. Was the disease acute or chronic? Assuming the existence of acute Bright's disease, experience taught that, exclusive of the important concomitant affections, it did not end fatally as a rule, and did not result in any permanent renal lesion. In other words, the acute was not followed by the chronic disease; but exceptionally it ended fatally or in the chronic form. In some cases the acute disease was not marked; it continued for some time, and ended in recovery. Here he would substitute for the word acute, subacute. In some cases the question would arise, whether the disease was subacute or chronic; and the diagnosis could only be definitely settled in favor of the subacute form by the disappearance of every evidence of renal disease after some weeks, and the recovery of health.

The author then considered some of the elements of prognosis in cases of chronic Bright's disease. What were some of the conditions requisite for latency? 1. The kidneys must not be damaged beyond a certain degree. 2. The important organs of the body, other than the kidneys, must be capable of performing their respective functions satisfactorily. 3. The laws of health relating to alimentation, exercise, etc., must be observed. Suppose these conditions to be fulfilled, and a lesion of the kidneys to exist which diminished their functional ability one-half, and the disease was not progressive; life and health would be compatible with the existence of chronic Bright's disease for an indefinite period. In order that chronic Bright's disease should be well tolerated, the treatment should relate to accessory conditions required for bringing about toleration, those conditions relating to other organs of the body and to general hygiene. The kidneys in this condition were incapable of meeting an additional demand on their functions. Should the patient fail to observe the accessory conditions mentioned, the inefficiency of the kidneys would become manifest in headache, misty vision, nausea in the morning, impairment of the appetite, and general debility. Examine the urine in such a case, and evidence would be found of chronic Bright's disease which had probably existed for years, the progress of the renal affection at length rendering the organs incapable of performing their functions properly, which caused attention to be directed to the state of the kidneys. It was important, in determining whether the kidneys eliminated excrementitious matters sufficiently not to endanger the health, to make a thorough examination of the urine, not alone with regard to the presence of albumen and casts, but also as to the amount of urine eliminated daily, its specific gravity, and the proportion of the salts. The quantity of the urine might be increased while the specific gravity was so low as to involve great danger from uræmic toxæmia. Suppose the examination of the urine in a case of chronic Bright's disease showed renal adequacy; how should that fact influence the treatment? In this way, that diuretics, sudorifics and hydragogue cathartics, would not be indicated; indeed, inasmuch as their influence was debilitating and opposed to the accessory conditions for health just mentioned, they were contra-indicated. Was the degree of renal adequacy, as determined by an examination of the urine, reliable in judging of the absence of danger from toxæmia? This question was to be answered in the negative. In some cases of Bright's disease the quantity of the urine was decreased for a long period without serious consequences. The explanation lay in the fact that the excrementitious matter was eliminated vicariously, or its effects upon the system were counteracted by other agents. On the other hand, slight inadequacy, without vicarious elimination and counteracting agents, sometimes led to serious consequences. The prognosis after coma was always grave, yet we meet with cases repeatedly in which life was preserved for a long time. Of acute pulmonary œdema the same might be said as of uræmic coma. In his experience the most serious consequence of Bright's disease was dyspnœa, or renal asthma, apparently due to toxic effects upon the respiratory center. He had never known such a case to end in recovery, but he had known life to be prolonged for several years after dyspnœa from pulmonary œdema occurring in the course of chronic Bright's disease.

Recapitulating, Dr Flint said that subacute diffuse nephritis, having the same seat and characters as acute Bright's disease, exclusive of acuteness, occurred not only after scarlet fever and other fevers, but irrespective of these; and when it occurred as a primary affection, or in connection with other diseases, it was liable to be overlooked,

or, if recognized, to be mistaken for the chronic form. Further, acute or subacute diffuse nephritis not infrequently occurred as an intercurrent affection in the course of chronic Bright's disease, and rendered the prognosis temporarily more serious. The disappearance of symptoms and the presence of health did not necessarily indicate that the chronic disease was not still in existence. Again, a susceptibility to the causes of inflammation of the uriniferous tubules, irrespective of the existence of chronic Bright's disease, was to be recognized as an individual peculiarity.

Dr. G. L. Peabody said that from his limited experience he could corroborate all the conclusions drawn by Dr. Flint. He would emphasize the statement that Bright's disease of a serious character might remain latent for a great many years, in persons whose circumstances were such that no particular strain was put upon the vital organs. He very frequently found at post-mortem examinations evidences of advanced Bright's disease in people in whom it had not been suspected during life. It seemed to him also very important to calculate the extent to which the kidneys were performing their function of elimination, as Dr. Flint had suggested. It was natural, on finding albumen and casts in the urine, to make in our minds a grave prognosis, and perhaps find the prognosis not borne out by the facts But, with people who were obliged to expose themselves to hardships, Bright's disease might terminate fatally at almost any time.

Dr. E. G. Janeway had heard only a part of the paper, but said he would speak with regard to prognosis very much in the same strain in which Dr. Peabody had spoken. He had seen cases of chronic Bright's disease which seemed to warrant a prognosis of the gloomiest kind, yet, the patient's circumstances permitting of travel in the South during the winter, and of living according to prescribed rules, life had been prolonged many years. Again, we saw not infrequently an intermittent element in chronic Bright's disease—cases in which, for a considerable period, albumen and casts might be absent, and again present. The co-existence of rigid arteries, especially if there was marked hypertrophy of the left ventricle, rendered the prognosis more serious.

Dr. E. M. Moore, by invitation, discussed the paper, and asked how long any of the gentlemen had known acute or subacute Bright's disease, following scarlet fever, etc., to exist without becoming chronic.

Dr. Flint replied that the duration varied from two or three weeks to four or five weeks, perhaps sometimes longer. When the disease had existed a year it must be chronic.

Dr. Moore mentioned a case in which the symptoms of Bright's disease, as manifested in the urine, had existed at least a year, yet the patient recovered. He thought the period during which the symptoms of Bright's disease could exist and complete recovery take place was greater than was generally supposed.

An Obscure Case of Kidney Disease.

We have repeatedly stated that no examination of a patient is complete until the urine has been repeatedly and carefully examined. This is eminently true, for there is probably no class of cases so obscure in their manifestations as those of the kidney. To point this statement, we reproduce the following strikingly instructive case, which Dr. A. S. Gubb reports in the *Med. Press*, November 4:

Isaac C., a Russian, æt. 24, cane-worker, has been sixteen months in England, was quite well until six or seven months ago, since which time he has been gradually failing, and he has ultimately become unable to follow his employment. He has lost flesh and suffers from dyspepsia, with nausea, and this frequently to the extent of actually vomiting his meals. The vomiting, however, does not relieve the nausea. Patient is very emaciated, and walks with difficulty, owing to a want of power in his legs. A fortnight before admission he noticed for the first time pains in his legs, feet, and hands, on attempting to work; these pains are absent except on attempting movement, and are not apparently at any time really violent. There is no redness, swelling, nor tenderness of the joints complained of, and there is no pain in the shoulders or hips. Patient complains a good deal of insomnia, but says he does not dream, and does not suffer from headache.

He has never been ill until now, and has never had syphilis. He says he has always been a sober man. He smokes, but not to any extent. His father died of heart disease; his mother is still alive; no consumption in the family. His tongue is coated with a thin layer of white fur, and is tremulous; his skin is dry and scaly. He says he has been troubled now and again with pain in the epigastrium, but not just lately. The bowels are regular; pulse 80, regular; heart and lungs apparently normal. No swelling of the ankles, nor round the eyes. Complexion pale and sallow. There is a peculiar tremor on extending the arm or leg, increased on attempting voluntary movement; the tremor is coarse, and is not present when at rest. The patellar reflexes are brisk, and there is marked ankle clonus. Sensation appears normal. Patient says that he has no visual troubles. On ophthalmoscopic examination, the fundus in both eyes is seen to be normal. Patient while being examined had an attack, with some loss of consciousness and slight convulsive movements, from which, however, he readily came round on being shaken and spoken to. The urine is about normal in quantity, and is pale in color; sp. gr. 1015. Soon after admission, he had suppression of urine for thirty hours, followed by an abundant emission of pale, limpid urine, in which a minute trace of albumen was present. None was found either before or after this occasion in other specimens of urine. His temperature was normal or slightly below.

Patient gradually became thinner and weaker, until he was altogether unable even to sit up in bed for more than a few minutes at a time. He generally vomited his meals, no matter what was the nature of the food, and this occurred even when the patient was put exclusively on a milk diet. Predigestion of his food by means of Fairchild's pancreatic powders seemed to relieve this symptom for a time, but it soon returned. Cod-liver oil he was unable to take, but he managed to retain an emulsion of the oil with extract of malt (Kepler's), and this seemed to be attended with benefit to the patient.

At the end of two months' stay in the hospital, being dissatisfied with the progress of his case, he left at his own request, but was admitted ten days later, much the worse to all appearances, and somewhat feverish; and after lingering on for another month, becoming progressively more emaciated, but preserving his intelligence unimpaired, he died from sheer exhaustion. A fortnight before the fatal termination the sickness returned with renewed violence, and nothing seemed to check it.

Autopsy.—*Rigor mortis* well marked. Body extremely emaciated. Brain weighed 44 ounces, and its substance was firm and normal to naked eye examination. Cord removed, substance firm and apparently healthy. Heart 8¼ ounces, normal, valves healthy. Pancreas 3¾ ounces, normal. Liver 49¼ ounces, normal appearance on section. Kidneys—*right*, 3¼ ounces, small, red, and granular, cortex diminished, capsule adherent; *left*, 1½ ounces, contracted into a cyst, the only kidney substance remaining being a piece about the size of a hazelnut at the lower end. The ureters were markedly dilated and hypertrophied; the walls of the bladder were also hypertrophied. No trace of urethral stricture could be discovered. There was no evidence of disease in the chest.

The Difference in the Symptoms of Strangulated Oblique Inguinal Hernia.

Before the New York State Medical Association, Dr. Frederick Hyde read a paper with this title, in which the following were some of the principal points developed:

1. In proportion to the length of time an inguinal hernia existed would the symptoms and signs of strangulation be mild and chronic.

2. In a case of long-standing inguinal hernia, in which signs of stricture of the bowels were obscure, there not being evidence of total obstruction to the canal, often it was not safe to wait for fæcal regurgitation before deciding that strangulation existed.

3. When strangulation occurred at the first protrusion, the symptoms of strangulation would be found to be more marked.

4. If hiccough and fæcal vomiting existed from nearly the beginning of the symptoms, no time was to be lost; herniotomy should be performed at once.

5. If a swelling existed with symptoms of obstruction of the bowel, the patient complaining of severe pain in the abdomen, but of none in the tumor, and had hiccough, although there was absence of marked general disturbance, a fair trial of taxis should be made, and that failing to reduce the tumor, herniotomy should not be delayed.

This remark was based on an interesting case, the history of which Dr. Hyde gave in detail. No fæcal vomiting occured, no pain in the tumor even after taxis, but there was some pain in the abdomen, and hiccough. Because of the mildness of the symptoms, the consulting physicians delayed the operation more than twelve days, and when it was finally performed, the strangulation was found to have existed within the abdomen. The patient died.

6. If no strangulated portion were found within the external sac, the finger should be passed internally, and adhesions sought for in the neighborhood of the opening.

7. Too long a trial of taxis before dividing a stricture should be guarded against, as it prepares the way for the death of the patient after herniotomy.

8. After stercoraceous vomiting had set in, taxis should not be applied, but herniotomy should be performed at once, although the prognosis was unfavorable.

9. If after opening the sac the omentum was found smooth, and no intestine could be detected, the omentum should be opened to learn whether it may not contain a strangulated portion of intestine.

It was unfair to speak of herniotomy as a dangerous surgical operation *per se*. The danger attending the operation was due to the condition of the sac and its contents, and to taxis and delay in operating.

Dr. J. W. S. Gouley read some notes on the subject of Dr. Hyde's paper, in which he reached the following conclusions:

1. When doubt arises in the mind of the surgeon respecting the existence of strangulation of the intestine or omentum in case of incarcerated hernia, it is his duty to give the patient the benefit of the doubt by at once resorting to the operation of herniotomy.

2. Delay in relieving the strangulation is often fatal, while herniotomy in a case in which no strangulation exists is not usually harmful.

3. Medicinal treatment is often delusive, and local applications, such as opium, tobacco poultices, ice, etc., are in most cases worse than useless.

4. Persistent taxis is infinitely more dangerous than herniotomy, and such taxis, even when it is followed by reduction of the hernial protrusion, is often the cause of fatal peritonitis.

5. Another, though rare, effect of violent taxis is the reduction *en masse* of the hernia in its state of strangulation, and the result is but too well known.

6. As a general rule, two minutes of gentle taxis, the patient being in a hot bath, will settle the question as to the possibility of safely reducing the hernia.

7. Therefore, it may be said with propriety that the less taxis, the less ice, the less other topical applications, the less opium, the less general or special meddlesome interference, which often does serious injury to the intestine, the better the chances of recovery in the event of herniotomy.

This is particularly the case in femoral hernia.

I have abstained from incising the neck of the sac in femoral hernia, but have made divulsion by simply insinuating the index finger through the free opening made in the sac until it enters the abdominal cavity, and have had no trouble in effecting reduction of the intestine, the object of the procedure being to avoid division of the obturator artery should it be abnormally situated. I coincide with Dr. Hyde that herniotomy is not *per se* a dangerous operation. Dr. Gouley said further that if it seemed necessary in a case of inguinal hernia after herniotomy, he would open the abdominal cavity in order to relieve the strangulated intestine.

Extensive Deformity after Burn, Treated by Resection of Bone.

Dr. Arthur Neve thus writes in the *Lancet:*

"It may be considered a rule with scarcely an exception that cicatrices should never be touched by the knife." So says the writer in a well-known "System of Surgery," with whom most surgeons of experience will agree. Yet, probably, each one buys his own experience on this subject. The following case, surely almost unique in the extent of contraction, justified resort to exceptional measures:

A Kashmiri girl, of about ten years of age, was severely burnt in the arm three years ago. The burn must have extended over the whole anterior aspect of the arm, and have destroyed at the elbow not only the skin but the deeper tissues. When admitted to the Mission Hospital in August, 1884, her hand was fixed to the shoulder by a web of cicatricial tissue extending from about two inches below the acromion to the styloid process of the radius. There was a large ulcer over the elbow, which showed no signs of healing; the whole skin of the arm being very tense.

As no cure could be expected by mild measures, the following operation was performed. Through a vertical incision at the elbow, I cut the ligaments of the joint, stripped the periosteum from the lower three inches of the humerus, and removed that extent of the bone. The proximal four inches of both radius and ulna were then removed subperiosteally. The olecranon had been distorted, so that without excision of the joint the limb could not have been straightened, which was now, after division of the web, easily done. The ends of the humerus and ulna were fastened in proximity by a wire suture, and the incision closed. There was now left an ulcer at the incision and a wound 4 inches by 3 inches in area on the anterior aspect of the arm, to heal which abundant lax skin was now available. The operation was performed under the spray, and gauze dressings with iodoform were applied.

The deep incision healed at once; the healing of the ulcer was slow, but satisfactory, though at first the base of the ulcer was rather sloughy. In the course of five weeks, the elbow became firm, and to our great satisfaction, powers of flexion and extension, pronation and supination, began to be exhibited. She remained some time longer in the wards. The wire suture was removed. A new elbow-joint seemed to have been formed, with a range of movement of about 60°. There was slight recontraction, and, as I was absent in the Punjáb, nothing was done to remedy this. But the result was satisfactory beyond my anticipations; for at the time of operation the muscles were much atrophied, and the removal of the bones deprived many of them of their bony origins or insertions. The slow healing of the ulcer and general appearance of the arm satisfied me that none too much bone had been removed. The patient now has a useful and scarcely deformed limb, which I could have had no hope of obtaining in any other way.

Patients in this country will not submit to prolonged mechanical treatment. This has led me in five or six cases to try cutting and plastic operations, and with fair or good success. But in the more extensive contraction of limbs, removal of bone by shortening the limb seems to be the best treatment, as thus less extensive division of the cicatrix, tendons, etc., is required, while at the same time redundant skin is supplied. As far as I am aware, this case is unique, but its successful issue may encourage others to bolder measures in dealing with the distressing deformities after burns, which from time to time are met with in English as well as foreign practice.

A Case of Compound Epiphysial Diastasis.

Dr. R. W. Knox thus writes in the *Med. News*, December 5, 1885:

The following case is recorded on occount of its rarity, and to show that such an injury may be followed by a complete restoration of the parts:

Dean C., aged sixteen, while racing, received and injury from his horse falling upon him, causing considerable shock, and producing the following lesions, as discovered when brought in for examination.

Severe pain was complained of in the arm and shoulder, and upon removal of the coat the shaft of the humerus was found protruding through the skin for the distance of one inch over the outer and rather inferior aspect of the deltoid muscle. The extremity of the bone presented a transverse surface without spicula; comparatively smooth to the touch, as if released from cartilaginous union, and suggesting the diagnosis of epiphysial separation. The head of the humerus could not be reached with the finger, although the wound was sufficiently large to admit it (the shaft still protruding), but by external manipulation was found to be *in situ*.

Reduction was easy under chloroform. To overcome muscular action and keep the parts at rest, this apparatus was used: A splint of sheet zinc was prepared, extending from the axilla to the finger-tips. This was notched at the bend of of the elbow, made rectangular, and accurately fitted with padding to the inner side of the arm. A felt cap, notched to allow drainage from the wound, was applied to the shoulder, and both arm and forearm secured to the chest with a roller bandage.

The patient was of delicate build, with a malarial cachexia, and had recovered only a few months previous to the accident from a severe attack of pneumonia. No fever appeared until the fifth day, when the temperature arose to 105° F. in the evening, and continued with evening exacerbations until the tenth day, when the fever passed off, and the patient went slowly on to recovery. At the end of three months all splints were removed, and when last seen, six months from the date of his injury, the patient had every motion in his arm, and could use it as well as ever. Success is attributed to the complete rest enforced in the early stages of the treatment, together with the close-fitting and immovable character of the dressings; antisepsis and drainage were used for the wound.

The result in this case opposes the idea held bp many, that diastasis at this point is usually followed by vicious union or atrophy of the parts, on account of the injury done to the fibro-cartilage that separates the epiphysis from the shaft. One author says that "injured epiphyses are

prone to inflammation, going on frequently to suppuration, periostitis, and even osteomyelitis." Is it not possible that they have mistaken a joint injury for an epiphysitis? It would seem that cartilage, which has so little blood, would not be liable to be the starting-point of much inflammation. Certainly, if an injury to an epiphysis is fraught with such bad results when of a simple nature, how much more surely would this hold true when the injury is such as is described in the case above. However, in this case, with a compound separation, there is no appreciable difference in the size of the two arms, and only a scar remains to tell the tale that there was ever an injury.

A Note on the Use of Mistletoe as a Parturifacient.

Dr. G. V. Hale thus writes in the Texas *Courier-Record of Medicine:*

The writer has noticed of late but little mention of an agent which he believes promises much as a uterine stimulant in those slow cases of parturition, not less painful to the patient than embarrassing to the accoucheur, in which, after a considerable number of "hard," but fruitless pains, nature seems to have called a halt.

In three recent cases of this description, the writer has exhibited a fluid extract of mistletoe (*Phoradendron Flanescens*) prepared by Parke, Davis & Co., in doses of from twenty to forty minims, repeated at intervals of twenty minutes, with the happiest results.

In a recent case, occurring in a patient aged thirty seven years—fifth confinement—in which hard pains, simulating those of labor, had existed at long intervals for some two days, followed by a sudden gush of liquor amnii and then a complete cessation of any pains for two hours, an exhibition of this preparation in the manner indicated above, was followed in less than an hour by effective contractions, and the birth of a nine pound male child in less than two hours thereafter—the shortest labor ever experienced by the grateful patient.

There seems to be no contra-indication to its use at any stage of labor—other things being equal, of course—and it seems probable that we have in mistletoe a parturifacient not excelled, if equaled, by ergot or gossypium.

On Cholecystotomy.

The following corrected test of his conclusions on this operation have been sent us by Dr. A. C. Bernays, of St. Louis:

1. The causes which indicate an operative interference with the system of gall-vessels are:

a. Jaundice.

b. Paroxysmal pain, or a tumor in the right hypochondriac region.

c. Suppuration.

d. Peritonitis; these conditions to be either collectively or singly recognizable, the presumable origin being biliary calculi.

e. Malignant disease.

2. Explorative laparotomy must be preferred to acupuncture or aspiration as a diagnostic measure.

3. The incision in the linea alba is preferable when there is much doubt regarding the seat of obstruction, because the large ducts can be reached much better from this incision than from the incision parallel to the free border of the ribs.

4. The escape of bile through an abdominal fistula is not injurious to the process of normal digestion. The bile is an excretion, and probably of no more use in the intestinal canal than the urine in the bladder.

5. Jaundice, when caused by an obstruction of the common duct, is no contraindication to natural cholecystotomy. We may often save life by its early performance.

6. Cholecystotomy, natural and ideal, and cholecystectomy, are the three operations at our service; cholecystenterostomy may be useful, but it has not yet earned a place among approved surgical procedures.

7. Ideal cholecystotomy is indicated when the bladder is normal in structure and when the gall-ducts have been cleared of obstructing calculi.

8. Natural cholecystotomy is indicated when the bladder is ulcerated or suppurating, or when there are permanent obstructions beyond reach at the time of operation.

9. Cholecystectomy should be limited to cases of otherwise incurable or malignant disease of the gall-bladder.

Post-Mortem Albuminuria.

The *Med. Record*, December 5, 1885, says:

It has been found by MM. Vibert and Ogier that the urine drawn from the bladder of a cadaver is almost invariably albuminous, even when there was no lesion discoverable in any part of the uro-genital apparatus. It was noticed in their experiments, also, that the longer the time was since death occurred, and the less urine there was in bladder, the greater was the proportion of albumen contained in it. The source of the albumen in these cases was shown to be the mucous membrane of the bladder, for, when the bladder was removed from the cadaver, emptied of its contents and washed, and then filled with distilled water, this fluid was found in a short time to become markedly albuminous.

This is a point well worth bearing in mind in the examination of the bodies of those who have died suddenly. For the mere fact of there being albuminous urine in the bladder would be insufficient to base a diagnosis of renal disease upon, and should not be given weight unless corroborative pathological changes were also found in the kidneys.

Reviews and Book Notices.

BOOK NOTICES.

Psychiatry; A Clinical Treatise on Diseases of the Fore-brain. By Theodor Meynert, M. D., etc. Translated by B. Sachs, M. D. 8vo., pp. 278. Illustrated. New York, G. P. Putnam's Sons.

This learned work, carefully prepared and excellently translated, is a critical and exhaustive

review of the anatomy and physiology of the anterior portions of the brain, giving their structure, functions, and means of nutrition. The relations of the separate parts to the various processes of mental action are also considered and discussed so far as anything accurate is known about them, which is not very far.

The illustrations are numerous, accurately reproduced, neatly printed, and a number of them colored. The terminology adopted by the translator is that most familiar to the English student of cerebral anatomy, except where the Latin terms of the original seem to have the preference.

Some of the most interesting passages of the book are those in which the author discusses the question of heredity. Here he departs from the vague and, as he calls them "mystical" views which most writers have been content to adopt, and labors to define the anatomical peculiarities which, in his opinion, constitute predisposition or heredity. Here and elsewhere he displays a broad and vigorous grasp of the great problems which surround the study of cerebral function.

A Guide to the Practical Examination of the Urine. By James Tyson, M. D., etc. Fifth edition. 12mo., pp. 249. Philadelphia, P. Blakiston, Son & Co.

It has been no long time since we noticed the appearance of the former edition of this work, and its rapid sale proves that it meets the wants of physicians and students very well indeed. Every new edition appears after a conscientious revision by the author, and hence he keeps secure the favor of the medical public. In this edition he has introduced a discussion of the new and delicate tests for albumen, and other matters of equal interest in the examination of the renal secretion.

A Manual of Operative Surgery. By Lewis A. Stimson, M. D., etc. Second Edition. With 342 Illustrations. 8vo., pp. 526. Philadelphia: Lea Bros. & Co., 1885.

Now that the most of the regular treatises on surgery have grown, like Falstaff, if not out of all compass, at least out of all reasonable compass for manuals, such works as this are sure to find large popularity when carefully prepared. This is certainly the case with the volume of Dr. Stimson. It is judiciously condensed, omitting nothing of much importance, and embracing a very complete synopsis of the practical parts of surgery.

In the second edition he has given especial attention to the antiseptic management of wounds, to operations on the peritoneal membranes, and to recent modifications in the operations for the excisions of bones and joints. By these additions the text will be found to represent in an entirely satisfactory manner the views of the latest expressions of surgical science on its operative methods.

A Manual of Microscopical Technology. By Dr. Carl Friedländer. Translated by Stephen Yates Howell, M. D. Cloth, 8vo., pp. 249. New York: G. P. Putnam's Sons, 1885.

We had occasion not long since to notice another translation of Friedländer's work by a different hand, and issued by another house. Of course, the two translators were not aware of their labor on the same original, and we may regard it as a high compliment to the merits of that original that it was selected by two houses as a monograph sufficiently valuable to be translated and published in America.

Dr. Howell has not contented himself with making merely a correct rendering from the German, but has added a variety of new matter, elucidating the text of his author and adapting his directions more closely to the wants of American students. He has also availed himself of the second edition of the German, in which some important additions were inserted.

Facts and Mysteries of Spiritism, Learned by a Seven Years' Experience and Investigation. By Joseph Hartman. 8vo., cloth, pp. 378. Thomas W. Hartley & Co., Philadelphia.

These pages, nearly four hundred in number, are filled with what appears to us to be the muddled dreams of a person half-crazed on the subjects of Swedenborgianism and spiritualism. That such trash should be published is to us a surprising fact; that any will be found to read it, except for the purpose of studying a case of mental pathology, we cannot bring ourselves to believe.

The Physician's Visiting List for 1886. Lindsley & Blakiston, Philadelphia.

The Chemist's and Druggist's Diary for 1886. Published by the "Chemist and Druggist," London.

These two eminently useful and popular works appear with their usual excellent arrangement, suited to the classes to which they respectively appeal. In spite of the numerous rivals which have been issued by other firms they retain their hold, and each year gain a wider range of subscribers. The "Chemists' and Druggists' Diary" is largely made up of advertisements, and they are so well displayed and so varied that they are quite attractive reading.

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THE INTERNATIONAL CONGRESS.

We have received a circular containing the preliminary organization of the International Congress, which we publish elsewhere, and which looks very much as though the meeting was destined to be a great success.

In this connection, it seems to us to be our plain duty to call attention to and to censure in very severe terms the unpatriotic course that has been hitherto pursued by the two prominent weekly medical journals, that, we are almost ashamed to say, have made every effort in their power to doom the Congress to failure.

With remarkable persistency, that would call only for the highest praise were it expended in a worthy direction, the *Medical Record*, of New York, and the *Medical News*, of Philadelphia, have, by repeated editorials and by the republication of extracts unfavorable to the Congress from interested foreign journals (such as those published in Berlin, which city was the great rival of the United States at Copenhagen for the honor of the Congress in 1887), and their utmost endeavors to cultivate the seeds of discontent that had been cast abroad by the disappointed clique. The editor of the *Medical News* is one of this select circle, and it is with sorrow that we witness his exhibition of weakness in prostituting the great mission of medical journalism to the gratification of a jealous coterie. The *Medical Record* is the organ of the *New York circle*, and its great mission has been submerged by (to say the least) an exceedingly unpatriotic course.

How different in a similar situation would be, and indeed how dissimilar in the present case is the course pursued by the great, *independent* London weekly, the *Lancet;* this enormously influential journal, published in a country that would be perfectly excusable for hostility to an American Congress, has been much more loyal to our good name and our good fame than have our own journals. The scurrilous imputation has been made that the *Lancet* has been *bought* over, and as we write the words, we can see the smile that will illumine the face of Mr. Wakeley when he reads that any one could for a moment suppose that his

absolute independence, that has made his journal the most influential medical publication in the world, could be bought at any price. From the beginning, Mr. Wakeley's penetration enabled him to recognize the true inwardness of this revolt, and rightly reasoning that justice, truth, and journalistic independence were to be placed high above all personal aims, he has accorded to the Congress a hearty support.

That our visitors will not see men worth seeing, and hear men worth hearing, because some of the leading lights of our large cities will "*sulk in their tents*," is not true. We venture to say that the distinguished physicians of Europe would consider it well worth their while to have traveled many miles to have heard and seen McDowell, Atlee, or Jenner; to see and hear Koch and many others whose names we could mention who did not, when they became famous, belong to *city cliques*. It is not always those who themselves think so, who are the most worth hearing and seeing.

Besides, we are not so sure that these *shining lights* will not be found at the feast. It is a significant fact, that the two journals already alluded to have, for some little time, dropped their former aggressive form and stand only on the defensive, editorially noticing the Congress only when their policy in the past is attacked, and then lamely defending their course, and endeavoring ludicrously to gracefully retire from a position which they evidently regret. Now, that those who would have taken pleasure in ruining the Congress, realize that the fœtus has great vitality and gives ample promise of a vigorous maturity, they hesitate in their unpatriotic course, and since success always assures success, commence to think that they would like to do homage to its shrine, and since, with a commendable spirit, the present authorities seem inclined to extend the hand of fellowship to those among the revolters whose coöperation is universally desirable, we doubt not that the chasm will be bridged, and that we will all hereafter

"Live in peace,
And die in a pot of grease."

EARLY THORACENTESIS AND PARACENTESIS.

Two interesting articles were recently published on these subjects; one by Dr. D. Darbe in the *Arch. Général de Med.*, Sept., 1885, on Early Thoracentesis, and the other by Dr. S. Jessner, on Paracentesis, in the *Berl. Klin. Woch.*, 32, '85.

Dr. Darbe shows the value of early withdrawal of the fluid in cases of pleuritic effusions. He mentions a number of cases, where thus gradually a complete cure was established, for the remedies which are intended to stimulate absorption act much quicker and more certainly if the heart's action is not impeded, while the latter always occurs if the effusion has become large and encroaches upon the heart. He also found that if the operation was performed under aseptic precautions and with an aspirator, that empyema almost never develops, while it is the usual issue in chronic and neglected cases of pleuritic effusion. He never met with any accident, directly attributable to the operation, and lays stress on the fact, that in recent cases the pleura has not yet thickened, is not covered with a plastic layer, and not surrounded by so much tense and œdematous areolar tissue as in older cases, thus making the introduction of the aspirator needle a very easy task, while in chronic and old cases it sometimes seems impossible to penetrate with the needle into the pleural cavity.

Dr. Jessner is greatly in favor of early paracentesis in cases of ascites, and also recommends the gradual withdrawal of the fluid by an aspirator. Thus the system receives no shock; the organs can better accommodate themselves to the altered condition and the absorbing vessels more readily resume their labor. In cases of long-standing, where the operation had been postponed to the last moment, he invariably found a co-affection of the kidneys, in his opinion doubtless due to the pressure of the fluid upon the bladder, the ureters, and the kidneys. Then the heart always suffers in old cases; its burden is augmented by the large quantity of fluid in the peritoneal cavity and the pushing upwards of the diaphragm still more impedes its action, while the disturbance thus produced in the lungs and the alteration of the cir-

culation between lungs and heart, all tend to have the same result—to produce degeneration of the muscle of the heart, dilatation of its right ventricle, and as a natural consequence, great debility, which again in its turn make absorption, diaphoresis, and diuresis still more difficult. Cases of ascites, if early tapped and if necessary frequently, as the statistics show, have a longer duration, than those, not so treated, even if the organic cause be equally incurable in both.

Absorption is greatly assisted, and the kidneys are stimulated more readily, if before and during the aspiration of the fluid in cases of ascites, digitalis be administered in effective doses, and continued in smaller and less frequent doses, and, if needed, accompanied by other diuretics after the operation, and if while aspiration gradually empties the peritoneal cavity, a slowly increasing pressure by proper bandages be exerted upon the abdomen—best with an elastic abdominal supporter—measured to suit the case.

The two articles quoted evidently show a great experience and practical common sense, and every practitioner will find it to his interest to adopt the suggestions they contain.

THE CLIMATIC TREATMENT OF PULMONARY CONSUMPTION.

Apropos of our recent editorial on the prevention of consumption, we note that Dr. James C. Wilson recently read a paper before the Philadelphia County Medical Society on the subject of climatic treatment, and a discussion ensued which is most opportune at this season of the year when persons with "weak lungs" are contemplating their arrangements for the winter.

We are pleased to note that the profession are rapidly becoming less empirical and more inclined to consult the dictates of *common* sense (unfortunately the rarest of all senses) in their therapeutic procedures. It seemed to be the opinion of all who took part in the discussion that the day had gone by for sending the consumptive patient blindly off to this or that place, merely because it is *generally* recommended as possessing a climate suitable for consumptives.

It was strenuously urged (more especially by Dr. J. Solis Cohen) that we must make a special study of each individual case and recommend to each a climate, similar to that condition of affairs at home when the sufferer enjoys the greatest measure of health. To one, this means a warm climate; to another, a cold; to a third, a dry atmosphere; to a fourth, a salt atmosphere; to a fifth, the presence of emanations from pine forests; to a sixth, the mountains; to a seventh, the valley; and so on; that which suits each individual case must be ascertained, and such a locality being found, a *permanent* residence, and not a sojourn of but a few months, is to be urged wherever practicable. As we would all realize, did we but stop to think, the climate is not, by any means, the sole consideration. It is of the utmost importance that the food and associations must be of the best and most encouraging character; hence, we should have a good knowledge of the hotels, and other details of the places to which we recommend our patients. We cannot send them away *by routine*, we must consider each case separately.

For the benefit of those who cannot leave home, Dr. J. Solis Cohen exhibited an apparatus for and made some remarks on home climatic treatment. By means of this apparatus, which is practically a gasometer, the patient is made to inspire, at regular periods, a condensed atmosphere, which, acting mechanically, distends the intimate lung lobules, in which, ordinarily, there is no interchange of air and thus exercise them and cleans out foci of putrefaction and disease, for, as Dr. J. Solis Cohen remarked, the inhalation of condensed air is ofttimes the very best expectorant, clearing the quiescent lung of putrid and festering masses. To this air, as it passes through a bottle, various medicaments may be added, so that whatever may be the active therapeutic agent in any particular locality it may be brought home to the consumptive who cannot get away.

Great importance was attached to a system of gymnastics, such as we recommended in our last issue, and Dr. E. T. Bruen made what seemed to us as the very sensible suggestion that, after all, it was not so much the relative dryness or hu-

midity, or any special features in an atmosphere that rendered it valuable for consuptives, but that the great desideratum was an abundance of *pure* air, that is procurable in any of the counties surrounding Philadelphia. It has always seemed to us that the most practicable prophylaxis of phthisis is to be found in a suburban residence, combined with the methods of exercise we have already indicated.

ANNUAL REPORT OF THE SURGEON-GENERAL.

Instead of the usual thin pamphlet of twenty pages, or thereabouts, we have this year from the Surgeon-General a book of almost a hundred pages, with charts, special reports, and other such additional material.

The total command was a little over 24,000 men. The general health of the army during the year was quite good, the rate of admission for sick report being decidedly lower than that of the previous year and preceding decade, while the death-rate from all diseases showed an equally marked reduction. Admission for disease was also less frequent, the rate for the year being fully one-fifth lower than that for the previous year.

Of prevalent diseases, those of the respiratory tract took the lead; inflammation of the lungs being rather common, and indicating so high a mortality as one-fourth of the total number of cases. Typhoid fever, while not so common as the previous year, still remained quite above the average of the preceding decade, testifying to continued imperfect sanitary conditions.

Vaccination was carried out with regularity, with the result that there were only two cases of varioloid and not one of small-pox in the whole army during the year. In vaccination sometimes bovine sometimes humanized virus was used, and a table is given setting forth the results from each. From this it appears that both in vaccination and revaccination there were more successful cases, with fewer failures, in both primary and secondary vaccinations from the bovine virus.

The medical library is constantly increasing and growing in use by physicians from all parts of the country. At present it numbers nearly 96,000 books and pamphlets, and during the last year has added about 16,000 to its list.

The manuscript of the third medical volume of the *Medical and Surgical History of the War*, and the last of the series, is now well advanced toward completion; its earlier chapters are in the hands of the printer. The work will probably be ready for issue during the coming winter.

In the appendix to the report is given a list of the principal diseases which prevailed during the year; a table of deaths and discharges; and several special reports by medical officers on topics of interest. A series of diagrams indicates to the eye the relative frequency of various diseases during the several months of the year.

Notes and Comments.

Recurring Luxations.

A paper with this title was read before the New York State Medical Association by Dr. Edward M. Moore. That luxations were likely to recur, he would not attempt to prove, for it was a well-known fact. Recurrence of the luxation took place often as a result of violence, but of the action of different forces not connected with violence. Some replacements were maintained with great difficulty. Attention was then called to the tendency of recurrence of luxation in different joints, and to the manner of preventing this accident. To prevent recurrence of luxation in the clavicle, the elbow was thrown backward, and retained in that position by binding the hand to the side by means of adhesive plaster, or, what was better, by means of his figure 8 bandage, thus the scapula would be carried nearer the vertebral column.

Several interesting cases in which recurrence of luxation took place in the shoulder-joint were related, and the manner in which the accident was liable to occur was pointed out. His views with regard to luxation occurring in this joint were made clear by certain experiments which he had performed after removal of the flesh about the shoulder and bringing forces applied upon the arm and forearm to bear upon the ligamentous structures. His experiments illustrated incidentally how it was that in many cases of sprains or supposed injury to ligamentous filaments, the symptoms were as serious and more prolonged than

in fractures of bone, for, as was shown in these instances, the ligament gave way only by taking with it a portion of the bone to which it was attached. In luxations of the shoulder, either upon the dorsum of the scapula or into the axilla, examples could be met with in which maintenance of reduction would be found difficult. The manner in which the luxation took place was by gravity, allowing the arm to fall, especially if at the same time the arm was turned more or less forcibly outward. Touching upon recurrence of luxation at the hip-joint, the author cited an interesting case which had come under his observation, and had been reported with two others by Bigelow, in which a soldier acquired the tact of dislocating and replacing the head of the femur by a certain twisting motion of the body.

Nephrotomy for Total Suppression of Urine.

From the *Brit. Med. Jour.*, November 7, 1885, we learn that Mr. Clement Lucas performed an unique operation in Guy's Hospital on October 29. A woman, from whom he had removed the right kidney for total destruction of its secreting structure by large calculi and hydronephrosis, about four months ago, and who had made a rapid and complete recovery, was suddenly seized with great pain in the left kidney, followed by vomiting, headache, and suppression of urine. She passed urine last on Sunday morning, October 25, between 8 and 9 o'clock; and, from that time till the operation on Thursday afternoon, no urine passed, and vomiting was persistent. Her medical attendant, Mr. Atkins, of Sutton, correctly interpreting the meaning of her symptoms, placed himself in communication with Mr. Lucas, and the patient was brought to London on Wednesday, October 28. It was thought that the effect of diuretics in flushing the kidney might yet be tried whilst the patient was watched. These proved of no avail, and on Thursday afternoon, the patient having become drowsy and much weaker, Mr. Lucas cut down on the remaining kidney, and removed from the pelvis a conical calculus, measuring seven-eighths of an inch by one-half in its greater diameters. Total suppression had then lasted 102 hours. A free flow of urine took place at once through the wound, and the patient was relieved of her vomiting and drowsiness. Five days after the operation she was doing well and feeling comfortable. Mr. Lucas's case of nephrectomy performed on October 20 healed without suppuration or fever. The patient sat up for the first time on the eighth day, and is now convalescent.

The Latest Antipyretic.

Prof. Straup, in Vienna, while investigating the action of various salts of the Peruvian bark, discovered a short time since a new alkaloid, a base containing oxygen, and derived from para-oxychinolin. Iron chlorid, and other oxidizers, produce a green discoloration of the solutions of the salts of the new alkaloid, and the latter, of which the sulphate and the tartrate now are in commerce, received in consequence of this reaction the name of thallin. The sulphate as well as the tartrate were at once employed for clinical experiments, and their actions investigated. Dr. v. Jacksoh (*Vienna Med. Weekly Paper*, 8, 1885), and Dr. C. Alexander (*Allgem. Med. Centr. Zeit.*, February 11, 1885,) have since reported that the new alkaloid is one of the most powerful antipyretics known, very prompt in its action, and effectual in comparatively small doses. A dose of from four to five grains is sufficient to reduce the temperature by several degrees for three or four hours. According to the height of the fever, the number of degrees it is intended to reduce the temperature, and the time during which this action is desired to be maintained, the dose mentioned is administered every hour, two, three, or four times in succession.

Children and delicate persons take the remedy best in syrup. pruni Virginian. It is well to mention that the urine of patients under the effect of the drug, assumes a greenish color in small quantities, and in larger a brownish-yellowish hue; therefore the effect is similar to that of carbolic acid.

Cocaine-Poisoning from an Unusually Small Dose.

Dr. T. H. Burchard sends the following case to the *Medical Record*, December 5, 1885:

"A brief mention of the following case may serve to call the attention of the profession to the possible dangers incidental to the hypodermic injection of cocaine. I was recently called to remove a needle from the sole of the foot of a young man whose personal characteristics doubtless had much to do in precipitating a condition of things that were well nigh fatal. He was a tall, 'white-livered' youth of twenty-two years, standing six feet two inches, and weighing one hundred and twenty pounds. He was remarkably white—complexion, eyes, hair, etc. To deaden sensibility, I injected beneath the skin, close to the needle, *ten drops* of a four per cent. solution muriate of cocaine. In about four minutes my patient suddenly clutched his throat, exclaiming, 'I am dying,' and fell from his bed unconscious. Respira-

tion ceased, his jaw dropped, his eyes rolled upward, and to all appearances he was dead. His heart was beating very faintly, although his radial pulse was imperceptible. Although startled at this unlooked for state of affairs, I began artificial respiration at once, and injected, in the absence of anything better, several hypodermics of an aromatic smelling-salts that chanced to be in the room. Later, I injected, in two doses, a twelfth of a grain of sulphate of atropia. In addition to a sinapism over the heart, hot bottles and alcoholics, etc., were employed. Fifteen minutes after the catastrophe his pulse was about forty-eight, very feeble; respirations seven to eight; pupils *contracted*. Unconsciousness continued about twenty minutes. Afterward he convalesced nicely."

Medico-Legal Bearing of Pelvic Injuries in Women.

Before the New York State Medical Association, Dr. Ely Van de Warker, of Syracuse, read a paper with this title, in which he said that actions at law to recover damages for injuries sustained to the pelvic organs in women, were becoming quite frequent and involved large sums of money. They were usually brought against corporations, particularly cities and villages, and railroad companies. He cited three illustrative cases, by which it appeared that the facts of the case, could they be obtained by a thorough medical examination, were in favor of the defendant, but the verdict was likely to be in favor of the complainant. Some of the women attributed conscientiously, but erroneously, their symptoms to the injury sustained, but most of the cases were of a fraudulent nature. In all, perhaps, there would be found a history of previous pelvic inflammation, or affections which would fully account for the symptoms present. The impossibility of a fall of some nature, which was the usual accident in these cases, producing such concussion of the healthy uterus and pelvic organs as to cause permanent displacement of the womb, or swelling or pelvic inflammation and abscess was evident to the physician, but not to the simple juryman, whose sympathies were appealed to by a suffering woman standing before him, while the other party to the action was a heartless corporation with a supposed unlimited supply of money.

The Climatic Treatment of Phthisis.

A very true remark is made by Dr. Harold Williams, in the *Boston Med. and Surg. Jour.*, October 1, when speaking of climate, he says that *any change* is likely to prove beneficial to the phthisical patient, because the very change of surroundings, the emotions caused by new sights and associations is calculated to cause the whole body to functionate more healthfully. The variation in temperature is less at the sea-shore than in the mountains; the temperature is higher at the former, and is also purer, and therefore it seems to possess a preference over mountain air for the cure of consumptives; but these characteristics apply strictly to air *over* the sea, procured only by a sea-voyage of long duration, which for obvious reasons is often impossible. Dr. W. places very little reliance upon the meteorological conditions of the various resorts recommended, believing that what is called for is *pure* air, in a climate that will admit of abundance of out-door life, and he thus draws a picture of an ideal resort:

"An ideal health resort for this disease should be sparsely and newly settled. It should possess a pure water-supply and adequate drainage. It should be of a dry and porous soil, and should be favorably situated with respect to neighboring heights and marshes and prevailing winds. It should be equable in temperature, and should possess the maximum of pleasant weather. It should not be so hot as to be enervating, nor so cold as to prevent out-door exercise and proper ventilation of the houses. It should afford plenty of amusement; it should not be crowded with consumptives, and it should be sufficiently unfashionable as to admit of hygienic dress."

Cold Bandaging of the Leg in Insomnia.

The *Brit. Med. Jour.*, November 7, 1885, tells us that Dr. von Gellhorn has found the following plan very useful in inducing sleep in persons who suffer from insomnia. A piece of calico, about eighteen inches wide and two and three-quarter yards long, is rolled up like a bandage, and a third of it wrung out of cold water. The leg is then bandaged with this, the wet portions being carefully covered by several layers of the dry part, as well as by a layer of gutta-percha tissue, and a stocking drawn on over the whole. This causes dilatation of the vessels of the leg, thus diminishing the blood in the head and producing sleep. It has been found by Winternitz that the temperature in the external auditory meatus begins to fall a quarter of an hour after the application of the bandage; the decrease amounting to 0.4° Cent., and the normal not being again reached for from one and a half to two hours afterwards. The author has employed this means of procuring sleep for a couple of years, and finds it especially useful in cases where there is conges-

tion of the cerebral vessels. Sometimes he has found it necessary to reapply the bandage every three or four hours, as it dried.

Cocaine in Fractures and Dislocations.

Dr. John R. Conway reports several cases in the *N. Y. Med. Jour.*, December 5, one of which we give as a sample:

M. D., aged 40, a 'longshoreman, fell and received a Colles's fracture of the left radius on November 2. There was no displacement of the lower fragment, and the symptoms of fracture were somewhat obscure. There was a good deal of tenderness about the wrist. I injected ten minims of the four-per-cent. solution in two injections between the fragments on either side of the bone. The circulation was not checked, as the examination could be made rapidly, and prolonged anæsthesia was not necessary. After five minutes had elapsed I found the bone anæsthetized, and could rub the fragments together and get crepitus without causing any suffering.

In this case I had not injected the solution into the soft tissues over the fracture, and therefore found that they were not without sensation, for, although scraping the bones together caused no pain, extreme flexion or extension of the wrist was attended by uncomfortable sensations. The anæsthesia did not last more than ten minutes.

The Treatment of Dysentery.

Pus carried from the bowel in this disease to the liver is calculated to cause abscess of that organ, hence it is well that we know how to cure the disease. Dr. Thomas Buckler tells us that the following method (*Boston M. and S. Jour.*, October 1,) will accomplish the purpose: We must first give half an ounce of Rochelle, Epsom, or Glauber salts, and when this action is over, twenty drops of Sydenham's laudanum, eight of black drop, or one grain of powdered opium. If the tormina and tenesmus continue, repeat the dose. When there is a "bloody flux," five grains of powdered nux vomica will do the work. When there is paresis of the hepatic nerves, the stools mucous, with the color of hickory ashes, five grains of capsicum every three hours is called for. In false dysentery, where the stools are bloody but contain no mucus, patients recover rapidly under ten grains of bicarbonate of potassium every four hours, with lime or lemon juice. If the jaundice is deep, they may be given fifteen grains of benzoate of sodium with ten grains of extract of taraxacum, at bedtime.

Menstruation of American Women.

We know that Americans are a precocious set, and that Uncle Sam's descendants try hard to get ahead of the world, but we were scarcely prepared for Dr. Chadwick's statement before the American Gynecological Society, that after examining 4,000 cases he finds that American women menstruate earlier than those of other nationalities examined, and still further, that this function continues to a later age. These views were corroborated by Dr. Reynolds, of Boston. Surely nature has greatly blessed this country; it has not only stocked us with all its treasures, but has so altered our women, that they are able, if willing, to bring into the world even more children than their less fortunate sisters of monarchical countries, in order that we may the sooner populate our vast territory. Truly, we are a wonderful people; pass on; what next?

Hydronaphthol.

Dr. George R. Fowler thus concludes his lengthy paper on this article, in the *N. Y. Med. Jour.*, December 5:

"To summarize the results of my experience thus far with this compound I would state that: 1. It is an efficient and safe antiseptic and antiputrefactive agent. 2. This is accomplished in very dilute solutions; consequently it compares favorably in point of expense with carbolic acid, and it is especially as a substitute for the latter that its use is urged, not only on the score of cheapness, but of safety. 3. Its saturated solution is only of the strength of 1 to 1,100, and consequently no mistakes can occur in its use. In this strength of solution it is at least five times above its antiseptic limit, and yet is non-poisonous, non-corrosive, and generally speaking, non-irritant."

Puerperal Diphtheria.

As we can, in reality, have a gonorrhœa in the nose, so it seems we may have a diphtheria in the vagina. So, at least, Dr. Henry J. Garrigues, of New York, told the American Gynecological Society. He has treated twenty-seven cases where a true diphtheritic exudation (with constitutional symptoms sometimes endangering life) is found on some portion of the parturient canal. It will be well to remember this, and look out for it, when your puerperal patients present constitutional symptoms. The mortality in Dr. G.'s cases was 17.2 per cent. The well-told tale of cleanliness (otherwise called disinfection) is the prophylaxis, and the treatment must be energetic. The affected

parts are to be touched with a solution of equal parts of chloride of zinc and distilled water. Bichloride injections and suppositories of iodoform are indicated. Symptoms must be appropriately treated as they arise.

Tincture of Cobweb.

Dr. W. G. Macdonald sends to the *Med. Record*, December 5, the following formula for the preparation of tincture of cobweb, as desired by a correspondent: "A bunch of spider-web collected from a dark cellar, about the size of a large walnut, is put in about four ounces of whisky and allowed to macerate forty-eight hours, and then filtered. A teaspoonful is taken about four hours before the expected chill, and at hourly intervals, until four doses are taken, and then a dose before each meal and at bedtime, until all is taken." The web of a species of spider which inhabits dark places is supposed to possess the best medicinal properties.

Pelvic Hæmatocele: Its Diagnosis and Treatment.

Before the New York State Medical Association, Dr. W. W. Seymour read a paper on this subject, saying that a great many cases had occurred in his own and in his father's practice, going to show that pelvic hæmatocele was of much more frequent occurrence than was stated by most authorities. Speaking of treatment, he said that where there was a tendency to increase or to interfere with the function of neighboring organs, aspiration might give prompt relief. Aspiration failing, and suppuration taking place, he was disposed to make incision per vaginam, and irrigate.

Reduction of Temperature in Pneumonia.

Before the New york State Medical Association, Dr. Charles G. Stockton said that he thought the special manner in which the temperature should be lowered would depend upon the individual case; a single antipyretic would not answer in all cases of elevation of the temperature. He had sometimes used quinine and antipyrine successfully in the same case. Regarding antipyrine, he recommended its use in from fifteen to twenty-grain doses, repeated once in eight to twelve hours. When so used, it had never produced any toxic effects upon the heart, and it had the desired effect upon the temperature.

Fracture of the Astragalus.

This rare accident was reported to the Cambridge Medical Society recently by Professor Humphry. The diagnosis was easy as the condition was obvious, the astragalus projecting on the left side of the dorsum. After much difficulty the bone was reduced (under chloroform), and the leg put up in a splint. After a couple of weeks, however, the bone seemed to slip gradually out and cause a slough over its projection. He cut down on the bone and removed with forceps the projecting portion of the bone, and the patient made a good recovery.

Correspondence.

Bullet-wound of the Heart, the Patient Living over Four Days.*

Eds. Med. and Surg. Reporter:—

Mr. H. S., of this city, aged 28 years, suddenly becoming tired of life, decided to put an end to his existence with a pistol. Standing before a mirror, he took deliberate aim at the region of his heart, and discharged a "32 calibre" bullet into his person. He was immediately picked up in the condition of shock, and his wound dressed. This occurred at 9 o'clock a. m., of November 17. He remained in the condition of shock up to 10 p. m., of the same day, his pulse being 140 and exceedingly feeble, his surface covered with a cold, clammy sweat, pupils dilated, respiration shallow, etc. By the use of stimulants he began to rally, so that the next morning he had regained his consciousness. Pulse 120 and of more volume, his respiration varying from 24 to 30 or more. During the first 24 hours, his stomach retained nothing. Beef tea, brandy, and ammonia were given per rectum, and digitalis hypodermically, during this interval, but after this for two days his stomach retained food and medicine. After rallying, he began to expectorate blood and mucus, which he continued to do till he began to collapse on the fourth day. At times he would rally, and everything promised a speedy recovery. Then his vital tension would relax, and death appeared imminent. One of these attacks occurred Thursday night, the 19th, and another Friday night, the 20th. However, he rallied from these, and although comatose during the last twenty-four hours, he continued to live till 11 a. m., Saturday, November 21.

Post-mortem examination performed four hours after death. External examination showed the entrance of the bullet one and one half inches to the right and one inch above the left nipple, entering the thorax through the third intercostal space. The sternum removed, revealed a perforation in the anterior border of the left lung, about an inch from its edge, surrounded by several inches of pulmonic consolidation. Lifting this, showed the exposed surface of the pericardium in a thickened and highly-congested state, with two perforations, one in its antero left lateral surface and one further to the left and behind. The left pleural cavity contained three or four pints of

*For the report of this case I am indebted to Dr. L. E. Holmes, who treated the patient, and by whose courtesy I witnessed the autopsy.

partially clotted, but for the most part fluid, blood. Slitting up the pericardium, showed that it contained about two ounces of bloody serum and clots, the walls of the left side of the heart thickened, congested, and softened, and the track of the bullet transversely from before backward, through the left cardiac wall, but not entering the cavity. The track through the heart-wall was about two inches. The ball then passed through the superior lobe of the left lung, lodging in the muscles beneath the left scapula. The factors causing death in this instance were at least two, viz., shock and hemorrhage. The shock following any severe injury to the heart is necessarily great. Reference to reports of injuries to this organ will show that very few survive more than a few hours at most, yet there is one case reported in the *Medical and Surgical History of the War of the Rebellion*, part first, page 530, in which a private, aged forty-five, received a wound of the right auricle, the ball lodging in the cavity of the heart, and the patient surviving fourteen days. But in this case the ball entered the anterior mediastinum, not injuring the lung severely; and although he received other injuries, it is not recorded that he lost a great amount of blood, while in the present case, in addition to the severe shock caused by the wound of vital organs, was added the depression produced by loss of blood, which was great.

W. H. Dudley, M. D.

Butte City, Montana.

A Case of Exophthalmic Goitre.

Eds. Med. and Surg. Reporter:—

August 27, 1885, the following history was obtained from Mrs. F. S., housewife: Is 29 years of age. Was married in 1876; had one child. Her marital relations were of an unpleasant character, and the trouble finally culminated in the separation from the husband in 1879, since which time, in her efforts to support herself and child and maintain her position in society, she has been in a state of continual mental worry. In March, 1884, she suffered from an attack of laryngitis, and in April following, she noticed the right side of her neck enlarge to its present dimensions within one week's time. About two months after this, her attention was called by her associates to the prominence of her eyes. She then placed herself under the care of a physician, but only for a short time, and without definite results. In November, 1884, she was taken with a violent chill, which did not recur; it was followed by a rapid rise in temperature, but this soon subsided without treatment. It was on this day that she first noticed the palpitation of the heart. In regard to this she is positive, and the most careful inquiry failed to elicit any other statement. (I call especial attention to this, because the history of the disease shows that palpitation almost invariably precedes the goitre and exophthalmos.) During the next two months she was unable to perform her customary household duties, and during this period she observed that her menses were gradually decreasing in quantity and losing color; so much so that in January, 1885, she failed entirely to see her usual flow. Her weight at this time was 160 pounds, and her general condition so alarming that she again placed herself under the care of a physician. Her family history is excellent. Was formerly of great bodily vigor and endurance. Average weight, 200 pounds. She was treated until June, 1885, but during this time she had repeated attacks of apparently causeless and exhausting diarrhœa, and in April, after a slight fit of coughing, she spit up several mouthfuls of bright red, fresh-tasting blood, but has had no hæmoptysis since.

When seen by the writer in August last, her general appearance was one of great weakness. She was anæmic, appetite poor, sleep greatly disturbed, easily angered, and unable to take exercise or perform any physical labor whatever. Weight, 156 pounds. Bilateral exophthalmos marked; however, the consensual movements of the upper eyelid and the ocular globe still maintain their natural relations. The right lobe of the thyroid is considerably enlarged, over which a distinct bruit is heard. Breathing is decidedly labored and wheezy, most probably from pressure or congested laryngeal vessels, for a careful examination of the respiratory apparatus eliminates all pulmonary trouble. Palpitation quite evident, the pulse rate being 130. Heart very irritable, quickly responding to the slightest stimulus. No enlargement. No valvular lesion. Temperature 99.5°. Ordered $\frac{1}{30}$ of a grain of strychnia before meals, also

℞. Tinct. digitalis, gtts. x.
Tinct. ferri chlor., gtts. xv.

after meals. Was instructed to take gentle exercise daily, and to have an easily-digested but nutritious diet.

September 10. Begins to get some relief from palpitation. Appetite increased. Pulse 124. Strychnia continued. Digitalis and iron each increased five drops.

September 20. Digitalis not acting well on stomach. Tinct. aconite, gtts. jss., substituted.

October 14. Under exhibition of strychnia, aconite, and iron there seems to be positive improvement, though I note the amenorrhœa still persists. Pulse 120. Weight 168 pounds.

October 26. Is menstruating, the first time since December, 1884. Prominence of eyes lessened. Thyroid unchanged. Pulse 114.

November 14. Weight 172 pounds. Pulse 110.

November 28. Has just passed menstrual period. Nutrition excellent. Pulse 105. Weight 175 pounds.

The case now having been under observation may possibly throw some light on disputed points relative to the cause and treatment. In regard to the cause, the question is, substantially, whether a nervous predisposition must exist in order that emotion, fright, etc., may be effective as local exciting causes, or whether the local exciting causes may produce the morbid condition and all its concomitant symptoms. The view is maintained that in this case the mental worry was causative without any predisposition, and many authors could be quoted in substantiation thereof, who agree in assigning mental emotion a prominent causal relation to exophthalmic goitre.

In regard to treatment, one distinguished author maintains that arterial sedatives have little

or no effect, and that relief must be obtained from local and general tonics—quinine, iron, electricity, etc. However, here the aconite has certainly exercised an inhibitory power on the pulse-rate, lowering it permanently thirty beats and greatly lessening the heart's irritability. It remains to be seen whether the improvement noted above is permanent.

FRANK B. DAY, M. D.

Franklin, Ind.

NEWS AND MISCELLANY.

Preliminary Organization of the Ninth International Medical Congress.

President of the Congress—Austin Flint, M. D., LL. D., New York.

Vice Presidents of the Congress—W. O. Baldwin, M. D., Montgomery, Alabama; Wm. Brodie, M. D., Detroit, Michigan; W. W. Dawson, M. D., Cincinniti, Ohio; E. M. Moore, M. D., Rochester, N. Y.; Tobias G. Richardson, M. D., New Orleans, Louisiana; L. A. Sayre, M. D., New York, N. Y.; J. M. Toner, M. D., Washington, D. C.; the President of the American Medical Association; the Surgeon General of the United States Army; the Surgeon-General of the United States Navy; the Supervising Surgeon-General of the United States Marine Hospital Service.

Secretary-General of the Congress—Nathan S. Davis, M. D., LL. D., Chicago, Illinois.

Associate Secretary-General—Frederic S. Dennis, M. D., New York, N. Y.

Treasurer of the Congress—E. S. F. Arnold, M. D., New York.

Chairman of the Finance Committee—Richard J. Dunglison, M. D., Philadelphia.

Executive Committee of the Congress—Henry H. Smith, M. D., Philadelphia, chairman; Austin Flint, M. D. LL. D., E. S. F. Arnold, M. D., Richard J. Dunglison, M. D., Wm. T. Briggs, M. D., Wm. H. Pancoast, M. D., A. W. Calhoun, M. D., A. R. Robinson, M. D., Henry O. Marcy, M. D., Jonathan Taft, M. D., Nathan S. Davis, M. D., LL. D., Frederic S. Dennis, M. D., Abram B. Arnold, M. D., De Laskie Miller, M. D., F. H. Terrill, M. D., J. Lewis Smith, M. D., Samuel J. Jones, M. D., LL. D., Joseph Jones, M. D., John P. Gray, M. D., LD. D.

Local Reception Committee—A. Y. P. Garnett, M. D., Washington, D. C., chairman; the Surgeon-General of the United States Army, the Supervising Surgeon-General of the United States Marine Hospital Service, C. H. A. Kleinschmidt, M. D., J. M. Toner, M. D., the Surgeon-General of the United States Navy, J. H. Baxter, M. D., United States Army, N. S. Lincoln, M. D., with power to increase the number of its members.

RULES.

1. The Congress shall consist of members of the regular profession of medicine, who shall have inscribed their names on the register, and shall have taken out their tickets of admission; and of such other scientific men as the Executive Committee of the Congress may see fit to admit.

2. The dues for members of the Congress shall be ten dollars each for members residing in the United States.

There shall be no dues for members residing in foreign countries.

Each member of the Congress shall be entitled to receive a copy of the "Transactions" for 1887.

3. The Congress shall be divided as follows, into seventeen Sections:

I. General Medicine.
II. General Surgery.
III. Military and Naval Surgery.
IV. Obstetrics.
V. Gynecology.
VI. Therapeutics and Materia Medica.
VII. Anatomy.
VIII. Physiology.
IX. Pathology.
X. Diseases of Children.
XI. Ophthalmology.
XII. Otology and Laryngology.
XIII. Dermatology and Syphilis.
XIV. Public and International Hygiene.
XV. Collective Investigation, Nomenclature, Vital Statistics, and Climatology.
XVI. Psychological Medicine and Diseases of the Nervous System.
XVII. Dental and Oral Surgery.

4. The General Meetings of the Congress shall be for the transaction of business, and for addresses and communications of general scientific interest.

5. Questions and topics that have been agreed upon for discussion in the Sections shall be introduced by members previously designated by the titular officers of each Section. Members who shall have been appointed to open discussions shall present in advance statements of the conclusions which they have formed as a basis for debate.

6. Brief abstracts of papers to be read in the Sections shall be sent to the Secretaries of the proper Sections on or before April 30, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress.

Papers relating to topics not included in the lists of subjects proposed by the Officers of the Sections may be accepted after April 30, 1887; and any member wishing to introduce a topic not on the regular lists of subjects for discussion, shall give notice of the same to the Secretary-General at least twenty-one days before the opening of the Congress, and such notices shall be promptly transmitted by the Secretary-General to the Presidents of the proper Sections. The titular officers of each Section shall decide as to the acceptance of such proposed communications, and the time for their presentation.

7. All formal addresses, scientific communications and papers presented, and scientific discussions held at the General Meetings of the Congress, shall be promptly given in writing to the Secretary-General; and all papers presented and discussions held at the meetings of the Sections shall be promptly given in writing to the Secretaries of the proper Sections.

No communication shall be received which has already been published or read before a society.

The Executive Committee, after the final adjournment of the Congress, shall direct the edit-

ing and the publication of its "Transactions," and shall have full power to publish the papers presented and the discussions held thereon, either in full, in part, or in abstract, as in the judgment of the Committee may be deemed best.

8. The official languages of the Congress shall be English, French, and German.

In the meetings of the Sections, no member shall be allowed to speak for more than ten minutes, with the exceptions of the readers of papers and those who introduce subjects for discussion, who may each occupy twenty minutes.

9. The rules and programmes shall be published in English, French, and German.

Each paper and address shall be printed in the "Transactions" in the language in which it was presented, and preliminary abstracts of papers and addresses also shall be printed, each in the language in which it is to be delivered.

All discussions shall be printed in English.

10. The President of the Congress, the Secretary General, the Treasurer, the Chairman of the Finance Committee, and the Presidents of the Sections, shall together constitute an Executive Committee of the Congress, which Committee shall direct the business of the Congress, shall authorize all expenditures for the immediate purposes of the Congress, shall supervise and audit the accounts of the Treasurer, and shall fill all vacancies in the offices of the Congress and of the Sections. This Committee shall have power to add to its membership, but the total number of members shall not exceed thirty. A number equal to one-third of the members of the Committee shall constitute a quorum for the transaction of business.

11. The officers of the Congress shall be a President, Vice-Presidents, a Secretary-General, four Associate Secretaries, one of whom shall be the French Secretary, and one of whom shall be the German Secretary, a Treasurer, and the Chairman of the Finance Committee.

12. The officers of each Section shall be a President, Vice-Presidents, Secretaries, and a Council.

13. The officers of the Congress and the officers of the Sections shall be nominated to the Congress at the opening of its first session.

14. The Executive Committee shall, at some convenient time before the meeting of the Congress, prepare a list of foreign Vice-Presidents of the Congress and foreign Vice-Presidents of the Sections, to be nominated to the Congress at the opening of its first session.

15. There shall be a Standing Committee on Finance, composed of one representative from each State and Territory, the District of Columbia, the Medical Department of the Army, the Medical Department of the Navy, and the Marine Hospital Service.

The Chairman of the Finance Committee shall report to the Executive Committee of the Congress.

Each member of the Finance Committee shall appoint a local Finance Committee for his State, Territory, District, or Government Department, consisting of one or more members from each Government Department or Congressional District.

Each local Finance Committee shall report through its Chairman to the Chairman of the Finance Committee of the Congress.

The Presidents, Vice-Presidents, Secretaries, and Members of Council for each Section will be given in the full programme, to be published at a later period in the progress of the work.

The Executive Committee cordially invites members of the Medical Profession and men eminent in the Sciences collateral to Medicine, in all countries, to participate in the International Medical Congress of 1887.

Communications and questions relating to the business of the Congress should be addressed to Dr. N. S. Davis, Secretary-General, 65 Randolph street, Chicago, Illinois.

By order of the Executive Committee of the Congress.

NATHAN S. DAVIS,
Secretary General.

The Millionaire Killed by Work.

At the regular lecture to the students of the College of Physicians and Surgeons, in New York, recently, Dr. J. W. McLane, physician of the Vanderbilt family, said that Mr. Vanderbilt died from overwork. He added: "Mr. Vanderbilt was possessed of an excellent constitution, a fine physique and great muscular power. He should have lived with these advantages many years longer. Since his father's death—eight years ago—he has lived, measuring by work and care, fully twenty. This laid the foundation of arterial changes which resulted in the rupture of a large vessel in the brain. He was not without warning. He often asked me if he would be taken off suddenly, and I replied, 'yes.' The duty of a physician is not so much to give drugs for the cure of present ills as to prevent the occurrence by proper advice tending toward the regulation of the mode of life. Most railroad men have shortened their lives by either not having proper advice in this respect or by not heeding it."

Toxic Action of Cocaine.

Dr. Ziem, of Dantzic, has communicated to the *Allgemeine Medicinische Central-Zeitung* the notes of a case, in which he applied two drops of a four per cent. solution of cocaine to the eye of a man, aged forty. In a few minutes, after the pupils had become dilated, the patient's face became pale, sweat broke out on his forehead, and his breathing became embarrassed. Dr. Ziem at once loosened his clothes and opened the window, but it was a quarter of an hour before he could return home. The man's wife said that he had not previously had syncope. He was of intemperate habits, and some years ago had been treated for disturbances of motor power in the lower limbs, apparently connected with syphilis. Dr. Ziem says that seventeen cases have been recorded in ophthalmological literature in which toxic effects followed the use of cocaine. In three it was injected hypodermically, and in fourteen dropped into the conjunctival sac. The cases have been described by Peck (1), Mayerhausen (1), Stevens (1), Reich (2), Knapp (3), Heuse (4), and Bellarminoff (5). In some cases the symptoms have been transient, consisting of pallor of the face, giddiness, and sweating of the face or neck; in others, there have been dyspnœa, great feeling of prostration, malaise, and apathy, last-

ing sometimes for several days. Vomiting and headache have been rarely present. In one case, the application of fifteen drops of a two per cent. solution to the conjunctiva was followed by tottering gait, difficulty of speech, confusion of the mind, and extraordinary restlessness; and, in another, the subconjunctival injection of about eight drops of a 3.5 per cent. solution produced convulsions and loss of consciousness. The strength of the solution used was four per cent. in eight cases, 2.5 per cent. in four, and two per cent. in three or four others. The quantity generally varied from two to four drops. The subjects were, in some cases, feeble aged women; in others, they were strong and healthy individuals both male and female.

Fear and Hydrophobia.

The *Lancet* says: "It is well recognized that fear or nervous apprehension can induce a fatal disease having nearly, if not all, the characters of hydrophobia. But it is not true to assert that hydrophobia is always brought on by the mental anxiety that a dog-bite not infrequently occasions. We make these plain assertions because some of our weekly contemporaries have thought fit to regard the 'hydrophobic panic,' as they call it, as unwarranted and mischievous in its working. Certainly anything like a *panic* is to be repressed, and on no occasion in life can a 'panic' benefit, though it may harm, a community. Hydrophobia is a nervous disease, but it has a material cause, a poison, which is most likely a 'germ' or microorganism. It is a curious fact that birds, even when inoculated with the poison of rabies, do not suffer from the disease. We have frequently mentioned the fact that some individuals appear to enjoy, with birds and other animals, the same kind of immunity. Whether it is those persons who are not given to fear or nervous apprehension who always escape hydrophobia, even though bitten by a rabid dog, we are not in a position to state. But nothing can be more detrimental to a bitten individual than to brood over his misfortune, or make himself miserable by learning all the symptoms of hydrophobia."

Malignant Scarlet Fever in Jersey City.

Malignant scarlet fever has broken out in school No. 15, at Marion, the extreme western part of Jersey City, and threatens to spread throughout the entire city. Five children of Joseph Hanley, of Meade avenue, have died from the disease. The children attended the school regularly. The fever was at first thought to have been caused by the dumping of offal at a point a short distance from the Hanley residence, but the spot was visited by Health Inspector Benjamin, who reported that there has been no dumping there in six weeks, and that the true cause of the disease is the filthy condition of school No. 15.

Four Cases Sent to Pasteur for Inoculation.

Four little children have been sent to Pasteur for inoculation with the virus of hydrophobia, they having been bitten by mad dogs in Newark, New Jersey. They sailed last week in the "Canada" in charge of Dr. Billings. The *Medical News* says that considerable rivalry seems to be manifested in the desire to manage the expedition, Mr. Carnegie, who founded the Bellevue Hospital Pathological Museum, having offered to defray all the expenses, provided Dr. Biggs, of that institution, be permitted to engineer the enterprise.

Items.

—The Springfield, Mass., *Republican* is credited with the story of a Vermont woman who, having occasion to travel on a Montreal train, determined to outwit the sanitary inspector by making him think that she had been recently vaccinated. Accordingly, she sewed a button to the inner side of her sleeve, at the usual site of vaccination, and, when the inspector asked her to show her arm, answered that it was not necessary, for he could "feel the scab." The device is said to have succeeded.

—The cholera is reported to have disappeared entirely from Spain. No new cases are reported since about November 1. The Secretary of the National Board of Health gives as the total result of the cholera epidemic in Spain, up to October 21, 273,549 cases, and 101,346 deaths, being a mortality of thirty-seven+ per cent. In Italy, up to October 19, there had been 1,370 cases (mostly in Palermo), and 627 deaths, being a mortality of fifty per cent.

—In the treatment of cicatrices of the face, particularly of the lower jaw, all unsightly scars may be avoided by using a dressing of perchloride of iron, ʒj.; collodion, ʒij. Let the cicatrix be cut clear off and the dressing applied every day, and a barely perceptible line will be the result.

—A son of Meissonier, the celebrated painter, was terribly bitten, December 13, 1885, by a rabid mastiff in his father's garden. The victim was immediately sent to Pasteur for treatment. The latter declares that the patient's recovery is certain.

—In the *Boston Medical and Surgical Journal*, November 26, Dr. F. S. Watson relates a case of stricture of both ureters, double hydronephrosis, left lumbar nephrotomy. Death from uræmia forty-eight hours after operation.

—John Heinz and family, of Sharon, were dangerously poisoned recently with bread made from flour which is supposed to have had belladonna mixed with it before grinding.

—Typhoid fever is said to be unusually prevalent in certain portions of Brooklyn, the special cause for which does not seem to have been distinctly determined.

—The German imperial government has ordered the establishment of chairs for hygiene and bacteriology at all universities of the empire.

QUERIES AND REPLIES.

EDS. MED. AND SURG. REPORTER:

Will you please give, under head of "Queries," a formula for the best vehicle for administering potassa permanganate, and oblige a SUBSCRIBER.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1504.] PHILADELPHIA, DECEMBER 26, 1885. [Vol. LIII.—No. 26.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

BRIGHT'S DISEASE.

BY JOSEPH F. EDWARDS, M. D.,
Of Philadelphia

It is not my purpose in this brief communication to discuss the symptoms, pathology, or treatment of Bright's disease, but to take advantage of the wide circulation of this journal to urge upon physicians the great importance of always making careful examinations of the urine in nearly all cases that come before them.

I would make the broad statement that an examination that does not include both microscopical and chemical examination of the urine is faulty, and that a diagnosis and prognosis made without a clear knowledge of the condition of the kidneys as revealed by the urine, will, in many instances, be faulty, while the prognosis will oftimes be set at naught by the sudden and perhaps fatal development of a disease of the kidneys that has been overlooked.

The very great prevalence of Bright's disease has become well known, even to the non-professional public, but the remarkably insidious nature of the disease has not been, and is not sufficiently recognized by the profession. That it is of the utmost importance that the disease should be recognized early in its course, is evident, when we realize that it is *absolutely curable* when taken in its early stages, and that even when well advanced, life can be indefinitely prolonged by a proper combination of therapeutic and hygienic measures. I have had an immense experience, and a sad one, in connection with this disease in my own family, and I know whereof I write, when I speak of the extremely insidious nature of Bright's disease. I could cite innumerable cases, where the symptoms, calling the patient's attention to a departure from health, were no greater than in the following case, where, for seven or eight years, obstinate dyspepsia was absolutely the only symptom complained of. Had the first physician made a careful examination of this patient's urine, the *true cause* for the dyspepsia would have been found *in time to cure it*, and this young man, who left an interesting family, would have been alive to-day. From one physician to another he went, deriving no relief to his dyspepsia, until two short weeks before his death, a swelling of the eyelids called attention to his kidneys when it was too late. I have always felt that this valuable life was sacrificed to the carelessness of his physicians, for to repeat, that I may render it more impressive, no examination that does not include a thorough and careful examination (microscopically and chemically) of the urine has been properly and conscientiously made, and those who neglect this point are guilty of serious neglect of the patient.

There is no disease, absolutely none, that offers so few and such apparently insignificant symptoms of a general nature as does Bright's disease. Possibly it may be rather prolonged headache, some very slight dimness of vision, some vertigo, persistent dyspepsia, or, in very many cases, a general *bad* feeling, disinclination for exertion of any kind, weakness, malaise, roaring or throbbing in the ears (this latter being absolutely the only symptom in one of my cases, up to within forty-eight hours of a fatal termination), an ap-

pearance of ill-health, without any other symptom, and indeed, in many cases, not even this slight index of the disease going on within: for it has repeatedly happened that a man who supposed himself, and was generally considered to be in absolutely perfect health, has been first made aware that he is the victim of this disease, when undergoing an examination for life insurance. In one of my cases attention was first called to the kidneys from the complaint of the patient that he was uncommonly drowsy; he was inclined to heaviness and sleep whenever he sat down.

In several of my cases *the first intimation of any disease* has been an uræmic convulsion, in some instances terminating in death, without a return to consciousness, and a post-mortem has revealed the presence of Bright's disease.

Thus, then, we see that this most terrible disease offers, as a rule, but few evidences of its existence to our unaided senses, and we must, therefore, appreciate the fact that since the disease will not make itself known to us, *we must be always on the lookout for it.*

It is also of great importance that the presence or absence of the disease should be definitely ascertained, since a faulty action of the kidneys will act most deleteriously on any intercurrent affection that may attack the victim.

I believe the day will come (when the public thoroughly appreciate the importance of precautionary measures), when the public will seek the physician at stated intervals to have a careful examination of these important organs made; this, however, is too much to expect at present, but it is not too much to urge upon physicians always to include an examination of the urine in the investigation of every case.

And now a word as to this examination. I have repeatedly heard otherwise careful physicians enunciate a "snap diagnosis" of "Bright's disease," based upon the discovery of the presence of albumen in the urine, and I am convinced that the verdict of this dreaded disease, based upon these absolutely false premises, has hurried to the grave, through fear, many a person who had not the slightest disease of the kidney. It seems now to be a recognized fact that we may have, as Dr. Pavy expresses it, a "cyclic albuminuria;" we may, at times, have albumen in the urine of persons who are absolutely well; but if this albumen is persistent, and if, in addition, we find the *continued* presence of casts under the microscope, we can safely assume that there is some kidney derangement.

This examination by the microscope is not a trifling affair, and requires considerable practice, as does the use of the microscope for any other purpose. Hence, you should not trust your unaided self, unless you have considerable familiarity with the instrument. If you want a careful examination (and you always should want, and always procure it where the patient's means will allow), specimens should be sent to an expert microscopist. By adding five grains of salicylic acid to an eight-ounce bottle of urine, it will keep for examination for any reasonable time. I have had specimens thus prepared sent to me from as distant points as Mississippi.

In conclusion, let me again urge the importance of careful urinary examinations; they will redound to your patients' benefit, and will add materially to your own reputation, for you will thereby frequently unravel hitherto mysterious cases.

224 *South Sixteenth street.*

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. M. Da Costa.

Abscess of the Brain.

Gentlemen: I will commence my hour this morning by reading you the history and showing you the specimens of an extremely rare and interesting case, that will afford me the opportunity for some very valuable and practical remarks. These specimens are from a man who died eight hours after his admission into the hospital. He was a sailor on a British ship, and from the ship's surgeon we have a very intelligent history. On November 21 he first commenced to complain of pain in the left ear and in the frontal region, which compelled him to give up work, and he was very indisposed until the 27th of November. Then a free purulent discharge commenced from the ear, when the pain disappeared and he was able to resume work. On the next day, however, the pain recurred. On the afternoon of the 29th he was found in a profound slumber, snoring, from which he was only with difficulty aroused. His temperature was $101\frac{2}{5}^{\circ}$. His respiration was noisy and at times difficult. The pupils were normal, and reacted normally. There was no paralysis or hyperæsthesia. He kept his eyes shut tightly, and would strongly resist efforts to open them. He was able with assistance to walk to the hospital, groaning all the while. He now became delirious. His bowels were moved, after which the respiration became somewhat more regular. Respiration was 20, pulse 52. He now vomited. On December 1, his pulse was 70, and his temperature $99\frac{4}{10}^{\circ}$. He would take no food, so

was fed by nutrient enemata. December 2 his temperature was 99°. He entered the hospital on the afternoon of that day, when his pulse was 78, full and strong; respiration 20, and noisy; temperature 100⅘°. The left pupil was dilated, the right contracted, and the tongue dry: there were sordes on the teeth; the right arm and leg were paralyzed; ankle clonus was marked, and patella-tendon-reflex on the left increased, normal on the right. There was much discharge from the ear, and some evidence of congestion of the lungs. He was given croton oil, and ice was applied to the head, and, as he was restless, morphia was administered hypodermically. There was now a little change; the muscles on the right side became relaxed, to be followed by spasm. The veins of the neck were so prominent, and his face so flushed, that he was bled twelve ounces, the blood, which was very dark, flowing slowly. The right pupil is now dilated, and the pulse becomes slower. There is no real result, as he is soon as bad as ever; he becomes restless, and the respirations grow shallow, and he dies from failure of respiration. Upon post-mortem, we find an abscess, containing about half an ounce of most offensive pus, in the left sphenoidal lobe of the brain, which does not have any gross or anatomical connection with the discharge from the ear. There is also meningitis along the fissures of Sylvius and Rolando, and the upper part of the brain is flattened. We have here then an abscess of the brain, with no means of communication, save by the lymph channels, with the ear. The lungs are much congested, the heart is slightly hypertrophied, the spleen enlarged, as are also the kidneys slightly, but they are not diseased. There is no evidence or history of injury anywhere.

The lymphatic glands about the junction of the small with the large intestine are enlarged, and Peyer's patches give evidence of a recent typhoid fever, probably occurring, according to Dr. Longstreth, about two months ago, though, of course, this can be little better than a guess. We will now discuss—

1. The connection of abscess of the brain with ear disease.
2. The symptoms of abscess of the brain.
3. Its cause and its probable connection with typhoid fever.

This is an exceedingly interesting case, and you will rarely encounter one so valuable.

Discharge from the ear undoubtedly is, sometimes, a symptom of abscess of the brain; you would suppose that the disease in the ear would run along and cause meningitis and abscess, and no one can say that this does not happen; we see it in scarlet fever, for instance. But we may also have the reverse condition; an abscess of the brain working slowly along until it bursts into the middle ear, then perforating the tympanic membrane, and discharging externally. I saw such a case some months ago. There was first earache, which passed off; then grave symptoms supervened, which varied from day to day, raising hopes doomed to disappointment, the ear discharging all the time, and after death not a trace of communication could be found between the ear and an abscess in the brain, and the connection must have been through the lymph spaces.

Thus, then, when you have both, either may be primary and both may co exist without gross or anatomical communication. The unevenness of the pupils, one contracted, the other dilated; one-sided paralysis and spasm, great stupor, irregular respiration, and, above all, the slow pulse, all bespeak brain pressure, and are symptomatic of abscess. The flushed face and distended veins, only partially relieved by venesection, one-sided convulsions—all point to the same condition.

Brain abscess is generally caused by some local disease, as the extension of an inflammation from the ear, or the bones of the skull, or it is consequent on tumors or meningitis, or there has been some injury. It may be caused by heart disease, when a fibrinous plug is washed from the walls of the heart or from a valve and carried to the brain obstructs the circulation in and causes sphacelus of a part. But there is no heart disease here, so I am driven to connect the abscess in this case with the typhoid fever. It is likely that some vessel in the brain has been clogged (as happens with external vessels, and why not with those in the brain?), which has led gradually to inflammation and abscess.

General Catarrhal Œdema.

This case, gentlemen, possesses unusual clinical interest, as you will see when we develop it. We have a man who had always been healthy, and who came into the hospital on the 12th of November, saying that six days before he had "caught cold." He had some cough and expectoration, with pain in the chest and ankles. At the same time, his face, feet, and scrotum became swollen. The cough had declined when he entered the house, but the pains persisted, though without any swelling of the joints. The œdema of the face was gone, but that of the feet and scrotum persisted. Some moist rales were heard, his spleen was enlarged and his temperature was 102°. His urine and his heart were normal. Twelve years ago he had chills and fever. He was given quinine and diaphoretics, and under their use, passed fifty-five ounces of urine daily. On the 14th, the œdema was gone, but the temperature was near 101°. He was also given fluid extract of jaborandi in twenty drop doses. This caused profuse perspiration and, in a few days, he expressed himself as well. Repeated examinations have failed to detect the slightest traces of albumen; his heart and liver are normal; remember these facts, for they have an important bearing. Here we have acute general œdema without disease of the heart, liver, or kidneys. This condition generally comes from kidney disease, but there is none here. This man is strong and hearty in every respect. This is one of those rare cases where the inflammatory state similar to that which gives catarrh, affects the areolar tissue. There has always been a lingering belief in the minds of some clinicians that there may be a transudation of serum, not only from mechanical causes, not only from disease of the liver, heart and kidneys, but that it may be caused by an inflammation of the areolar tissue. The writers of the close of the last and the early part of the present century used to speak of "*inflammatory œdema;*" in those days this case would have been described as such. But it transpired

that, as our nicety of diagnosis advanced, many of those cases that had been called by this name, were found to be due to kidney disease and other causes, when, as so often happens, our clinicians, sailing away to the other extreme, dropped this disease altogether, and its occasional actual occurrence was overlooked. But here we have a case, where careful and repeated examinations fail to give any other cause. We might almost call it a new disease, it has not been worked up for many years. There has been some irritation (by cold) and inflammation of the areolar tissue and a consequent exudation of serum. We will give this man Basham's mixture for a few days.

Perinephritis: a Sequela of Typhoid Fever.

We have here a case very difficult of diagnosis. This young Englishman has had typhoid fever in this hospital, and early in November was discharged cured. Five days later he returned with a fever temperature—on the day of admission it was near 101°, the next day it jumped up to 104½°. This, of course, made us think of a relapse, but from the beginning he had pain in his back and difficulty in moving, and, moreover, the temperature was too irregular to sustain the idea of typhoid. There was no diarrhœa, and no spots, so we concluded that it was not a relapse. To-day his temperature is 101°, and his urine is normal. There have been, however, at times, irregularly, up to within the past five days, traces of albumen. There is no enlargement of the veins anywhere. It is always well to press the calves of the legs when you suspect phlebitis after typhoid. There is no heart lesion. He refers the pain to the right side just above the hip-bone, sometimes shooting over to the left. It is tender on pressure, and hurts when he moves the leg. When in the course of or after typhoid fever you have an irregular temperature, in nine cases out of ten you are going to have phlebitis.

This is a very puzzling case, but I am inclined to believe that we have some local inflammation in the loose areolar tissue around the kidney, some perinephritis. The local pain, the occasional traces of albumen, as some pressure is exerted on the structure of the kidney, the pain caused by motion of the leg, putting on the stretch the fascia and deep structures, all incline me to this belief.

We will poultice the loin, give opium to relieve pain, quinine and supporting treatment, and watch for pus; when sure of its presence we will aspirate.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Regular meeting, November 25, 1885, John A. Wyeth, M. D., president, in the chair.

Effects of Cocaine on a Cat.

Dr. Boldt presented the brain and medulla of a cat which he had subjected to an experiment with cocaine. Having encountered some serious symptoms from the use of cocaine, Dr. Boldt decided to make some experiments on animals with the drug, and, in the presence of Drs. Waldstein, Spitzka, and Brill, he injected eleven minims of a 33⅓ per cent. solution into a cat. The first effect noticed was upon the gait, which was leaping, with some dragging of the hind extremities, soon followed by convulsions, about forty in number; death taking place within twelve minutes. In the intervals between the convulsions the head was thrown up, the neck drawn back in a curve, the respiration simulated the Cheyne-Stokes. The rectal temperature after death was 104°.

The autopsy was made half an hour after death, and on cutting the dura mater a small quantity of dark-colored blood oozed out; the vessels of the pia mater of both brain and cord were intensely congested. There was an extravasation of blood in the fourth ventricle, also a small extravasation in the anterior part of the medulla, and minute extravasations throughout the brain. The right ventricle of the heart was over-distended with blood; the left was empty. The lungs were collapsed, and empty of blood. The gray substance of the cord was intensely congested. Death seemed to have taken place from paralysis of the respiratory centre.

Dr. Putnam Jacobi thought the phenomena described by Dr. Boldt pointed to vaso-motor irritation, causing contraction of the blood-vessels, analogous to that seen in local application of cocaine, and that death was due to contraction of blood-vessels in the lungs, with secondary obstruction to the circulation in the right side of the heart, rather than to direct effect upon the respiratory centre.

The president remarked that all the capillaries throughout the body being affected, the heart was paralyzed.

Dr. Boldt said that while that might be the case, clinical experience showed that the primary trouble was encountered in the respiration.

The president called attention to the danger of the use of ether or chloroform after cocaine, and mentioned a case in the practice of a distinguished surgeon in which death took place from the administration of chloroform after cocaine had proven unsuccessful. The same surgeon mentioned a similar case, ether being used instead of chloroform.

Carcinoma of the Uterus.

Dr. R. Van Santvoord presented a uterus, the seat of cancer, probably primary of the cervix, afterward involving the body. The clinical history had no special interest except that the woman had been delivered of a living child three days before death. At the autopsy, the cervix uteri was found eaten entirely away by the cancerous disease; the endometrium and vagina were infiltrated; the uterus was firmly adherent; the ureters were thickened; the urethra was ulcerated through. There was pigmentation of the omentum, intestines, retro-peritoneal glands, and of the broad ligament.

Tuberculosis of the Pharynx.

Dr. Van Santvoord also presented the pharynx, the seat of tubercles, removed from the body of a child, aged two years, which had been in the hospital four months with enlargement of the glands under the angle of the jaw on either side; there was slight cough, and a few days before death there seemed to be some difficulty with swallowing. The evening temperature was 102.5°.

At the autopsy, the enlargements on either side of the neck were found to consist of caseous lymphatic glands. The pharynx presented a roughened surface, with lenticular ulcers into the mucous membrane. The uvula was thickened and covered with granular elevations. The same roughened appearance was seen on the mucous membrane lining the nasal cavities. There were two small ulcers on the posterior surface of the larynx. Miliary tubercles were found in the lungs, upon the pleural surfaces, in the spleen, liver, kidneys, intestines, and the mesenteric glands were undergoing cheesy degeneration. Tubercular ulceration of the pharynx was considered to be a rare affection, although Mackenzie, of London, had seen a number of cases, and believed there were many more which were mistaken for syphilitic disease.

The Lesions of Hog Cholera.

Dr. Van Santvoord also presented the large intestine and stomach which illustrated the lesions of hog cholera. In the stomach was gastritis, and one ulcer, such as were characteristic in the large intestine. The ileo-cæcal valve was swollen, and presented irregular breaking down ulcers; for about ten inches above the cæcum the gut was intensely hyperæmic, and the entire mucous membrane was to some extent in a sloughing state. In the descending colon were enlarged solitary follicles, with depressed, slightly ulcerated centres, among other lesions, some œdema of the lungs, and enlargement of the mesenteric and retro-peritoneal glands were constant.

Dr. Delavan said, with regard to the case of tuberculosis of the pharynx, that the affection was a rare one, although some cases might have been overlooked or mistaken for syphilitic disease. He had seen three cases. A marked symptom was pain, at least in adults, dysphagia being very marked in one of the cases which he had seen.

Editorial Department.

Periscope.

Two Cases of Periosteal Sarcoma.

Trelat operated upon the following two cases of periosteal sarcoma of the leg in the Hospital Necker. They are reported by Déunci in the *Progress Medicale*, xiii. 2, p. 24, 1885:

1. An 18 year-old girl who had experienced, six months before her entrance into the hospital, a lancinating pain in the right knee joint. This occasionally returned. Later, it localized itself in the malleolus internus of the ankle joint. The skin in this region became red, and the joint began to swell. This soon reached the size of an egg, and was supposed by the physician to be an abscess. He made an incision, and only blood escaped. At the time of her entrance into the hospital a tumor began to show, pointing behind the external malleolus, pretty solid, and sharply defined, and appeared to surround both bones. The inguinal glands were unaffected. Amputation of the leg was decided upon and done. The wound did not heal through first intention.

The tumor, which was half soft, did not show any bone tissue on being cut through. The tumor had broken through the corticle substance of the tibiæ, and bulged into the medullary portion of the bone and into the ankle joint. The malleolus externus and the astragalus were also sarcomatous in their superficial parts. Microscopic examination showed the fact that the tumor was a periosteal spindle and giant-celled sarcoma.

2. A young man, æt. 17, had, nine months previously, felt pain on the lower end of the left femur. Two months later a swelling appeared, and in four months he complained of pain in chewing. This developed the presence of a tumor which it was difficult to map out, but which was growing very rapidly in the left inferior maxillary region. This tumor undoubtedly took its origin from the branch of the lower jaw. It began to ulcerate on the mucous surface, and formed granulations which were very rich in vessels, and easy to bleed.

The patient, on his entrance into the hospital, was very anæmic and cachectic, and had a distended swelling on the lower half of the left femur, which lay beneath the muscles. The tumor on the lower jaw became pretty diffuse in that region and had already reached the size of a plate. To remove the patient from the danger of death from threatening hemorrhage, Trelat made a resection of the left lower jaw. It was impossible to remove all the diseased tissue. That part of the tumor which remained above and below was treated with the thermo-cautery. The patient died three days after the operation, sufferiug from marked dyspnœa. The right lung showed dullness. On the under jaw the tumor originated from the inner surface of the periosteum and extended into the medulla. The right lung, in its middle and lower third, was completely strewn with sarcomatous nodules; the upper third was changed into a soft pap. On the thigh bone, the primary situation of the tumor, the periosteum was also found to be the starting point. Below the epiphysial cartilage had formed a border to the tumor. Microscopic examination showed the tumor to be a fibro-sarcoma, with many round and few giant cells. In the tumor on the femur were found particles of bone. The metastasis in the lungs consisted of round cells. The rapid extension and generalization of the tumor is noteworthy.

On Some New Medicaments.

At the recent meeting of the Society of the Medical Staff of the Royal Charité Hospital, Prof. Senator gave a summary of newly discovered medicaments, reported in the *Berl. Klin. Wochenschrift.* He drew a comparison between the innumerable medicines as such and their value as medicaments, and pointed out that, although the advance made with regard to specific medicines for directly curing diseases was small, yet great progress has been made with regard to those which act symptomatically. This, he said, was of great value, for by their means the pains of many incurable diseases can now be diminished, and troublesome and threatening symptoms in curable diseases can be prevented or removed. Dr. Senator then gave a brief account of his own experiences of some exotic medicaments, that have as yet received little attention in Germany. Of purgatives, he mentioned tincture of cascara sagrada, euonymin, and trisin. The tincture of cascara sagrada he considers a non-irritant and very certain remedy. One great advantage it possesses is, that it can be taken for a long time without disadvantage. Dr. Senator prefers it to senna, because it is effective in smaller doses. With regard to euonymin, Dr. Senator refers to Rutherford's valuable experiments on its physiological effects, and mentions that it is used both as a n aperient and as a cholagogue; but as a cholagogue he says it is difficult to form an opinion. At any rate, it is a certain and very drastic remedy, and for this reason cannot be taken continuously for a long period. From his own experience, Dr. Senator said he had nothing to communicate about trisin, but he considered there was not much reason for introducing it. He then mentioned two narcotics, extract of piscidia erythrina and hydrochlorate of cocaine. The extract of piscidia erythrina, recommended since 1845 in America as soporific, he has found very useful for neuralgic pains in the head, given in an evening in doses of about four and a half to eight grains. Hydrochlorate of cocaine he had applied with success to the mucous mebrane of the urethra and the rectum, especially in connection with diseases of the bladder. As a remedy against the immoderate perspiration of phthisical patients, Senator mentioned picrotoxin, which he tried on the recommendation of Dr. W. Murrell. He had tried it in forty cases, in two-thirds of them with success. On the whole it was found to be almost as certain, as a remedy, as atropin or agaricin. Agaricin was used in the Giessen clinic as a substitute for atropin in 1883, and found to be preferable to the latter in this respect, that it could be used for a longer time.

Location and Treatment of Ranula.

Dr. E. Sonnenburg, in the *Archives für Klinische Chirurgie*, xxix., 3, p. 627, treats the above subject. He relates the following case:

A six-year-old girl showed, in a widely-opened mouth, a tumor, which fluctuated and was of a bluish color. It was situated in the floor of the mouth, and was elastic to the touch. This pressed the tongue upwards, and made speech and the taking of nourishment quite impossible. Wharton's duct was, on both sides of the tumor, free, visible, and readily sounded. The submental region was distended clear to the upper part of the thyroid cartilage. The extirpation was made through a six cm. long transverse incision in the region of the lower jaw. Still it was possible to free only the lower part of the cyst from the surrounding parts. On account of the great distension upwards, it was found necessary to evacuate the muco purulent contents, and then through pulling forwards of the cyst walls, which causes the tongue also to follow, but finally freed the cyst from the soft parts. By means of examination by the finger it was found that the cyst was contained entirely in the substance of the tongue, and that only a thin shell of the muscles of the tongue was present. The bone substance of the lower maxilla was atrophic, and it projected past the superior maxillary three-fifths of an inch. On account of the falling back of the tongue, it was found necessary to draw this member forward with a thread. The wound, which was drained, healed in about fourteen days. The tongue appeared small, but in a normal condition, while the swallowing was good; but the speech was not yet distinct. The walls of the cyst showed a layer of epithelium. The contents consisted of mucus and pus cells.

The author has examined about fifty cases of ranula, and comes to the conclusion that they are in direct connection with the Blandin-Nuhn glands. There are two glands, situated at the apex of the tongue beneath the mucous membrane and the longitudinal muscular fibres formed by the styloglossus and longitudinalis inferior muscles.

In the operation, the author recommends the following proceeding: One inserts a curved needle into the cyst-wall above and parallel with the duct of Wharton, fixes the cyst-walls by means of threads, which, if possible, also fix the tongue substance; then make a cut parallel with the duct of Wharton, and dissect the anterior wall, which one can draw out by means of the thread. Cauterization or drainage are then unnecessary. Quite large cysts are best extirpated *in toto* from the regio-submentalis, which is not difficult.

In the author's fifty cases he observed no relapse.

Pasteur's Patients.

A despatch from Paris, under date of December 21, says that the four children, Austin Fitzgerald, Patsey Ryan, Willie Lane, and Patrick Reynolds, who were recently bitten by mad dogs in Newark, N. J., and sailed on December 9 in the steamship Canada, to be placed under the treatment of M. Pasteur, landed at Havre, all well. They reached Paris to-day, and proceeded to M. Pasteur's house. M. Pasteur, who had at first contemplated postponing until to-morrow the operation upon the children, concluded this afternoon that it would be best to permit no delay, and consequently the inoculations were made immediately. M. Pasteur personally performed the operations.

—The late Mr. Vanderbilt's bequests include one of $100,000 to St. Luke's Hospital, and one of $50,000 to the Home for Incurables.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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THE

QUARTERLY COMPENDIUM

OF

MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the *QUARTERLY COMPENDIUM*, which we publish.

It is, in fact, a supplement to the *REPORTER*, being made up of articles which have not appeared in the weekly, but yet are of value and interest to the physician.

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THE REPORTER IN 1886.

With the incoming of the new year the MEDICAL AND SURGICAL REPORTER will appear in new and larger type, and with the size of the page increased by several lines. This will not require a larger size of paper, therefore the next volume will not differ externally from that closed by the present number.

This change has been decided upon after consultation with a number of subscribers, and will, we are persuaded, be gratifying to all. The page will present a clearer aspect and be more easily read, while the difference in the amount of reading matter will be compensated for by the added length.

This is not the only improvement which is proposed for the ensuing year. We are enabled to promise a number of articles on subjects of practical medicine from the pens of the best clinical teachers of this country; and our arrangements have been concluded for the receipt of regular letters from the leading European medical centres, by which the earliest information as to all the important discoveries in medical science will be imparted to our readers.

The department of Hospital Reports and Clinical Lectures will be represented by reports from the principal cities of the Union, both in the West and the East; and epitomes of the proceedings of the prominent medical societies will be promptly furnished.

We trust that all our old subscribers will remain with us for another year; and should they incline to lend us their aid in extending our circulation by saying kindly words, the favor will be fully appreciated.

THE RELATIONS OF DEVELOPMENT TO USE.

Long before Darwin was born, the axioms had become trite that practice perfects, that use brings strength, that effort leads to power, the "will" to the "can." But it has remained to the naturalists of the latter half of this century to assign their full meaning to these aphorisms of ancient date. In proportion as the scope of observation extends, we learn how these laws govern and

have always governed the development of organic nature. We have also learned to study the reverse of the pictures they offer, and to appreicate how lack of use leads to atrophy, to debility, and to destruction.

An interesting study illustrating the power of these principles in reference to one branch of the animal economy, appeared in a recent number of the *Dental Cosmos*, from the pen of Dr. C. N. Pierce, of this city. Selecting the development of the teeth in the various genera of the animal kingdom as his theme, he demonstrates by a wide series of examples that their presence or absence, their form and prominence, their histology and their physiological character, all bear distinct genetic relations to the character of use or to the lack of use to which these organs have been applied, in anterior times, by the particular species under consideration. The article is drawn from such an extended range of comparison that we shall not attempt to epitomize it, and refer those who would pursue its reasoning, to the original.

What Dr. Pierce has here presented as an abstract of the natural history of the teeth could, with equal propriety, be carried out for all the organs of the body. Each will be found by the comparative anatomist and physiologist to owe all its peculiarities in different species to the kind and amount of use to which it has been subjected in this and previous generations. This simple fact is the key to all the mysteries of organic form and proportion.

A PECULIAR EFFECT OF CORROSIVE SUBLIMATE.

The bichloride of mercury is at present used a great deal for disinfecting purposes, and it is especially employed in large hospitals, where strict antisepsis is faithfully carried out. It has always been maintained that the drug, if diluted in the usual manner, caused no bad after-effects. Generally 1 in 1,000 is the solution applied to wounds, while 1 in 4,000 answers all antiseptic purposes. But that the first solution is not so innocuous as most seem to believe, is plainly proven by the following case:

Dr. J. C. Biddle, the well-known surgeon-in-chief of the State Hospital at Ashland, who is perhaps to-day, outside of Philadelphia, the most reliable authority in our State on injuries, treats all his numerous surgical cases on strictly aseptic principles. Last week he had a patient with a lacerated wound, extending from the upper part of the thigh to below the knee, and connected with two large pus cavities. After these had been laid open, they were thoroughly washed out twice daily with a corrosive sublimate solution of 1 in 1,000. By the twelfth day, the thermometer showed an increase of 4° above normal, which temperature soon became continuous. The patient besides suffered from a severe diarrhœa, which did not yield to any treatment. Finally Dr. Biddle, on reflection, concluded that the symptoms, though greatly resembling septicæmia, were really caused by corrosive sublimate poisoning. He at once ordered the substitution of carbolic acid for the bichloride, with the result that within twenty-four hours the diarrhœa ceased and the temperature became about normal. About the same time, Dr. Biddle made a similar observation in a milder case, so that there is no doubt of the causal relation between the drug and the morbid symptoms mentioned. As a contribution to the literature on the subject the facts quoted are decidedly of great interest.

DR. RICHARDSON AND THE GUARDIANS OF THE POOR.

"If there is any disposition in the Board of Poor Guardians to displace Dr. Richardson as physician-in-chief of the Insane Department of the Almshouse, we hope the project will be defeated. Dr. Richardson has so borne himself in his responsible position as to merit a re-election. He is warmly endorsed by the most eminent physicians and experts in insanity in the country. His place is well filled by himself, and the Poor Guardians should not fail to keep it so by retaining Dr. Richardson."

So says the *Press*, and "so say we all of us," who have any respect for the eternal fitness of things. Dr. Richardson is, admittedly, one of the greatest and most competent alienists in this

country, and it is time for the "Guardians" to consult duty rather than "*wire-pulling.*"

Notes and Comments.

The Physicians' Clinical Record as a Gift!

All subscribers who remit for the full year 1886, before the 15th of January, will be entitled to a copy of the *Physicians' Clinical Record.* This is a very convenient memorandum book, adapted to contain the clinical record of one hundred cases of disease. It is neatly bound and suitable for carrying on the person.

In all cases, the remittance must be made for the full year, and direct to this office. Subscriptions sent through agencies will not be entitled to the gift.

Hypodermic Medication.

From Dr. Talfourd Jones' address before the British Medical Association, we learn that Dr. Alexander Wood, of Edinburgh, in 1855, published an account of his method of introducing liquor morphia into the system by subcutaneous injection, which was the first recommendation of the hypodermic method. It is an important point to know that the cumulative action of drugs is less when thus given than by any other way; elimination commences sooner and is sooner completed. Dr. Jones advises us to look carefully into the graduations on the piston-rod of the syringe, for he has found them more often wrong than right. While recommending the tablets for hypodermic use, Dr. J. recommends us to make our own solutions, *when we are ready to use them;* the majority of solutions (especially weak ones) do not keep well. The acetate of morphia he prefers to any other preparation of this salt. A *stock* bottle may be made by half-filling with water (not distilled), a bottle that holds *exactly* one ounce; put in 40 grains of acetate of morphia and *exactly* four minims of acetic acid; shake and fill the bottle with water. This solution will keep (if corked and kept in the dark) for six months. It should only be opened to fill the case bottle. It may become a little darker, but this is immaterial. A most important question arises in connection with the dose; as a general rule, we may say that, other things being equal, the dose of a drug must be apportioned according to the body weight of the patient. The hypodermic use of morphia should be avoided, if at all possible, with children, and when demanded, after having made due allowance for body weight, we should give no more than half the otherwise proportional dose. The initial dose should be from $\frac{1}{24}$ to $\frac{1}{4}$ of a grain. A solution of atropine will keep a little better if chloroform-water or camphor-water is used instead of plain water.

Atropia in Acute Coryza.

Dr. R. Gray, in the *Med. News*, December 5, 1885, says the first case in which he used atropia in acute coryza, was that of a man in middle life, who had "caught" a severe "cold in his head" several days previously. When he came for advice the disease had reached an extreme stage. There were severe frontal headache, a hot, burning sensation in the nose, forehead and cheeks, there was some conjunctivitis, and very profuse muco-purulent discharge, which was extremely irritating. The skin about the nose was irritated and inflamed, and the general condition was one of great misery. Atropia was given with the idea of decreasing the amount of the discharge. The dose was $\frac{1}{120}$ of a grain, repeated after four hours. It had a most marked effect, and the next day the patient was quite free from headache, heat, and swelling, and from discharge.

Since then the remedy has been tried in a large number of cases, in all stages of the disease, and at all ages, with uniform success. It is now his established practice, and is preferable to cocaine in this, that no local application is needed to the nose, thus saving a very painful manipulation.

The only objection that has been made to the treatment, is where the eyesight is troubled. But the dose needed to cure the coryza is not sufficient to produce much disturbance of vision. It is only necessary to influence the secretion, and an extreme degree of dryness of the throat and nasal passages is of no advantage.

Recto-labial or Vulvular Fistulæ; Their Causes and Treatment.

Before the New York State Medical Association, Dr. Isaac E. Taylor read a paper on this subject in which he spoke of the comparative rarity of the condition. It was very liable to begin with a vulvar abscess, depending upon an inflammation of the vulvar glands, perhaps excited by injury during coition, masturbation, labor, direct injury, or in cold. A small tumor might exist in the labia prior to breaking down into an abscess, perhaps quite movable, and leading to the suspicion of an ovary in Broca's canal. The history of such a case seen by the author was given. The tumor constituting the suspected ovary broke, and gases

and fæces escaped by the small opening. The pathognomonic symptom of vulvular fistulæ was the escape of air and thin fæces. The vulvular opening was usually small, perhaps so small that it would be found with great difficulty. As to the treatment, he adopted the ligature, being in general the method employed by Barton between 1835 and 1840.

The method was simple and efficient, and in view of the great and serious difficulties liable to attend the use of the knife, he thought it deserved much more general employment. The elastic ligature was to be preferred.

Induction of Premature Labor by Electricity.

Dr. J. Syromatnikov, writing in the *Vrach*, on the induction of premature labor by means of electricity, mentions three methods: the external, where one electrode is placed on the sacral region, and the other over the uterus; the internal in which both electrodes are introduced *per vaginam;* and the combined, where both the former methods are made use of. In principle, the author prefers the internal method, but, in the case which he gives, he made use of both external and internal methods. The patient was twenty-six years of age, and had so contracted a pelvis that perforation had been resorted to in her first labor; so the author, thinking it unsafe to allow her next pregnancy to run its natural course, proceeded, in the thirty-seventh week, to bring on labor by the use of the primary coil of a Sparner's induction apparatus, with a single element. This produced pains in an hour's time; during the next few days, the electricity was employed for ten minutes at a time, twice daily. Within a week, the os uteri was sufficiently dilated to permit of the introduction of the No. 1 size of Barnes's bags. Podalic version was performed, and a living healthy child extracted. The patient recovered satisfactorily. The author thinks faradization is but seldom used for the induction of labor, but he mentions three cases previous to his own, two by Gruenewaldt, and one by Tipyakoff.

Antiseptics in Midwifery.

Dr. S. H. Owen thus writes in the *Brit. Med. Jour.*, September 26, 1885:

At a recent meeting of the Association at Cardiff, the value and importance of antiseptics in ordinary, as well as in operative, midwifery were strongly advocated. That the hands of the accoucheur should be washed in antiseptic fluid before making a vaginal examination, and that all instruments should be similarly treated before use, were clearly and forcibly enjoined by Dr. Gervis. Beyond this preliminary washing, the use of some lubricant for the hand of the operator, as well as for any instruments that may be employed, is generally considered necessary.

In order to carry out fully the principle of cleanliness, the lubricant itself should be antiseptic. I should like to suggest for this purpose the following:

℞.	Hydrarg. perchloridi,	gr. ij.
	Olei eucalypt.,	ʒj.
	Adipis benzoati,	℥j.

This combination has the advantages of thorough antisepsis, a right consistence for lubricating purposes, and a pleasant odor. Its use may be extended with great advantage to the hospital out-patient room, where the examining hand is much more frequenly itself infected than the source of infection to the patient.

CORRESPONDENCE.

Living with a Bullet in Her Brain.

EDS. MED. AND SURG. REPORTER:—

On January 10, 1882, a two year-old child of a Mr. Newhart, while standing in a doorway was accidentally shot by a lady who was carelessly handling a gun. The ball penetrated the right temporal bone just above the centre. The child, uttering a scream, fell unconscious to the floor. I arrived in two hours, and found brain matter oozing from the wound. I probed for the ball, but thinking that it had passed through the brain, struck the opposite side of the skull and glanced off, I desisted from any further attempts at finding it. I kept the child on pot. bromid., and treated the symptoms as they arose. The external wound healed inside of ten days. There was complete paralysis of the right arm and leg, showing that the left side of the brain was injured. At first the child was entirely blind and deaf, but after several months the left eye and ear regained their functions; and within the last year sight and hearing have been restored. On the other side, the paralyzed limbs are also regaining their strength, and now, at the age of five, she is for the second time learning to walk. She is taller and nearly as heavy as her twin brother. Her intelligence is somewhat affected, but is improving. She is subject to epileptic fits, but is otherwise to all appearances well. She has also passed through several severe sicknesses since the injury.

N. C. MILLER, M. D.

Stroudsburg, Pa.

—Dr. D. F. Lincoln was awarded the second prize for the best essay on School Hygiene, as offered by Mr. Henry Lomb, of Rochester. The committee of the American Public Health Association did not award any first prize.

News and Miscellany.

Hepatic Abscesses in Peru.

In an interesting clinical lecture on Abscesses of the Concave Surface of the Liver, by Dr. Romero, published in the organ of the Lima Academy of Medicine, *El Monitor Médico*, several patients were referred to, showing the gravity of these cases as compared with those of abscesses affecting the upper or convex surface of the organ. Having detailed the anatomical relations of the two surfaces, the lecturer pointed out how, in the former situation, abscesses produce hemorrhoids, hemorrhages, icterus, deformity of the abdomen, œdema of the inferior extremities, vomiting, indigestion, diarrhœa, and sometimes open into the stomach, duodenum, transverse or descending colon, or even into the peritoneal cavity. Rarely, also, they extend to remote regions, and have been known to point in the right iliac fossa. Dr. Romero has long remarked that the prognosis is worse when a hepatic abscess opens into the intestine than when it discharges itself by the bronchi. In the former class of cases, the lesion is situated amongst more important anatomical structures, as the vena cava inferior, and other large vessels, the cœliac axis, pancreas, and stomach; and, when perforation occurs into the intestinal canal, there is nothing but the weight of the pus itself to cause its evacuation; whereas, when an abscess on the upper surface of the liver forces its way through the diaphragm, and perforates a bronchial tube, the presence of the pus in the tubes sets up a constant irritation, resulting in continual coughing, which greatly assists in its expulsion and the evacuation of the abscess.

Items of Interest about the Pennsylvania Hospital.

There is a long chapter of interesting things about the Pennsylvania Hospital. It was there that Dr. Bond introduced the first course of clinical lectures for the instruction of medical students in this country. It started the first medical library, now one of the most valuable in the world. During the Revolution it was occupied by the British army, which despoiled it of its bedding, instruments, and everything of value. Stephen Girard's wife, who became insane, is buried in the hospital yard, and near by is the grave of Girard's only child, born while she was there. Had that child lived, the orphans of Philadelphia probably would not have become his heirs. It was there that the sufferers from the terrible epidemics of Philadelphia were treated. Out of the overcrowded condition of the place the Blockley Hospital and Almshouse came into existence. It furnished the nucleus for a medical museum. From its physicians and surgeons originated the greatest improvements in medical and surgical practice and appliances up to fifty years ago. It was the first fostering influence of pharmacy as an art in this country, and imported skilled chemists and compounders of medicine from abroad. It was the first medical institution in the country, if not in the world, to admit women as students to the clinical lectures, and out of this came the Women's Medical College of Philadelphia, which is sending women physicians as practitioners and missionaries all over the world. Many more things of importance and great public interest have had their rise in the Pennsylvania Hospital.

A Life Saved by Telegraph.

A young lady residing at Big Indian, New York, took an ounce of laudanum recently. The parents went to the railway station to telegraph Dr. Schley, at Pine Hill, three miles west, to come quickly. The operator working the Big Indian wire in the main office of the Western Union Telegraph Company in New York, having overheard the message summoning Dr. Schley, asked the operator at Big Indian about the case. Learning the situation of affairs, and, appreciating the necessity of immediate medical treatment, he consulted with two brother operators on duty at the time who had graduated from a medical college in New York. These two operators then told the Big Indian operator what remedies should be applied, and gave full directions as to treatment.

Following their directions, powerful emetics were administered, which proved effective. They also prescribed vigorous rubbing and whipping with small twigs to keep the girl awake. Dr. Schley, who arrived an hour later, said the girl's life could not have been saved had not she been treated so promptly. Her effort at self-destruction resulted from a love affair.

The University of Pennsylvania.

The Catalogue and Announcement for 1885–1886 of the University of Pennsylvania, just issued, shows a student population of 1,028, distributed among the College Department and the Departments of Medicine, Dentistry, Veterinary Medicine, Law, Philosophy, Biology, and Post-graduate course in Law—an increase of twenty-eight over the roll of two years ago. This is, however, in the schools of Veterinary Medicine, Dentistry, and Law. The leading departments of letters and medicine show a falling off—the one of thirty-six, the other of three matriculants. Meantime the staff of instructors of all grades in the institution has been increased from 132 to 148. The only deduction from this standstill in receipts and increase in expenses is that the University is giving more to the public than the public gives to it. The 160 pages of the college publication contain a curriculum which is sure to more than meet the demands of the ordinary father in search of a place of instruction for the ordinary son. It is in trusting their youth for training at the State institution when that institution has proved itself worthy of the trust, that the people of the State owe it a duty of support higher than that of gifts and bequests.

Registration of Diplomas.

Medico-Chirurgical College,
Philadelphia, Dec. 1, 1885.

Section 4 of the Pennsylvania Registration Law of 1881, requires that diplomas from outside of the State must receive the endorsement of a recognized medical faculty within the State before registration; but before giving such, the faculty must be satisfied as to the qualifications of the

applicant, and as the endorsement of a diploma is an acknowledgment of the qualifications of its holder as will as of its genuineness, the faculty of this College desires to announce that it will endorse no diploma for registration until the holder thereof passes a satisfactory medical examination. The fee for such examination is $30.

P. D. KEYSER, Dean.

W. F. WAUGH, Secretary.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended December 12, 1885.

Yemans, H. W., passed assistant surgeon. Granted leave of absence for fifteen days, December 7, 1885.

Bratton, W. D., assistant surgeon. When relieved, to proceed to San Francisco, Cal., December 12, 1885.

Norman, Seaton, assistant surgeon. Appointed an assistant surgeon December 11, 1885. Assigned to duty at New York, N. Y., December 12, 1885.

A Miner's Fall of 1200 Feet.

While seven men were being hoisted to the surface in the Solferino Mine near Nevadaville, Gilpin county, Colorado, recently, a rack fell and struck Archaleus Warren on the head, knocking him out of the bucket, 480 feet from the surface. An exploring party found a piece of jaw-bone at the 1200-foot level, and a piece of his skull at the 1300 foot-level, where his coat was also found. His body fell about 1200 feet in all.

A Question of Sanity.

"No, sir; I haven't seen the will, but I propose to fight it. My uncle was crazier than a loon, and couldn't make a will."

Lawyer Filchem: "But I drew it for him, and know that he bequeaths his entire estate to you."

"Is that so? Then just consider yourself retained to defend the instrument. I propose to protect my dear uncle's memory to the farthest extremity."

Academy of Surgery of Philadelphia.

The annual address before the Academy of Surgery of Philadelphia will be delivered by Dr. R. J. Levis, on Wednesday evening, January 4, at 8 o'clock, at the hall of the College of Physicians. Subject, "Impediments to the Progress of American Surgery." The profession is invited.

OBITUARY NOTICES.

ALBERT H. SMITH, M. D.

This distinguished gynecologist and polished gentleman died, after a lingering illness, in this city, December 13. He was born July 19, 1835. He held many prominent positions, and was a frequent contributor to the columns of this journal. He was not one of the men whose names are often in the newspapers, yet if any Philadelphia doctor had been asked to mention some of the members of his profession who had especially earned distinction and success, he would have put Albert Smith's name high up on the list. In no profession does personal character count for more than in medicine, and the special direction of a physician's achievement is likely to be determined largely by personal characteristics and temperament. The man who combined, as Dr. Smith did, the qualities of strength and tenderness, a masculine force and dignity with a more than feminine refinement, almost inevitably developed that line of domestic practice which, while it brought no public notoriety, did bring wide distinction in his profession and the devoted affection of a large clientele. He had been recognized for some years, though still a young man, as one of the leading obstetricians of Philadelphia, and he was one of the men whose advice as a consultant was eagerly sought by elders as well as juniors.

PROFESSOR JOHN C. DRAPER.

Professor John C. Draper died at his residence, Lexington Avenue, near Forty-eighth street, New York, December 20. He was Professor of Chemistry at New York University Medical College, lecturer at the College of New York, author of text-books, and contributed to scientific monthlies.

Personal.

Prof. A. P. Grinnell, M. D., of the University of Vermont, will give the course of lectures on the Practice of Medicine, at the Long Island College Hospital, the ensuing year.

Items.

—The physicians of Wilkes-Barre have formed a black list of patients who do not pay their bills.

—The total number of matriculates at Rush College, Chicago, is 406; at the Chicago Medical College, 120; and at the College of Physicians and Surgeons, 160.

—Prof. C. A. Lindsley, M. D., has resigned the position of Dean of the Medical Department of Yale College, and Dr. Herbert E. Smith has been appointed his successor.

—In the *Boston M. and S. Jour.*, December 3, Dr. Wm. B. Little reports a case of removal of a tumor of the left thigh adherent to the sciatic nerve, with excision of a portion of the nerve.

—Charles Gilman Smith, M. D., of Chicago (Medical Department, University of Pennsylvania, 1851), has been elected orator for 1886, by the Alumni Association of the Medical Department, University of Pennsylvania.

—Owing to the decrease of cholera, instructions have been given to discontinue the services of most of the sanitary inspectors of the Marine Hospital Service attached to the United States consulates in Europe. The inspectors at Mediterranean and Cuban ports will be retained for the present.

DEATH.

MUSSER.—September 12, 1885, in Lancaster, Pa., Dr. F M. Musser, aged 35 years.

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Medical and surgical reporter
(Philadelphia)

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